

Telestroke On call episode details

Date :

Consultant name:

| Time of Call | Duration | Site | Patient ID | Advice only Y/N | Telestroke Consultation Y/N | Comments |
|--------------|----------|------|------------|-----------------|-----------------------------|----------|
|              |          |      |            |                 |                             |          |
|              |          |      |            |                 |                             |          |
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|              |          |      |            |                 |                             |          |
|              |          |      |            |                 |                             |          |

Has this on call period disrupted your sleep pattern so that you require compensatory rest Y/N

Do you have any comments to improve the service:

What went well/ what went wrong:

Email to: