Application Form: Stroke

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.

* Required

1. Email *

_____

Personal Information

2. Name *

_____

3. Title

Mark only one oval.

- ◯ Miss
- ◯ Mrs
- ◯ Ms
- ◯ Mr
- ◯ Dr

4. Date of birth

_____

Example: January 7, 2019

5. Address *

6. Postcode *

7. Day contact telephone number *

8. Evening contact telephone number

9. Present/previous occupation

10. Date of stroke/s

If you have had more than one stroke please put in all dates

Medical Information

11. Which side of your body has been more affected?

Mark only one oval.

- ◯ Left
- ◯ Right
- ◯ Both

12. Has your speech been affected?

Mark only one oval.

- Yes
- No

13. Has your vision been affected?

Mark only one oval.

- Yes
- No

14. Has your hearing been affected?

Mark only one oval.

- Yes
- No

15. Relevant medication, dosages and timings

16. Additional medical/ surgical information

e.g. high blood pressure, arthritis, joint replacements, accidents

17. Do you experience pain?

Mark only one oval.

- ◯ Yes
- ◯ No

18. If you experience pain where do you feel it?

_____

19. 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.

20. Do you get about indoors? *

Mark only one oval.

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

21. If you use a stick or a frame please state which

Mark only one oval.

- ◯ Stick
- ◯ Frame

22. Do you move from bed to chair *

Mark only one oval.

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

23. Do you go up and down stairs *

Mark only one oval.

- ◯ Without any help?
- ◯ With help? (either supervised or assisted)
- ◯ Not at all?

24. If you have help please state which

Mark only one oval.

- ◯ Supervised
- ◯ Assisted

25. Do you get dressed *

Mark only one oval.

- ◯ 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?

26. In the bath or shower, do you *

Mark only one oval.

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

27. Do you use the toilet or commode *

Mark only one oval.

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

28. Do you wash your face, brush your hair and teeth (shave)? *

Mark only one oval.

- ◯ Without help?
- ◯ With help?

29. Do you feed yourself? *

Mark only one oval.

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

30. Are you incontinent of urine? *

Mark only one oval.

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

31. Are you incontinent of your bowels? *

Mark only one oval.

- 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.

32. In the past week, how would you rate the strength of your.. *

Mark only one oval per row.

	No strength	A little strength	Some strength	Quite a bit of strength	A lot of strength
Arm that was most affected by your stroke					
Grip of your hand that was most affected by your stroke					
Leg that was most affected by your stroke					
Foot/ankle that was most affected by your stroke					

33. In the past week, how difficult was it for you to.. *

Mark only one oval per row.

	Extremely difficult	Very difficult	Somewhat difficult	A little difficult	Not difficult at all
Remember things that people just told you					
Remember things that happened the day before					
Remember to do things (e.g. keep a scheduled appointment)					
Remember the day of the week					
Concentrate					
Think quickly					
Solve everyday problems					

34. In the past week, how often did you.. *

Mark only one oval per row.

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Feel sad					
Feel that there is nobody close to you					
Feel that you are a burden to others					
Feel that you have nothing to look forward to					
Blame yourself for mistakes you made					
Enjoy things as much as ever					
Feel quite nervous					
Feel that life is worth living					
Smile and laugh at least once a day					

35. In the past week, how difficult was it to.. *

Mark only one oval per row.

	Extremely difficult	Very difficult	Somewhat difficult	A little difficult	Not difficult at all
Say the name of someone who was in front of you					
Understand what was being said to you in a conversation					
Reply to questions					
Correctly name objects					
Participate in a conversation with a group of people					
Have a conversation on the telephone					
Call another person on the telephone; including selecting the correct number and dialling					

36. During the past 4 weeks, how much of your time have you been limited in.. *

Mark only one oval per row.

	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)					
Your social activities					
Quiet recreational activities (crafts, reading)					
Active recreation (sports, outings, travel)					
Your role as a family member and/or friend					
Your participation in spiritual or religious activities					
Your ability to control your life as you wish					
Your ability to help others					

37. How much have you recovered from your stroke? *

Mark only one oval.

	0	1	2	3	4	5	6	7	8	9	10	
No recovery												Full recovery

38. Could you please state where you heard about Conductive Education *

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

40. Do you belong to a local branch of the Stroke Association or similar organisation? *

Mark only one oval.

- Yes
- No

41. If yes, please state which

Additional Details

42. Do you have access to a computer, iPad or tablet?

Mark only one oval.

- Yes
- No

43. Would you be interested in remote sessions if necessary?

Mark only one oval.

- Yes
- No

GP Details

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

44. Name of GP

45. Address of GP

46. GP Telephone Number

47. Name and Hospital of Consultant

48. How frequently do you see your consultant?

49. Name of specialist nurse (if appropriate)

50. Any other relevant medical information you feel it is important for us to know?

51. 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. *

Check all that apply.

- [ ] I agree

52. Signature / Type name

53. Date
(if printed)

Example: January 7, 2019

If printed, 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.

Please return this completed form to:

The Adult Department
Direct telephone line: 0121 442 5564

NICE – Centre for Movement Disorders
Cannon Hill House,
Russell Road,
Moseley,
Birmingham. B13 8RD

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