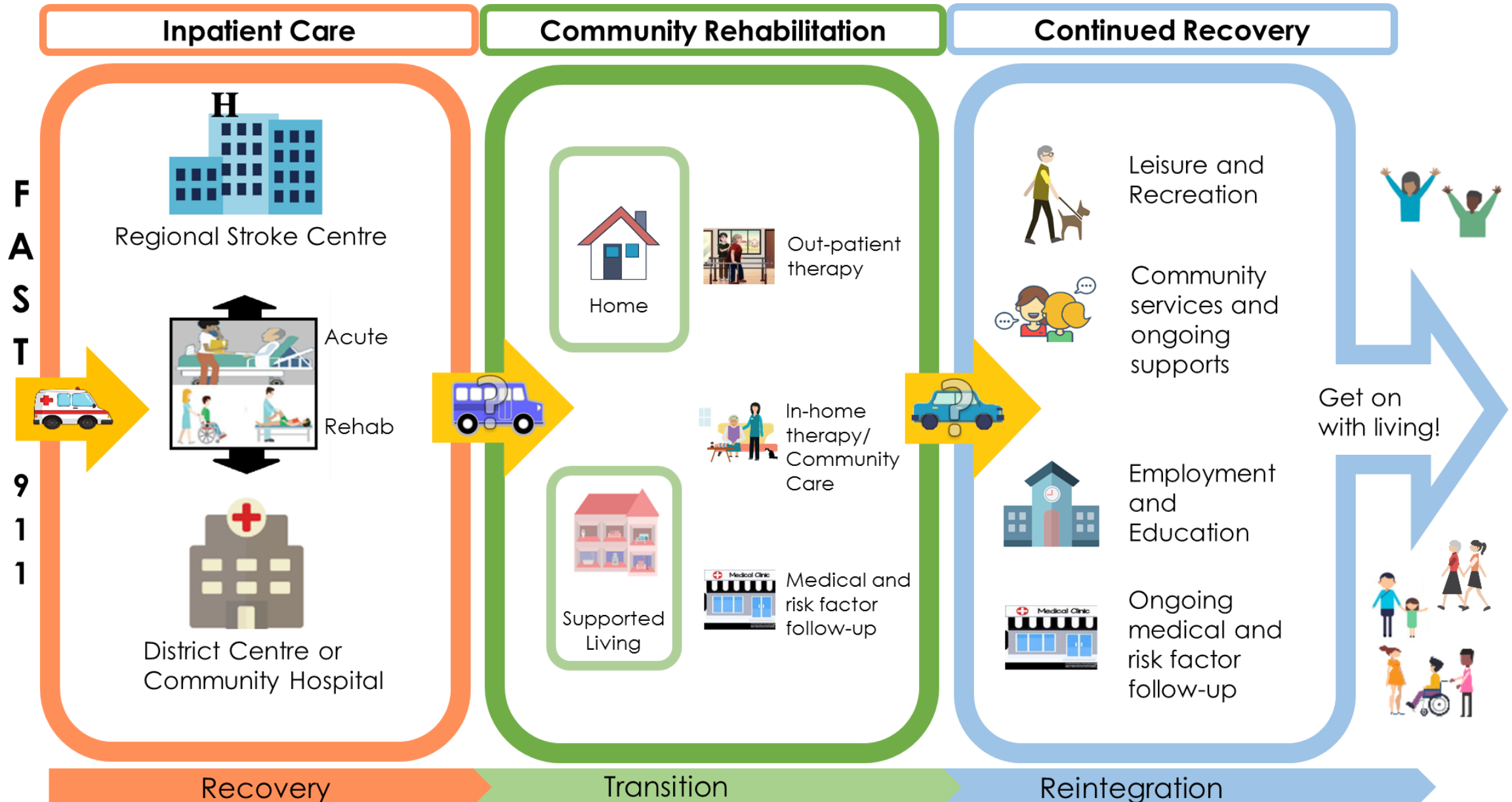


My Stroke Recovery Journey

It is important to remember everyone's stroke recovery is different!

Name: _____

Date: _____



My Stroke Recovery Journey

Name: _____

Date: _____

As you recover, you may **need support** from some of the **services below**. Your **needs** may **change** over time.

There may be **costs** or **co-payments** for some services.

If you have **questions**, please **speak** to your **healthcare team** or call **Ontario Health atHome (OHaH)** at **310-2222**.

