



The Leeds Teaching Hospitals **NHS**

NHS Trust

Brachial Plexus Injury Referral

Please provide the following details for all patients

I would like the following patient to be seen by Prof. Kay Mr. Saeed Miss Bourke

Referrer's Details

Name
Department
Hospital

Post code
Contact No.
Fax No.

Page No

Patient Details

Name
Address

Postcode
Contact. No
Date of Birth
Occupation

Clinical Details of Brachial Plexus Injury

Motorcycle RTA Car RTA Stab Gunshot Other(specify)

Date of injury Side affected Horner's sign Y N

Brief details of incident and present symptoms (motor power, sensation, pain, and results of investigations)

(Nb. please transfer x-rays and scans with the patient)

Associated Injuries

Vascular:

Head:

Chest:

Spinal:

Abdominal:

Fractures/dislocations:

Soft tissue injuries:

Other Medical History

MRSA status

Transport required?(outpatient appt. only) Y N

Interpreter required? Y N Language

Referrer's signature

Date of referral

LTHT section: Date referral received

Please Fax this referral form to 0113 2066423