

Patient Details:

Forename Surname

Pt ID [][][][][][][][][]

Gender: Male Female Date of birth (dd/mm/yyyy) __/__/____

Ethnicity:

White

- British
- Irish
- Any other white background

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background

Asian or Asian Birtish

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Other Ethnic Groups

- Chinese
- Any other ethnic group
- Not stated

Next of Kin:

Name Relationship

Tel

Address 1	
Address 2	
Town	
County	
Postcode	

Residence details:

Name of Home	
Contact Person	
Contact Person	
Tel	
Address 1	
Address 2	
Town	
County	
Postcode	
Date of admission	d d / m m / y y y y

Medical details:

GP		Address 1	
Surgery		Address 2	
Surgery Code		Town	
Tel		County	
Fax		Postcode	

Stroke details:

Suspected **Confirmed** **Confirmed TIA**
Stroke/TIA **Stroke**

Date of last Stroke

What side of the body has the stroke affected?

Right side **Left side** **Bilateral**