

PATIENT:

BADBIR ID:

HRN:

DOB:

BIOLOGIC / CONVENTIONAL TREATMENT:



**BIR**  
Biologic Interventions Register

**Event of Special Interest: Cerebrovascular Accident (CVA)**

Any Further  
Event Details

Was the stroke haemorrhagic  YES  NO  DON'T KNOW  
Or ischaemic  YES  NO  DON'T KNOW

Was the patient thrombolysed?  YES  NO  DON'T KNOW

Does the patient have atrial fibrillation?  YES  NO  DON'T KNOW  
Or paroxysmal atrial fibrillation?  YES  NO  DON'T KNOW

Was a CT/MRI done?  YES  NO  DON'T KNOW  
(If yes, please attach report)

Did signs/symptoms fully resolve? YES  NO  DON'T  KNOW  
If so, did they resolve within: 24  hours  1 week  More than one week

**If you have any questions please call the Register office on: 0161 306 1911**

Form completed

By: \_\_\_\_\_

On: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please note this ESI form needs to be entered directly onto the BADBIR database in the adverse section