



ER
 ADMISSION

Traumatic Brain Injury Registry Form

(Please Print)

Date Form Completed: / /	Reserved for DOH use _____
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The objective of the Registry is to collect data and provide information and services to head and spinal cord injured persons in Rhode Island.

<input type="checkbox"/> TBI Only <input type="checkbox"/> TBI + SCI <input type="checkbox"/> SCI Only	Instructions: Report any hospital discharge with a diagnosis of brain or spinal cord injury due to trauma or complicated by late effects of trauma. Cerebrovascular accidents, aneurysms, and Congenital defects are excluded from this definition of TBI; spinal fractures without spinal cord. Compromise are excluded from the definition of traumatic SCI.
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PATIENT INFORMATION

<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	Patient's Last Name	First	Middle
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.			
Social Security Number				
Address		City/Town	State	Zip Code
				Phone ()
Birth Date	Age	Gender	Race	Ethnicity
/ /		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1. White <input type="checkbox"/> 2. Black <input type="checkbox"/> 3. Asian <input type="checkbox"/> 4. Native American <input type="checkbox"/> 5. Other	<input type="checkbox"/> 1. Hispanic <input type="checkbox"/> 2. Non-Hispanic
Date of Death		Death Certificate#	<input type="checkbox"/> Preferred Language	

PATIENT INJURY INFORMATION

Hospital Code			
<input type="checkbox"/> 01 Newport	<input type="checkbox"/> 07 SNERC (OLP)	<input type="checkbox"/> 14 Women & Infants	
<input type="checkbox"/> 02 Our Lady of Fatima	<input type="checkbox"/> 09 South County	<input type="checkbox"/> 15 Bradley	
<input type="checkbox"/> 03 Memorial	<input type="checkbox"/> 10 Kent County	<input type="checkbox"/> 16 Butler	
<input type="checkbox"/> 04 Miriam	<input type="checkbox"/> 11 Westerly	<input type="checkbox"/> 99 Other _____	
<input type="checkbox"/> 05 Rhode Island	<input type="checkbox"/> 12 Rehab RI		
<input type="checkbox"/> 06 Roger Williams	<input type="checkbox"/> 13 Landmark		
Date of Injury		Date of Admission	Date of Discharge
/ /		/ /	/ /
Place of incident			
Principle Diagnosis	Injury Related Diagnosis	Additional Injury Related Diagnosis	Cause of Injury (Refers to ICD-9-CM External Cause codes E800.0-E999.9)
			E
Type of Discharge (Disposition)	To (name of hospital, rehabilitation, or nursing facility only)		

Report ICD-9-CM Codes, Central Nervous System Injuries

TBI	(IC=IntraCranial)	SCI
310.2 Post concussion syndrome/ post traumatic encephalopathy	850 Concussion	806 Fracture, vertebral column w/spinal cord injury
800 Skull Fracture (vault)	851 Cerebral laceration/contusion	952 Spinal cord injury
801 Skull Fracture (base)	852 SAH, SDH & EDH w/SD injury	Late Effects TBI/SCI
803 Other & unqualified skull fractures	853 Other & unspec. IC hemorrhage	905.0 Skull Fracture
804 Multiple fractures involving skull	854 IC injury other & unspecified	907.0 Intracerebral injury
Or face with other bones	959.01 Head injury unspecified	907.2 Spinal cord injury

MAIL TO:
 RI Department of Health
 Family Health – TBI
 3 Capitol Hill Room 302
 Providence, RI 02908