

Traumatic Brain Injury Registry Referral Form

Arkansas Statute 20-14-703 requires that every public and private health agency, public and private social agency, and attending physician report persons who have sustained a Moderate-to-Severe brain injury to the Brain Injury Alliance of Arkansas (BIAA) within five (5) days of injury identification or diagnosis. The BIAA has signed an agreement with the Arkansas Spinal Cord Commission (ASCC) Trauma Rehabilitation Program to assume responsibility for the Traumatic Brain Injury Registry. **Send referrals by email to atrp.referral@arkansas.gov or fax to (501) 296-1787.**

PATIENT / CLIENT REFERRAL INFORMATION

REPORT ALL INFORMATION BELOW WITHIN FIVE (5) DAYS OF INJURY IDENTIFICATION OR DIAGNOSIS

TBI Registry Referral Date: _____ SURVIVE TO ACUTE: YES NO

Trauma Band Number: _____ Payor Source: _____

Last Name: _____ First Name: _____ M. I.: _____

Address: _____ City, State: _____

Zip Code: _____ County: _____ Phone: _____

Date of Birth: _____ Gender: _____ Race: _____

Ethnicity: _____ Primary Language: _____

Military Status: _____ Employment Status (prior to injury): _____

Primary Contact/Legal Guardian: _____ P.C. Phone: _____

Relationship: _____ Date TBI Packet Given: _____

Reporting Facility: _____ Reporter Name: _____

Reporter Phone: _____ Reporter E-mail: _____

Date of Injury: _____ Time: _____ E-Code Location: _____

Injury County: _____ ETOH/Drug: _____ Etiology/Cause: _____

Injury (Check all that apply): Accidental Intentional Self-Inflicted Inflicted By Other
 Work Related Military Service Related

Position: _____ Protection: _____ Ejected from Vehicle Rollover

Type of Vehicle: _____ Number of Vehicles: _____ Road Conditions: _____

Date of Admission: _____ Date Brain Injury Identified: _____

ALL INFORMATION BELOW MUST BE COMPLETED BY DATE OF DISCHARGE.

BRAIN INJURY INFORMATION A BRAIN INJURY MUST BE REPORTED TO THE TBI REGISTRY IF GLASGOW COMA SCORE IS 12 OR BELOW FOR ADULTS OR 13 OR BELOW FOR PEDIATRIC PATIENTS. DO NOT REPORT IF THE (ADULT) GLASGOW SCORE IS 13 OR ABOVE, THE PATIENT IS NOT AN ARKANSAS RESIDENT, OR THE INJURY IS NOT THE RESULT OF A TRAUMATIC INJURY.

Glasgow Coma Scale Scores: at admit (or lowest): _____ at discharge: _____ TBI: Open Closed

ICD-10: S02.0 S02.1 S02.7 S02.8 S02.9 S06.0 S06.1 S06.2 S06.3
 S06.4 S06.5 S06.6 S06.8 S06.9 Altered Sensorium Ventilator

Discharge Date: _____ Discharge Disposition: _____

If discharged to another acute or rehab, please specify the facility: _____

Suitable for acute rehabilitation: Medically Stable Vent Independent Insurance Coverage
 Able To Participate in Three Hours of Therapy Daily

Reason for discharge destination: _____