



Date: __/__/____Time: __:__

Clinician: _____Grade: _____

BM: _____ mmol/LTemp _____°C

ABCD2 score (see overleaf): _____

Addressograph:

Name:

Unit no:

Date of birth:

History

Age: _____

Symptom onset: Date __/__/____Time: _____

Presentation:

Past medical history:

Risk factors

• Previous stroke

• Previous TIA

• Hypertension

• Cardiac disease

• AF

• PVD

• DM

• High cholesterol

• Current smoker

• Ex-smoker

• Alcohol

• Other

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Medications

Allergies:

Social history

Smoking: _____Pack years

Alcohol: _____Units/wk

Occupation: _____

Mobility: _____

Care: _____

Driving: _____

Family history: _____

Examination

A: Clear/Compromised/Obstructed

B: RR: ____/minSats: ____% air/oxygen (delete as appropriate)

Respiratory examination:

C: HR: ____/min reg/irregBP: Right ____/____Left ____/____

JVP: _____HS: I II +12 lead ECG _____

Peripheral pulses: _____Peripheral oedema: _____

Abdominal examination:

Neuro: GCS: __/15Confusion present / absentSpeech: Normal/dysarthria/dysphasia

	Right	Left
Pupils		
Eye movements		
Visual field defect		
Facial weakness		
Arm weakness		
Leg weakness		
Sensory loss or inattention		
Coordination		

Plan:

(See overleaf)

Lower risk

High risk

Crescendo TIA

Signature: _____Contact: _____