Stroke Case Presentation Request

Please send requests to: gdph.strokeecho@gmail.com

Admission Date: ___/___/_____ Hospital Name: _____

Provider(s): _____

ECHO ID (GDPH Use Only): _____

Type of Patient:	☐ Receiving Facility	☐ Transferred Patient	
Patient Age:			
Gender:	☐ Male	☐ Female	☐ Other
Race/Ethnicity			
Insurance:	☐ Insured	☐ Uninsured	☐ Unknown

Question(s) for ECHO Community:	
Stroke Case Scenario	
Transferred to initial hospitals on Mobile Stroke Unit	☐ Yes ☐ Not Applicable

Stroke Event/Disease History	☐New Event ☐Recurrent Date:___/___/_____
Type of Stroke	☐ Ischemic ☐ Hemorrhagic ☐ TIA
Initial Hospital Arrival Date & Time	Date: __/__/____ Time: _____
Initial Hospital Transfer Date & Time	Date: __/__/____ Time:_____ ☐ N/A

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Receiving Hospital Date & Time	Date:___/___/_____ Time:_____ ☐ N/A
Pre-Hospital Screening:	What screening method was used: Findings:
Pre-Hospital Severity Score	What Tool was used Score Number:
Radiology/Imaging Findings	Describe:
Alteplase ☐Yes ☐No Date/time:	**TNK** ☐Yes ☐No Date/Time:_____
Endovascular Treatment	☐Yes ☐ No Date & Time:_____ Describe:
Glasgow Scale	Initial Score: Discharge Score:
NIH Score	Initial Score: Discharge Score:
Modified Ranking Scale	Initial Score: Discharge Score:

Medical History

☐ HTN ☐ Hyperlipidemia ☐ Diabetes ☐ Cardiovascular Disease ☐ Tobacco Use

☐ Atrial fibrillation/flutter ☐ Obesity

☐ Other: _____

Current Medication

Medication Name/Dose	Medication Name/Dose	Medication Name/Dose