

Traumatic Brain Injury Registry Enrollment Form

First name:		Last name:		
Social Security Number:		Date of birth (MM/DD/YYYY):		
Gender:	Ethnicity: _			
Race:American Indian/Alaska	an Native Asian Black/A	frican American Native Hawaiian/other Pacific Islande	r White Other	Declined to answer
Address:		City/Town:	State:	ZIP:
Phone:		-		
Hospital: T	ype of care:	Medical record number:	Visit number:	
Admission date:	Discharge date:	Discharge disposition:		
Date of death:				
External cause of injury:		Additional external cause of injury:		
Injury date:	Work-related injury? _	Incident place:		
Principal diagnosis (ICD 10	Code and description):			
Additional diagnoses (Leave	blank if not needed):			
ICD 10 Code and description	n:			
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Initials of person completing	form:	Date fo	orm completed:	

--A list of the most common ICD 10 Codes are listed on page 2 of this document.

--For a complete listing of ICD 10 Codes and codes for External cause of injury and Incident place, refer to ICD 10 Code Reference Manual for TBI.

Most Frequently Used ICD 10 Codes

ICD 10 Code	Description
S02.0 ^{\psi} , S02.1-\psi	Fracture of skull
S02.8 ^{\psi} , S02.91 ^{\psi}	Fracture of other specified skull and facial bones;
	Unspecified fracture of skull
S04.02 $^{\mu\beta}$, S04.03- $^{\mu\beta}$, S04.04 $^{\mu\beta}$	Injury of optic chasm; injury of optic tract and
	pathways; injury of visual cortex
S06- ^{Ψ, β}	Intracranial injury
S07.1 ^β	Crushing injury of skull
T74.4 ^β	Shaken infant syndrome

 $^{^{\}Psi}\!-$ indicates any fourth, fifth, or sixth character; seventh character of A or B $^{\beta}$ seventh character of A