

Central Registry Referral Form Instructions

CLIENT/PATIENT INFORMATION

Trauma Band No.: Enter client's Arkansas Trauma System trauma band number (if applicable).

Client Name: Enter the full name of the client (include Jr., Sr., II or III, if applicable.)

Parent/Guardian: Enter the full name(s) of the child's parents or legal guardian.

Address: Enter the street name where the client resides (also list P.O. Box, if applicable). Also enter the city, state, zip, and county.

Phone No.: Enter the client's telephone number (be sure to include area code) or contact telephone number.

Date of Birth: The client's date of birth.

Social Security No.: Enter the client's social security number, if available.

Sex: The client's sex.

Marital Status: The client's marital status, if known.

Dependents: Number of dependents living in the home, if known (this includes children, grandchildren, etc).

Veteran: If applicable (is the client a veteran of active military service?).

Service Connected: Was the SCI/D during active military service?

Workers' Comp: Was the SCI/D during a work-related activity?

MEDICAL INFORMATION

Disability: Spinal cord injury; spina bifida; tumor; multiple sclerosis, etc.

Date of Onset: For trauma cases, date of injury. For non-trauma cases, date the disease was diagnosed.

Cause of Disability: Motor vehicle accident (MVA); birth defect; surgery; disease process; etc.

Level of Disability: T-10, C-4, etc., if known.

Extent of Disability: Paraplegic or tetraplegic; complete or incomplete, if known.

Referral By: Name, agency, and telephone number of person making the referral.

Attending Physician: Name and telephone number of the client's physician.

Hospital: Name of hospital if client is hospitalized.

Room No.: Hospital room number, if client is hospitalized.

MEMORANDUM (to be completed by person taking the referral)

To: Intake Coordinator and/or appropriate Case Manager.

From: Person taking the referral.

Date: Date the referral was received.

Body of Memorandum: Provide as much information as possible. This will enable the Intake Coordinator or Case Manager to assess the situation prior to completing the intake.

EXAMPLES - Is family there to answer questions? Information regarding how the injury happened. Where is family? Who is best contact? Is client awake, alert, able to answer questions? The more information the better.

Note: Referral form (ASCC-1) must be faxed or emailed to Central Office the same day it is received.
NO EXCEPTIONS!