

Demographics

CHI Number:

Ethnicity:

Date of Birth: / /

(NB write the most detailed information available about patient ethnicity here)

Gender: *Female / Male / Not Known*

GP Practice/ Surgery: _____

Surname: _____

GP Name: _____

If GP Practice outwith Scotland:

Forename: _____

Other GP Practice: _____

Patient Postcode:

Other GP Name: _____

Patient Pathway

1. Date of first attendance at clinic (or seen by stroke team in A&E):

/ /

2. Consultant responsible for care during attendance at outpatient clinic/ review in A&E: _____

3. Seen at: Clinic/ A&E/ Not Recorded / Unknown / 4. Unit where seen:
Ambiguous/Illegible /

Other specify: _____

5. Date of referral:

/ /

6. Source of referral:

*GP / Medical assessment (MA) / Accident & Emergency (A&E) / Acute Receiving Unit (ARU)
Combined assessment / Outpatient clinic / Out of Hours (OOH) / Inpatient episode (ward) /
Ophthalmology / Transfer from other hospital / Unknown / Not Recorded / Ambiguous/Illegible /
Other specify: _____*

7. Date referral received:

/ /

8. Date of first appointment offered:

/ /

9. Was the patient referred for a carotid intervention?

10. Did the patient have a carotid intervention?

NB: If the patient has had carotid intervention the relevant form should be completed.

Diagnosis

11. Is the most likely diagnosis non-cerebrovascular?

11a. Non-cerebrovascular diagnosis: *Migraine / Epileptic Seizure / Syncope or Presyncope (faint) / Tumour / Subdural haematoma / Psychological, e.g. panic attack / Not Recorded / Unknown / Ambiguous/ Illegible*

11b. Other, specify: _____

If the answer to the question 11 is 'yes' there is no need to complete the remainder of this form.

12. Do you want to enter further form details?

13. Date of most recent cerebral TIA/ stroke/ eye attack **which led to referral to the neurovascular clinic:** //

14. Is stroke the most likely diagnosis? 15. Stroke pathology: *Ischaemic / Haemorrhagic / Haemorrhagic transformation of infarct / Uncertain / Not recorded*

16. Is cerebral TIA the most likely diagnosis?

17. Was monocular blindness, duration \geq 24hrs (Retinal Artery Occlusion (RAO) the most likely diagnosis?

18. Was monocular blindness, duration < 24hrs (Transient Monocular Blindness (TMB) the most likely diagnosis?

History

19. Does the patient have a past medical history of Atrial Fibrillation or Atrial Flutter (AF):

20. Was the patient on anticoagulation, e.g. Warfarin, at onset of current event or involved in a relevant clinical trial?

Investigations

21. Has brain imaging been done since current event? 22. Date of first brain imaging for current event: //

23. Has imaging of Internal Carotid Artery (ICA) stenosis been performed since current event? 24. Date of 1st imaging of ICA for current event: //

25. Was Atrial Fibrillation or Atrial Flutter confirmed at outpatient appointment?

Medication

26. Was the patient on Aspirin at 1st assessment? 27. Was the patient on another antiplatelet instead of or in addition to Aspirin at 1st assessment?

28. Was Aspirin continued, commenced or recommended at 1st assessment? 29. Was another antiplatelet continued, commenced or recommended at 1st assessment?

30. Was anticoagulation, e.g. Warfarin or other anticoagulant continued, commenced or recommended at 1st assessment?