Name:_____ Date_____

Post Stroke - Part 1a

Primary Complaint(s): Aphasia - Memory Loss - Speech Language - Motor Dysfunction - Incontinence

Instructions: There are seven (7) pages of 'Fill-In' pdf forms. Please provide as much information as possible - this is your opportunity to tell me what has been occurring in the past, your current condition as well as concerns you have for your fu-ture should this condition continue.

Mark the Primary Complaint(s): ☐ Aphasia ☐ Memory Loss ☐ Speech-Language disorder ☐ Motor Dysfunction ☐ Urine Incontinence ☐ Fecal Incontinence

Indicate all abnormalities that occur simultaneously with your main complaint:

☐ Balance	☐ Appetite	☐ Blood pressure	☐ Energy	☐ Addiction	☐ Injury (Past)
☐ Hearing	☐ Defecation	☐ Cardio	☐ Libido	☐ Attitude change	☐ Injury (Recent)
☐ Smell	☐ Digestion	☐ Respiratory	☐ Menses	☐ Behavior change	☐ Fertility
☐ Speech	☐ Thirst	☐ Skin	☐ Semen flow	☐ Cravings	☐ Weight
☐ Swallowing	☐ Urination		☐ Sleep	☐ Emotions	☐ Pain (physical)
☐ Taste	☐ Bleeding		☐ Excess naps	☐ Mental function	☐ Twitching-Ticks
☐ Touch	☐ Mucus flow			☐ Memory	☐ Hiccups
☐ Vision	☐ Swelling			☐ Pain & Emotions	

When did the stroke occure? _____

How many weeks of rehabilitation were provided?_____

Rank the Primary Complaints with "1" being the issue that causes the most discomfort or disruption to ADL.

1. _____
2. _____
3. _____
4. _____
5. _____

What provides relief to the #1 listed above? _____

_____

_____

_____

Describe current rehabilitation activities? _____

_____

_____

_____

_____

_____

_____

Type of Aphasia:

- ☐ Expressive (non-fluent)
- ☐ Receptive (fluent)
- ☐ Anomic
- ☐ Global
- ☐ Primary progressive
- ☐ Mixed Expressive-Receptive

Speech Disorder:

- ☐ Stuttering
- ☐ Phonological disorder
- ☐ Language disorder
- ☐ Unspecified Communication disorder

Other Issues:

- ☐ Tongue impairment
- ☐ Headaches
- ☐ Migraine
- ☐ Excess saliva
- ☐ Vision impairment
- ☐ Hearing Loss
- ☐ Cognitive impairment
- ☐ Other: _____

_____

_____

_____

Memory Loss:

- ☐ Short-term
- ☐ Long-term
- ☐ Visual

Frequency of occurance:

- ☐ Constant
- ☐ Intermittent

Aggrivated by:

- ☐ Cold ☐ Heat
- ☐ Physical activity
- ☐ Emotional upset
- ☐ Stress ☐ Weather

Highest Education:

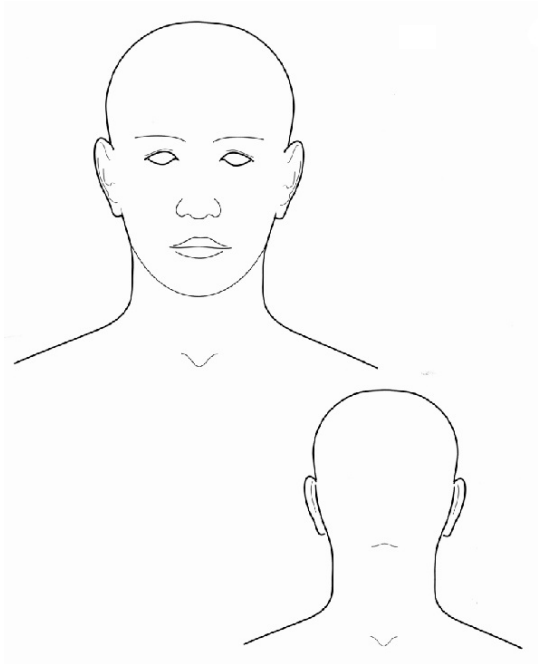
- ☐ 6th Grade
- ☐ 9-12th grade or Trade Sch
- ☐ Associate Degree
- ☐ Bachelor Degree
- ☐ or Higher

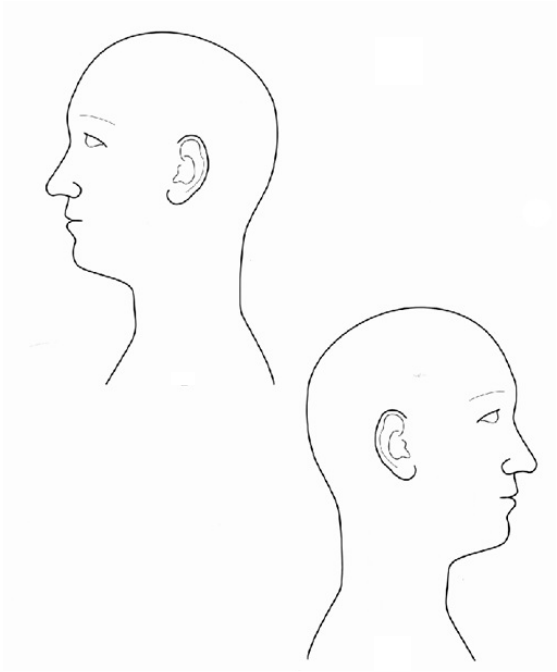
If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_Post Stroke Part 1a

