



<b>CT Head/Spine</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Date:</b> <b>Report:</b>
<b>CT CAP</b> <b>All patients require a CT CAP</b> <b>The report is imperative.</b> <b>Patient will not be discussed in MDT</b> <b>if report is not provided</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Date:</b> <b>Report:</b>
<b>Other:</b> ( <i>Lumbar Puncture, Bloods, Chest x-ray etc</i> )		
<b>SURGICAL PROCEDURE</b> ( <i>if any</i> ):		
<b>PAST MEDICAL HISTORY:</b>		
<b>CURRENT MEDICATIONS:</b> ( <i>Including information on anti-coagulant medication, if stopped when?</i> )		
<b>CURRENT PERFORMANCE STATUS:</b> Use table below for descriptions:		
0	Asymptomatic (Fully active, able to carry on all pre-disease activities without restriction)	
1	Symptomatic but completely ambulatory (Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature. For example, light housework, office work)	
2	Symptomatic, <50% in bed during the day (Ambulatory and capable of all self care but unable to carry out any work activities. Up and about more than 50% of waking hours)	
3	Symptomatic, >50% in bed, but not bedbound (Capable of only limited self-care, confined to bed or chair 50% or more of waking hours)	
4	Bedbound (Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair)	
5	Death	
<b>PATIENT FIT FOR GENERAL ANAESTHETIC?</b>		
<b>CURRENT NEUROLOGICAL STATUS</b> ( <i>GCS/Pupils/Focal Neurology</i> ):		
<b>Confirm patient has had MRSA swabbing</b> <input type="checkbox"/> <b>If available Result:</b> <b>Date:</b>		
<b>ANY ADDITIONAL INFORMATION:</b>		