

xxxxxxxxx Chiropractic Office

CVA Screening Checklist

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Has the patient reported any of the following risk factors or symptoms in the medical history? (Based upon Current Concepts, NCMIC) headache, dizziness, low of consciousness,

	Risk Factors		Symptoms
	Dizziness		Nausea
	Unsteadiness		Vomiting
	Giddiness		Hearing/visual/sensory disturbances
	Vertigo		Cramps
	Sudden severe pain in the side of the head and/or neck, which is different from any pain the patient has had before		Weakness
	Age <45 years		Ataxia without residual sequelae to suggest stroke
	Migraine		
	Connective Tissue Disease (Autosomal dominant polycystic kidney disease, Ehlers-Danlos Type IV, Marfan Syndrome, Fibromuscular Dystrophy)		<b>Other symptoms or history:</b>
	Recent Infection, particularly upper respiratory infection		

<b>I</b>	Olfactory		<b>VII</b>	Facial	
<b>II</b>	Optic		<b>VIII</b>	Acoustic	
<b>III</b>	Oculomotor		<b>IX</b>	Glossopharyngeal	
<b>IV</b>	Trocular		<b>X</b>	Vagus	
<b>V</b>	Trigeminal		<b>XI</b>	Spinal Accessory	
<b>VI</b>	Abducens		<b>XII</b>	Hypoglossal	

Other: