

Your Logo Here

**STROKE SURVIVOR AND CAREGIVER**

Prepare for Your Follow-Up Appointment

*This is intended to be a template for individualization by any organization.*

*You are encouraged to adapt as desired, and to distribute to all your suspected stroke patients and caregivers.*

In Case of Emergency or New Signs of Stroke: **CALL 911**

Following a stroke it is normal to be overwhelmed and you may even feel a little bit stressed out!

Get organized to best prepare for your stroke follow-up appointment so that you don’t forget anything and can make the most of your appointment!



**My stroke follow-up appointment is:**

Date: \_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_ Dr. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tips for Your Appointment:**

* Don’t miss your appointment and call if you are running late
* Organize your thoughts on paper
* Bring this form or other paper and pencil with you
* Be open and honest so the doctor can best help you
* If you are not fully understanding something …

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| --- | --- |
| **What to Bring to Your Appointment:**   * Caregiver or support person * Insurance cards and driver’s license * Pharmacy information * Other doctor information | * Hospital discharge instructions * Your medications or a list * List of allergies and medications to avoid * List of questions |

ASK!

**What to Tell the Doctor About:**

* How you have been feeling
* How you have been sleeping and eating
* New medical issues, pain or symptoms
* What has gotten better **or** worse
* **Any** concerns you may have
* What **your** goals are

**Make a List of Your Questions:**

Ask about anything you don’t remember from the education provided while you were in the hospital or at discharge. Below are some examples of what you need to know:

* What is stroke? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How do I recognize the symptoms of stroke? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What kind of stroke did I have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What caused my stroke? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* When can I return to my normal activities/work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* When can I drive again? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What do you think I can expect for my recovery? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How can I reduce my chances of having another stroke? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* What are my medications for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Other Questions:**

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