Post Stroke - Part 1b

Primary Complaint(s)-Aphasia - Memory Loss - Speech Language - Motor dysfunction - incontinence

Instructions: The images below are covered with Fill-In boxes. Locate on the image where you experience Pain (P), Numbness(N), Tingling(T), Motor dysfunction(Md), location of Injury(I) or Other symptoms(Os) and mark with the letter. Example: "P" for pain





Describe the intensity, frequency of occurance or other information about the locations marked above.

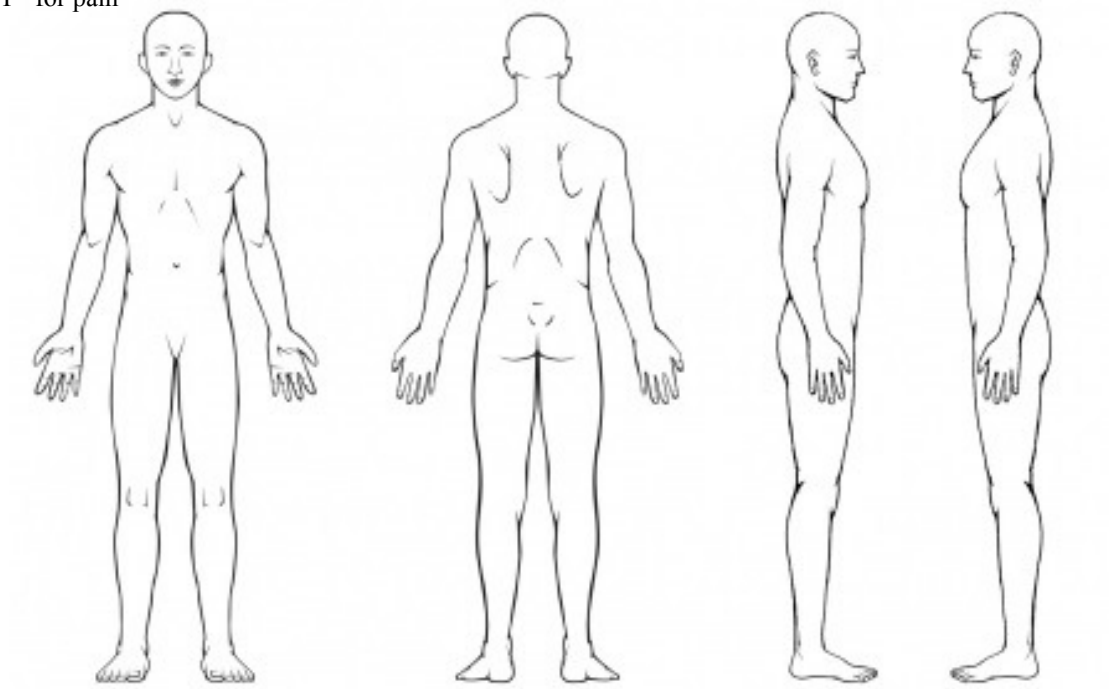
If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint. Example: John_Doe_Post Stroke Aphasia Memory Speech Part 1b

Name:_____ Date_____

Post Stroke - Part 1c

Primary or Secondary Complaint

Instructions: The images below are covered with Fill-In boxes. Locate on the image where you experience Pain (P), Numbness(N), Tingling(T), Motor dysfunction(Md), location of Injury(I) or Other symptoms(Os) and mark with the letter. Example: "P" for pain



Front Rear Right Left

Type of Pain or Sensation:

- ☐ Sharp
- ☐ Shooting
- ☐ Throbbing
- ☐ Burning
- ☐ Dull
- ☐ Aching
- ☐ Tingling
- ☐ Numbness
- ☐ Cramping
- ☐ Tightening
- ☐ Stiffness
- ☐ Swelling
- ☐ Heat
- ☐ Cold
- ☐ Crawling
- ☐ Itching

Quality.of Primary Complaint:

- ☐ Constant ☐ Fixed
- ☐ Intermittent ☐ Moving

Trigger or Aggrivated by:

- ☐ Cold ☐ Heat
- ☐ Physical activity
- ☐ Emotional upset
- ☐ Stress ☐ Weather

Rate your pain at it's most and least painfulness:

- ☐ 0 None
- ☐ 1 Mild - nagging, annoying, interferes little with ADLs
- ☐ 2 Mild - nagging, annoying, interferes little with ADLs
- ☐ 3 Mild - nagging, annoying, interferes little with ADLs
- ☐ 4 Moderate - Interfere's significantly with ADLs
- ☐ 5 Moderate - Interfere's significantly with ADLs & need OTC med
- ☐ 6 Moderate - Interfere's significantly with ADLs & need OTC med
- ☐ 7 Severe - Disabling, unable to perform ADLs & Need Rx med
- ☐ 8 Severe - Disabling, unable to perform ADLs & Need Rx med
- ☐ 9 Severe - Disabling, unable to perform ADLs & Need Rx med
- ☐ 10 Severe - Disabling, unable to perform ADLs & Need hospital

