


History & Examination

Patient Details

Onset

- Date of TIA/Stroke** 
- (dd/mm/yyyy)
- Stroke/TIA events over past week** One Two or more
- Symptoms resolved** Yes No
- Symptom duration** <10 minutes 10-59 minutes >=60 minutes
- Symptoms came on suddenly** Yes No

Symptoms

- Unilateral weakness**
- Unilateral numbness**
- Visual symptoms**
- Communication / speech problems**
- Problem 'finding' words** **Problem 'understanding' people**
- Slurring of speech** **Total loss (mute)**
- Common posterior circulation symptoms**
- Other stroke symptoms**

'Communication/speech problems' ticked resulting in display of sub-menu

- Other symptoms**

History - Notes

Vascular risk factors

- Prior TIA Prior Stroke Hypertension
- Atrial Fibrillation IHD PVD
- Diabetes Dyslipidaemia
- Smoker Family history of vascular disease
- Warfarin/Dabigatran DVT/hypercoagulability conditions/OCP use
- Alcohol consumption units/week

Generally self-populated fields (from PMS*)

Other Factors

- Terminal illness Severe underlying disability/dementia

Examination

- Blood Pressure** / **Rate** **Not examined**
- Regular heart rhythm** Yes No Not examined
- Murmur** No Yes Not examined
- Carotid bruit** None Right Left Bilateral Not examined
- Neurological exam findings**

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ATTENTION: If you need to Park this module to obtain further information or to facilitate clinician review, please do so on this page before selecting 'Continue'. If the module is parked after this page further review/data entry of History and Examination will not be possible.

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