

## What is a medical history?

A medical history is a detailed timeline of your stroke symptoms and when you (or a witness) first noticed them, as well as a catalogue of past illnesses, current health conditions, and medications.

The time your symptoms started is important to determine if you are eligible for the first-choice treatment of [tPA](#) . To establish when your symptoms first began, you will be asked when you last felt normal and free of symptoms. If you are unable to communicate this to the doctor, a witness may be asked about the last time you looked or sounded normal. Strokes often occur during sleep; if you woke up with stroke symptoms, your stroke onset will be estimated at the last time you were awake and felt normal.

You will also be asked about other medical conditions you have, illnesses or operations you have had in the past, and other stroke risk factors such as a [family history of stroke](#) . You will need to provide a list of any medications you are allergic to and all the prescription and over-the-counter medications you are taking, especially any

[blood thinners](#)

(

[Coumadin](#)

,

[aspirin](#)

,

[clopidogrel](#)

) or

[high blood pressure medications](#)

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## How does my medical history affect my stroke diagnosis and treatment?

The most important information provided by the medical history is the time when your stroke symptoms began. If your symptoms started more than 3 hours ago, you may not be eligible for treatment with tPA. Your medical history will also provide valuable information about any allergies you may have to clot-busting and blood thinning drugs used in the emergency

treatment of stroke.

A medical history also provides useful information about other medical conditions that may be related to your current symptoms and affect your chances of recovery. These include [heart failure](#) and risk factors such as [high blood pressure](#), [high cholesterol](#), and [diabetes](#). These conditions need to be treated and controlled to reduce the chances of complications during treatment and improve your ability to recover from a stroke.

Some illnesses—such as diabetes, seizures, and migraines—can make it look like you are having a stroke by mimicking [stroke symptoms](#), such as weakness on one side of the body, speech problems, and vision changes. If your doctor suspects something other than stroke may be causing your symptoms, he or she will order tests to identify them, such as an [EEG](#) to detect seizures, a [glucose test](#) to measure the amount of sugar in your blood, and an [MRI](#) if migraines are suspected. Ruling out other possible causes of stroke symptoms ensures you receive the right diagnosis and can be treated quickly.

[Next: Neurological Examination](#)

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