

## GM-SAT: the Greater Manchester Stroke Assessment Tool<sup>®</sup>

Date:

### 6 MONTH STROKE REVIEW

<b>Name:</b>		<b>DOB:</b>	
<b>Address:</b>		<b>Hosp No:</b>	
		<b>NHS Number:</b>	

<b>Name of reviewer:</b>		<b>Designation:</b>	
<b>Consent for SSNAP:</b>	Yes    No (Circle as appropriate)		
<b>Has the patient been hospitalised after discharge from CST:</b>		<b>Yes</b>	<b>No</b>

### Medications:

Medication	Strength	Dose

<b>Maintaining goals:</b>	Yes    No (Circle as appropriate)
<b>Comments:</b>	
<b>Modified Rankin Score:</b>	

<b>Name:</b>	<b>Signature:</b>
--------------	-------------------

