

My stroke / mini stroke passport

Suspect a stroke?
Act FAST and call 999

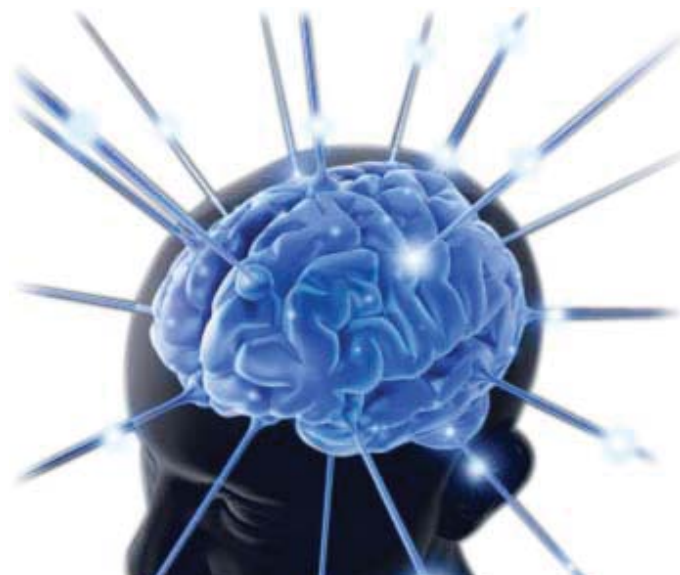
FAST

Facial
weakness

Arm
weakness

Speech
problems

Time
to call 999



For stroke patients in south west Essex

This is your **stroke passport**. It is intended to help you to understand your stroke and the care you will receive. We recommend that you take it with you to all treatments and appointments.

This passport belongs to you and is confidential. It may only be read or written in with your permission. It may be useful, however, if you share it with the people involved in your care – for example:

- You might want to ask health and social care staff (for example, doctors, nurses and social workers) to record information whenever you feel it would be helpful for you.
- You might also ask other people to write in it if it would be of use to you, for example a relative or friend.

Please remember to take your patient handbook with you.

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About me

Name:

Date of Birth:

Address:.....

.....

.....

Phone number:

NHS number:

Hospital:.....

Consultant name:

Contact number:

GP name:.....

Contact number:

GP practice address:

.....

.....

Next of kin contact details

First contact:

Name:.....

Address:.....

.....

.....

Preferred contact number:

Relationship:

Second contact:

Name:

Address:

.....

.....

Preferred contact number:

Relationship:

Diagnosis

What type of stroke did I have?

What side of my brain was affected?

When did it happen?.....
.....

How has this affected me?

.....

.....

Why did I have a stroke?.....

.....

.....

Will it happen again?

.....

.....

Allergies/sensitivities:

.....

.....

Professionals involved in my care

e.g. social worker, psychologist, etc.

Name:.....

Profession:.....

Phone number:.....

Name:.....

Profession:.....

Phone number:.....

Name:.....

Profession:.....

Phone number:.....

Name:.....

Profession:.....

Phone number:.....

My medication

Start date	Prescribed by	Name and strength	Times taken	Reason I take this	Any reaction

My personal healthcare plan

My stroke risk factors are:

- 1.....
- 2.....
- 3.....
- 4.....

My current health and wellbeing

These are the areas of my current health and wellbeing which are good/have improved: (consider diet, exercise, lifestyle and wellness goals)

Date	Improvement

These are concerns I have about my current health and wellbeing: (consider psychological, emotional, social as well as physical issues)

Date	Concerns

These are my main health and wellbeing needs:
(these are the main priorities for my current health that I have agreed with my doctor/key worker)

Date	Priorities

Personal goals for my health and wellbeing

This section is a record of the outcome of my discussions with my key worker (where appropriate).

To improve my health and wellbeing this is what I would like to achieve (my goals):

Date	Goal

This is what I will do to help achieve these goals:

Date	Actions

This is the support I need to help me to achieve my goals:

Date	Support needed

These are the actions I have agreed with my key worker:

Date	Action

My plan to quit smoking

Where am I now?

.....
.....

Where do I want to be?

.....
.....

How am I going to get there?

.....
.....

Agreed by me:.....

Healthcare professional:.....

Review date:.....

