Northampton General Hospital NHS Trust

## GM-SAT: the Greater Manchester Stroke Assessment $\mathsf{Tool}^{\texttt{s}}$

Date:

## 6 MONTH STROKE REVIEW

Name:		DOB:	
Address:		Hosp No:	
		NHS Number:	

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

## Medications:

Medication		Strength	Dose	
Modified Rankin Score:				
Barthel Score:				
NADL Score:				
GAD7 Score:				
PHQ9 Score:				
EQ5D – 5L Score:				
Employment status at 6 month review:				
□ Working Full-Time □ Working Part-Time □ Retired □ Studying □ Training □ Other				

Name:	Signature:
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## Northampton General Hospital NHS

			NHS Trust
Maintaining goals:	Yes	No (Circle as appropriate)	
Comments:			

Activities & Hobbies	Daily Activities	House & Home	Personality Changes
Alcohol	Diabetes	Medicine	Sexual Health
		Compliance	
Anti-thrombotic Therapy	Driving	Medicine	Sleep Pattern
		Management	
Anxiety	Emotionalism	Memory	Smoking
Blood Pressure	Exercise	Mobility	Swallowing
Carer Needs	Falls	Money & Benefit	Transport & Travel
Cholesterol	Fatigue	Mood	Vision
Communication	Healthy Eating	Nutrition	Weight Control
Continence	Hearing	Pain	Work
Other:			· · · · · · · · · · · · · · · · · · ·

Summary	
Name:	Signature: