

NAME OF THE HOSPITAL: _____

7). Intra-Cerebral Hematoma Evacuation: S10I1.7

1. Name of the Procedure: Intra-Cerebral Hematoma Evacuation
2. Indication: Intra-Cerebral bleed
3. Does the patient presented with headache/ vomiting, hemiparesis, altered sensorium, convulsion, unconsciousness: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - CT Scan/ MRI brain: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of vegetative unstable stage: Yes/No

For Eligibility for Intra-Cerebral Hematoma Evacuation the answer to questions 5 must be NO

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