Recovery

Inpatient Care



- ☐ Emergency care
 - ☐ Clot-Busting Drug
 - ☐ Transfer to Regional Centre
 - ☐ Clot Removal procedure
- ☐ Acute Stroke Unit care
- ☐ Inpatient Rehabilitation
- ☐ Integrated Stroke Unit
- ☐ Other: _____
- ☐ Discharge Conversation

Your healthcare team may include:



- ☐ Assistant(s) _____
- ☐ Case Manager _____
- ☐ Care Coordinator/ Discharge Planner
- ☐ Dietitian
- ☐ Doctor
- ☐ Navigator
- ☐ Nurse
- ☐ Nurse Practitioner
- ☐ Occupational Therapist
- ☐ Peer Visitor / Volunteer
- ☐ Pharmacist
- ☐ Physiotherapist
- ☐ Psychologist
- ☐ Recreation Therapist
- ☐ Social Worker
- ☐ Speech-Language Pathologist
- ☐ Spiritual Care Worker
- ☐ **Care Partner Wellness check**

Transition

Home: _____



Supported Living

Name of Facility: _____

Out-patient therapy



- ☐ Hospital based
- ☐ Clinic based

In home therapy or Community Care



- ☐ Care Coordinator/Case Manager: _____
- ☐ Care partner support provider
- ☐ Dietitian
- ☐ Equipment Lender
- ☐ Homemaker
- ☐ Meal Delivery Provider
- ☐ Navigator
- ☐ Nurse
- ☐ Occupational Therapist
- ☐ Personal Care Worker
- ☐ Physiotherapist
- ☐ Respite Care provider
- ☐ Social Worker
- ☐ Speech-Language Pathologist
- ☐ Spiritual Care Worker

Medical and risk factor follow-up



- ☐ Stroke Prevention Clinic
- ☐ Family Doctor
- ☐ Nurse Practitioner
- ☐ Specialist Doctor: _____
- ☐ Other Referrals: _____
- ☐ **Care Partner Wellness check**

Reintegration

Leisure and Recreation



- ☐ Community Exercise Programs
- ☐ Community Recreation Programs

Hobbies: _____ Volunteering: _____

Stroke Support Groups



- ☐ Stroke specific exercise programs
- ☐ Aphasia /Communication Programs
- ☐ Living with Stroke Programs
- ☐ Stroke Survivor /Care Partner Support Groups

Community Services

- ☐ Supportive Counselling
- ☐ Social Supports
- ☐ Spiritual Supports
- ☐ Brain Injury Services
- ☐ Adult Day Programs
- ☐ Aphasia/ Communication Programs
- ☐ Behavior Management Supports
- ☐ Financial Supports
- ☐ Group Dining Programs
- ☐ Cultural Centres and Supports
- ☐ Self management program
- ☐ Return to Driving training



Employment and Education

- ☐ Return to work or school: _____
- ☐ Employment services: _____
- ☐ Ongoing education support: _____



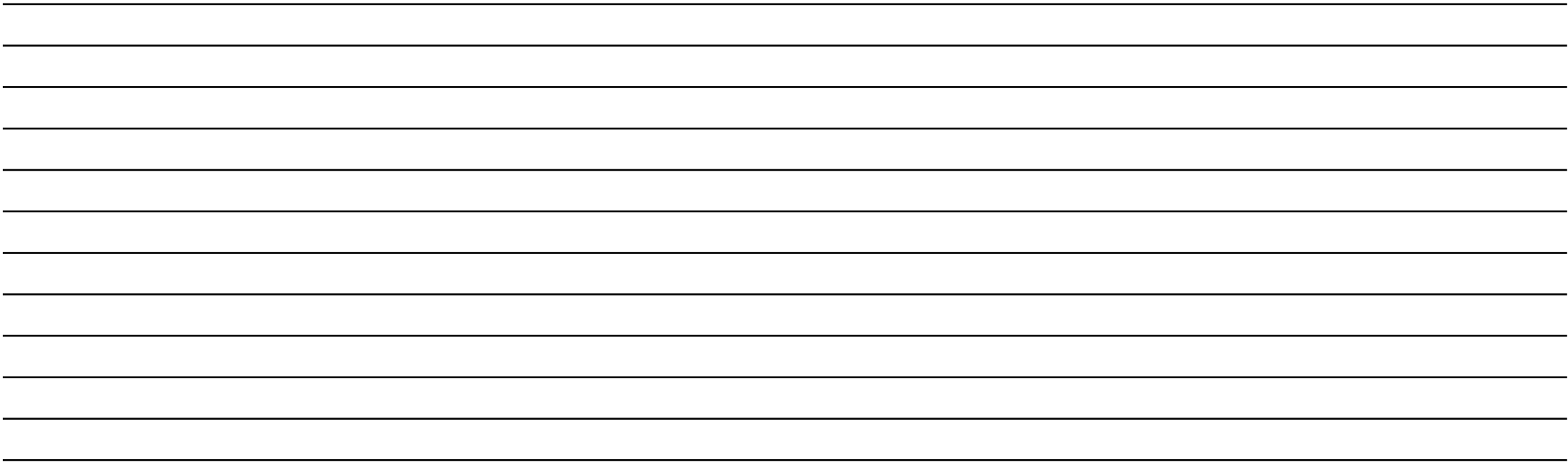
Ongoing Medical follow-up

- ☐ Stroke Prevention Clinic
- ☐ Family Doctor
- ☐ Specialist Doctor: _____
- ☐ Other Referrals: _____
- ☐ **Care Partner Wellness check**



Transportation

- ☐ Self
- ☐ Family/ Friends support
- ☐ Accessible transport services
- ☐ Return to driving training
- ☐ Public Transportation (Bus/Taxi)
- ☐ Other

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This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.