


History &amp; 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**  'Communication/speech problems' ticked resulting in display of sub-menu
- Problem 'finding' words**  **Problem 'understanding' people**
- Slurring of speech**  **Total loss (mute)**
- Common posterior circulation symptoms**
- Other stroke symptoms**

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

## 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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