

# VITATOPS Enrolment Form

Please use a black pen & BLOCK PRINT IN CAPITALS

## Centre details:

Collaborating centre \_\_\_\_\_ Randomising Dr/RN \_\_\_\_\_ Signature \_\_\_\_\_

## Patient details:

Patient Initials \_\_\_\_\_ Medical record number \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender: Male (1) Female (2) dd mm yyyy

## Details of Primary Event (please circle):

Date of event \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 dd mm yyyy

Monocular blindness?	Yes (1)	No (2)
Dysphasia / Aphasia?	Yes (1)	No (2)
Hemianopia?	Yes (1)	No (2)
Sensory neglect?	Yes (1)	No (2)
Paralysis:		
a. of Face?	Yes (1)	No (2)
b. of Arm?	Yes (1)	No (2)
c. of Leg?	Yes (1)	No (2)
Sensory disturbance?	Yes (1)	No (2)
Brainstem or cerebellar involvement?	Yes (1)	No (2)
Other impairments? (please specify) _____		

## Cerebrovascular Pathology (please circle):

- 1) TIA of the eye or brain
- 2) Primary intracerebral haemorrhage
- 3) Cerebral infarction (cerebrum, brainstem, cerebellum)
- 4) Uncertain
- 5) Subarachnoid haemorrhage
- 6) Retinal infarction

## Evidence for Pathology (please circle):

- 1) Clinical only
- 2) Clinical plus CT or MRI (eg. confirms/excludes haemorrhage)
- 3) Other (please specify) \_\_\_\_\_

## Cerebrovascular Aetiology (please circle):

- 1) Large artery disease
- 2) Small vessel disease
- 3) Embolism from the heart
- 4) Stroke or TIA of unknown or uncertain cause

## Current Medications:

Anti-platelet drugs (eg aspirin, clopidogrel, dipyridamole)	Yes (1)	No (2)
Anticoagulants (eg warfarin)	Yes (1)	No (2)
Antidepressants (eg effexor, zoloft)	Yes (1)	No (2)
Please specify any other medications _____		

Vitamins/minerals (oral or injections)	Yes (1)	No (2)
--	---------	--------

(please specify any vitamins/minerals) \_\_\_\_\_

Please go to the VITATOPS on-line randomisation website: <http://vitatops.highway1.com.au>

Date of randomisation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ VITATOPS number \_\_\_\_\_  
 dd mm yyyy

Please write a prescription for 6 months supply of VITATOPS tablets with the VITATOPS randomisation number

Please FAX this form now to: VITATOPS Trial coordinator Fax: 0800 291 523

Please complete the gold Baseline Data Form on day of randomisation