Are you hands or feet too sensitive to touch? ☐ Yes ☐ No
Does it hurt at night when bed covers touch? ☐ Yes ☐ No
Do your symptoms worsen at night? ☐ Yes ☐ No
Do your legs feel weak when you walk? ☐ Yes ☐ No
Do your legs/feet hurt when you walk? ☐ Yes ☐ No
Are your feet skin dry and crack open? ☐ Yes ☐ No
Can your feet discern hot/cold water in tub/shower? ☐ Yes ☐ No
Do your legs/feet experience 'asleep feeling' or loss of sensation? ☐ Yes ☐ No
Are you unable to sense you feet when you walk? ☐ Yes ☐ No
Do you have sharp, stabbing or shooting pain in our feet? ☐ Yes ☐ No

What provides relief of Pain or sensation?_____

_____
_____
_____
_____

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_Post Stroke Physical Sensation & Motor Dysfunction Part 1b

Name:_____ Date_____

Use the next four (4) pages to embellish upon the details of your Primary Complaint and Life Experiences.

Post Stroke - Part 2

Instructions: The Day your Stroke caused disruption to your ADL or caused significant impairment

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order starting with the morning of and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

Please identify the date. This does not have to be an exact calendar date – it can be 'mid-November 2011', or sometime in the summer of 2009, or it might be as specific as the morning of New Year's Day 2012. Then describe the following:

- where you were located when the Stroke or TIA occurred,
- how you felt and any emotional responses prior to the stroke or TIA
- did you have any minor form of the Primry Complaints before the main stroke or TIA occurred
- the duration of the stroke or TIA event(s)
- any observations by other people of your behavior, emotions or physical condition
-

Date your Stroke Complaint(s) or associated symptoms became disruptive to your ADL or caused significant impairment:

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_Post Stroke Part 2

Name:_____ Date_____

Post Stroke - Part 3

Instructions: Your Life 6 months prior to the day the Stroke.

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Reflect 6 months prior to the stroke and note the earliest date when you noticed any pre-stroke symptoms and/or the associated symptoms. Please identify the date. This does not have to be an exact calendar date – it can be 'mid-November 2011', or sometime in the summer of 2009, or it might be as specific as the morning of New Year's Day 2012.
- Next, list the events of your life that occurred between that earliest date of symptoms and the day your Stroke. These events include:
  travel in or outside the USA or Canada moving your home changing jobs marriage divorce separation pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters child rearing problems children leaving home for college child custody illness accidents incarceration institutionalized natural disaster crime victim domestic violence or abuse substance abuse other
- Any observations by other people of your behavior, emotions or physical condition

Date of earliest recall of Physical Sensation or associated symptoms:

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_Post Stroke Part 3

Name:_____ Date_____

Post Stroke - Part 4

Instructions: Your Life 1 year Prior to the Stroke.
Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Reflect back 1 year prior to the earliest date when you noticed the and pre-stroke symptoms and/or associated symptoms. Please identify the date. This does not have to be an exact calendar date – it can be 'mid-November 2011', or sometime in the summer of 2009, or it might be as specific as the morning of New Year's Day 2012.
- Next, list the events of your life that occurred between that earliest date of symptoms and the day your Stroke. became disruptive to your ADL or caused significant impairment. These events include:
  travel in or outside the USA or Canada moved your home changing jobs marriage divorce separation pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters child rearing problems children leaving home for college child custody illness accidents incarcerated institutionalized natural disaster crime victim domestic violence or abuse substance abuse other
- Any observations by other people of your behavior, emotions or physical condition

Date 1 year prior to the earliest recall of the any pre-stroke symptoms or associated symptoms:

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_Post Stroke Part 4

Name:_____ Date_____

Post Stroke - Part 5

Instructions: Your Symptoms and Actions since the day your Stroke or associated symptoms became disruptive to your ADL or caused significant impairment cited in Part 2.

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Describe to best of you abilities the chronological sequences of the following starting from the Day the Stroke or associated symptoms.Include the following:

  - changes of the symptoms over time (duration, intensity, improvements, worsening, etc)

  - the actions you have employed to treat the problem via MD, ND, DO, DC, LAc, PT and other therapists as well as home remedies. Include the diagnosis, therapies, medications and natural remedies (herbs, homeopathy, nutritional) that have been used. Include any and all improvements or worsening of the problem/condition due to any of the actions you employed.
- Include the events of your life that occurred during this tme period. These events include:
  travel in or outside the USA or Canada moved your home changing jobs marriage divorce separation pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters child rearing problems children leaving home for college child custody illness accidents incarcerated institutionalized natural disaster crime victim domestic violence or abuse substance abuse other
- Any observations by other people of your behavior, emotions or physical condition

Symptoms and Actions since the Stroke:

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_Post Stroke Part 5