

Registry Number

ICH Supplementary Data Collection Sheet



Intra-cranial Haemorrhage

Type of Haemorrhage intracerebral extradural subdural sub-arachnoid

Onset of Haemorrhage Date / / Time : hrs

GCS

Initial CT Scan Date / / Time : hrs

Copy of Scan attached? Yes No Copy of Scan available? Yes No

CT Scan Report

Repeat CT Scan Date / / Time : hrs

Copy of Scan attached? Yes No Copy of Scan available? Yes No

CT Scan Report