

Stroke Worksheet

1. What type of stroke did I have and where was it?

2. How did you diagnosis my disease?

3. Will it progress? Can I expect any improvement?

4. What type of follow up do I require? Do I need to see a neurologist?

5. What part of my brain was affected by the stroke? What are the likely consequences?

6. What type of rehabilitation can benefit me after my stroke?

7. Am I at risk for pneumonia because I am not swallowing well? Should I have testing such as a modified barium swallow to see if I am aspirating?

8. Am I able to return to work?

9. Am I able to resume driving?

10. Do I need any medical equipment to help me function better?

11. Could I benefit from a special mattress?

12. Do I qualify for any health services such as nursing or therapy?

13. Could I benefit from a home health evaluation from an occupational therapist?

14. If you have urinary problems: Should I see a urologist?

15. What dietary changes should I make to help prevent another stroke or any other related complications?

16. What can be done to prevent this from happening again?

17. Am I on something to thin my blood?

18. What is my cholesterol? Is it at goal?

19. Is my blood pressure at goal?

20. Do I have diabetes? _____

21. Do I need protection against seizures because of my stroke?

22. Do I need my carotid arteries checked? How often? Could I benefit from surgery if blocked? _____

23. Could I benefit from an echocardiogram? Trasesophageal echocardiogram?

24. Is my heartbeat regular? Do I need medicine to prevent clot formation?
