



CENTRE FOR MOVEMENT DISORDERS

APPLICATION FORM FOR STROKE REHABILITATION SERVICES

This form can be completed by the applicant, relative, friend or professional. The application form will give the conductors an overview of your condition and how it impacts on you. Please answer as many questions as you feel able, as this will help to ensure that the initial consultation is meaningful.

If you have any concerns about some questions or feel that you are not able to answer them please leave them blank.

Please return this form to the address on the back of the form. Thank you.

PERSONAL INFORMATION

Name: _____

Title: Miss/Mrs/Ms/Mr Date of birth: _____

Address: _____

_____ Postcode: _____

Contact Telephone Numbers:

Day: _____ Evening: _____

E-mail: _____

Present/previous occupation: _____

Date of stroke/s: *If you have had more than one stroke please put in all date*

National Institute of Conductive Education, Cannon Hill House, Russell Road, Moseley, Birmingham B13 8RD
Tel: 0121 449 1569 | Email: foundation@conductive-education.org.uk

www.conductive-education.org.uk

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MEDICAL INFORMATION

Which side of your body has been more affected? *Please circle.*

LEFT	RIGHT	BOTH
Has your speech been affected?	YES	NO
Has your vision been affected?	YES	NO
Has your hearing been affected?	YES	NO

Relevant medication- dosages and timings:

Additional medical/ surgical information e.g. high blood pressure, arthritis, joint replacements, accidents.

Do you experience pain? YES / NO

If you experience pain where do you feel it?

How much does this pain restrict your daily activity?

IMPACT OF YOUR CONDITION. We appreciate that each day may be different, but to help us understand how your condition affects your life please answer the following questions as best you can.

The following questions relate generally to your activities of daily living. Please tick the appropriate box.

1. Do you get about indoors:

- Walking with no-one helping? (you may use a stick or frame)
Please state which _____
- Walking with the help or supervision of one person?
- Propelling yourself in a wheelchair?
- Not at all?

2. Do you move from bed to chair:

- On your own?
- With a little help from one person?
- With a lot of help from one or two people?
- Not at all?

3. Do you go up and down stairs:

- Without any help?
- With help (either supervised or assisted)?
Please state which _____
- Not at all?

4. Do you get dressed:

- Without any help (including buttons, zips and laces)?
- With help, but you can do at least half on your own?
- With help for almost everything?

5. In the bath or shower, do you:

- Manage on your own?
- Need help?
- Never have a bath or shower?

6. Do you use the toilet or commode:

- Without any help?
- With a little help?
- With a lot of help?

7. Do you wash your face, brush your hair and teeth (shave)

- Without help?
- With help?

8. Do you feed yourself:

- Without any help?
- With a little help e.g. cutting up food?
- With a lot of help?

9. Are you incontinent of urine:

- Never?
- Occasional accident?
- More than occasional accident?
- Have a catheter which you manage yourself?
- Have a catheter which is managed by someone else?

10. Are you incontinent of your bowels:

- Never?
- Occasional accident?
- More than occasional accident?
- Need regular enemas?

The following questions relate to how you feel your stroke has affected you and your quality of life. *Please circle the appropriate box:*

1. In the past week, how would you rate the strength of your.....	A lot of strength	Quite a bit of strength	Some strength	A little strength	No strength at all
Arm that was <u>most affected</u> by your stroke?	5	4	3	2	1
Grip of your hand that was <u>most affected</u> by your stroke?	5	4	3	2	1
Leg that was <u>most affected</u> by your stroke?	5	4	3	2	1
Foot/ankle that was <u>most affected</u> by your stroke?	5	4	3	2	1

2. In the past week, how difficult was it for you to	Not difficult at all	A little difficult	Somewhat difficult	Very difficult	Extremely difficult
Remember things that people just told you?	5	4	3	2	1
Remember things that happened the day before?	5	4	3	2	1
Remember to do things (e.g. keep a scheduled appointment)	5	4	3	2	1
Remember the day of the week?	5	4	3	2	1
Concentrate?	5	4	3	2	1
Think quickly?	5	4	3	2	1
Solve everyday problems?	5	4	3	2	1

