

SAMPLE PRESCRIPTION FORM

STROKE TOPICS

Anatomy

Diagnosis

- Hemorrhagic Stroke Ischemic Stroke TIA

Diagnostic Tests

- | | | |
|--|--|---|
| <input type="checkbox"/> Angiography | <input type="checkbox"/> Blood Tests | <input type="checkbox"/> CT Scan |
| <input type="checkbox"/> Echocardiography | <input type="checkbox"/> Electrocardiogram | <input type="checkbox"/> Electroencephalogram |
| <input type="checkbox"/> Medical History | <input type="checkbox"/> MRI | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Physical and Neurological Exams | | |

Treatment

- | | | |
|--|---|--|
| <input type="checkbox"/> Antithrombotics | <input type="checkbox"/> Emerging Therapies | <input type="checkbox"/> Clot-Dissolving Drugs |
| <input type="checkbox"/> Endovascular Procedures for Aneurysms | <input type="checkbox"/> Carotid Endarterectomy | <input type="checkbox"/> Surgery for Aneurysms |
| | <input type="checkbox"/> Stents | |

Recovery and Lifestyle Modification

- | | | |
|---|--|--|
| <input type="checkbox"/> Cigarette Smoking | <input type="checkbox"/> Complementary Therapy | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Hyperlipidemia |
| <input type="checkbox"/> Nutritional Education | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Psychological Counseling | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Speech-Language Therapy |
| <input type="checkbox"/> Support Groups | | |

