

Medical Questionnaire

STROKE OR TIA

Description: A stroke sometimes called a CVA is an interruption of the blood supply to any part of the brain causing brain cells to die.

Age of client: _____ Date event occurred: _____

What was the diagnosis (Stroke, TIA or other): _____

Was hospitalization required: _____

Was surgery ever completed on the carotid arteries: Yes No

If yes, what was done and when: _____

Any residual limitations: _____

What medications are currently prescribed: _____

Have any of the following conditions below been diagnosed: (check those that apply)

- | | |
|--|---|
| <input type="checkbox"/> Obesity | If yes, Height _____ft_____in Weight _____lbs |
| <input type="checkbox"/> High blood pressure | last blood pressure reading _____/_____ |
| <input type="checkbox"/> Elevated Cholesterol | If yes, last cholesterol reading _____ |
| <input type="checkbox"/> Diabetes | If yes, date diagnosed _____ |
| <input type="checkbox"/> Heart attack | If yes, date diagnosed _____ |
| <input type="checkbox"/> Coronary Artery Disease | If yes, date diagnosed _____ |
| <input type="checkbox"/> Peripheral Vascular Disease | If yes, date diagnosed _____ |

See other medical questionnaires for all that apply.