3. In the past week, how often did you	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Feel sad?	5	4	3	2	1
Feel that there is nobody close to you?	5	4	3	2	1
Feel that you are a burden to others?	5	4	3	2	1
Feel that you have nothing to look forward to?	5	4	3	2	1
Blame yourself for mistakes you made?	5	4	3	2	1
Enjoy things as much as ever?	5	4	3	2	1
Feel quite nervous?	5	4	3	2	1
Feel that life is worth living?	5	4	3	2	1
Smile and laugh at least once a day?	5	4	3	2	1

4. In the past week, how difficult was it to.....	Not difficult at all	A little difficult	Somewhat difficult	Very difficult	Extremely difficult
Say the name of someone who was in front of you?	5	4	3	2	1
Understand what was being said to you in a conversation?	5	4	3	2	1
Reply to questions?	5	4	3	2	1
Correctly name objects?	5	4	3	2	1
Participate in a conversation with a group of people?	5	4	3	2	1
Have a conversation on the telephone?	5	4	3	2	1
Call another person on the telephone; including selecting the correct number and dialling?	5	4	3	2	1

5. During the past 4 weeks, how much of your time have you been limited in	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Your work (paid, voluntary or other)?	5	4	3	2	1
Your social activities?	5	4	3	2	1
Quiet recreational activities (crafts, reading?)	5	4	3	2	1
Active recreation (sports, outings, travel)?	5	4	3	2	1
Your role as a family member and/or friend?	5	4	3	2	1
Your participation in spiritual or religious activities?	5	4	3	2	1
Your ability to control your life as you wish?	5	4	3	2	1
Your ability to help others?	5	4	3	2	1

On a scale of 0 to 100, with 100 representing full recovery and 0 representing no recovery, how much have you recovered from your stroke?
Please put a mark on the line where you feel your recovery is.

0 10 20 30 40 50 60 70 80 90 100

Could you please state where you heard about Conductive Education?

If you have attended Conductive Education in the past could you please give the dates and place?

Do you belong to a local branch of the Stroke Association or similar organisation? YES NO

Please complete the last/following page giving us details of your GP and consultant and then sign and return this form to the address below.

Thank you for the time you have taken to provide all this information for us and we look forward to meeting you in the near future. Please ensure that you keep us up-to-date with any changes in your medical condition.

SIGNATURE: _____

DATE: _____

Please return this completed form to:

Mrs N Sandford **Direct telephone line: 0121 442 5564**

The National Institute of Conductive Education
Cannon Hill House, Russell Road, Moseley, Birmingham. B13 8RD

Can we politely request that when returning the form to us you use a STAMP with LARGE written on it.

PLEASE COMPLETE THE GP FORM ON THE LAST PAGE. THANK YOU.



In exceptional circumstances we may wish to contact your GP or consultant. We will NOT contact them without discussing this with you first.

Name and address of GP:

GP Telephone Number: _____

Name and Hospital of Consultant:

How frequently do you see your consultant? _____

Name of specialist nurse (if appropriate) _____

ANY OTHER RELEVANT MEDICAL INFORMATION YOU FEEL IT IS IMPORTANT FOR US TO KNOW:

I agree that I have disclosed all relevant medical information to the conductors at the National Institute of Conductive Education, Birmingham. I understand that it is my duty to inform them immediately of any relevant changes in my condition or medication and agree to do so.

I agree that conductors may contact my GP or specialist should any further information be required. They will inform me of this and provide me with a copy if requested.

Signature:

Date:

The National Institute of Conductive Education, Cannon Hill House, Russell Road, Birmingham.

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The Foundation promotes and safeguards the welfare of its children and vulnerable adults.