HbA1c for diabetes

Date	Result	Comment

Cholesterol

Date	Result	Comment

My health action plan

To be completed by me or with help if needed.

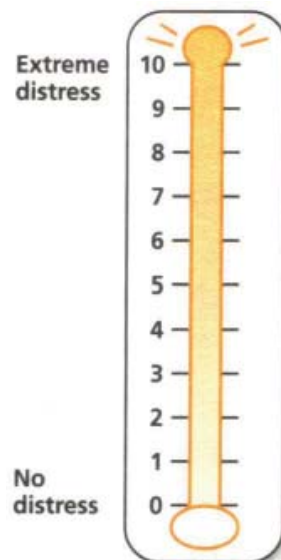
0-3 months

How am I feeling?

This section is where I monitor my emotional adjustment to my stroke.

Use the feeling thermometer to rate the level of your distress:

Write your concerns here and possible ways to reduce your distress.



1.....

2.....

3.....

Do I need to talk to my stroke nurse about my feelings?

My goals and achievements

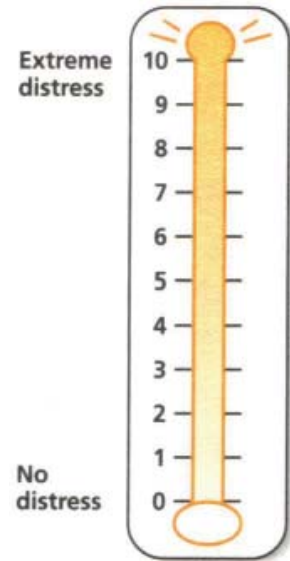
Goal	Achieved by

3-6 months

How am I feeling?

Use the feeling thermometer to rate the level of your distress:

Write your concerns here and possible ways to reduce your distress.



1.....

2.....

3.....

Do I need to talk to a psychologist about my feelings?

My goals and achievements

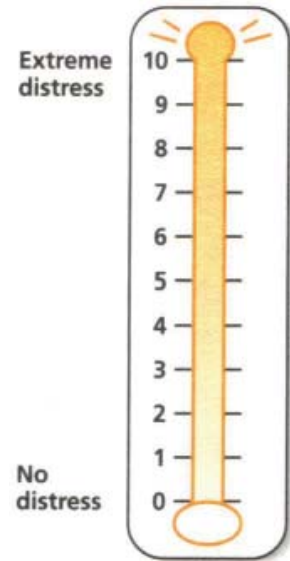
Goal	Achieved by

6-9 months

How am I feeling?

Use the feeling thermometer to rate the level of your distress:

Write your concerns here and possible ways to reduce your distress.



- 1.....
- 2.....
- 3.....

Do I need to talk to a psychologist about my feelings?

My goals and achievements

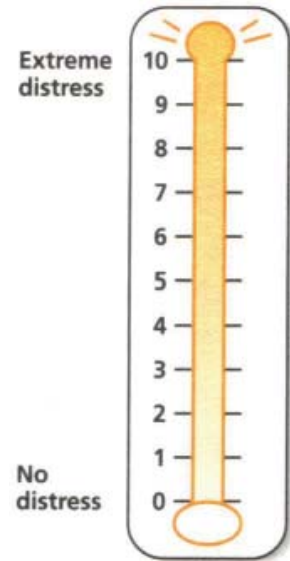
Goal	Achieved by

9-12 months

How am I feeling?

Use the feeling thermometer to rate the level of your distress:

Write your concerns here and possible ways to reduce your distress.



1.....

2.....

3.....

Do I need to talk to a psychologist about my feelings?

My goals and achievements

Goal	Achieved by

Useful contacts

- Basildon and Thurrock University Hospitals NHS Foundation Trust
Tel: 01268 524900
www.basildonandthurrock.nhs.uk
- North East London NHS Foundation Trust (Stroke Hub Team)
Tel: 01277 695 133
Website: www.nelft.nhs.uk
Email: colm.murray@nelft.nhs.uk
- Essex Social Services
Tel: 0845 603 7630
www.essex.gov.uk/Health-Social-Care
Email: SocialCareDirect@essexcc.gov.uk
- Thurrock Social Services
Tel: 01375 652 868
www.thurrock.gov.uk/adult-care-and-health
- Broomfield Hospital
Tel: 01245 362000
www.meht.nhs.uk
- Queen's Hospital
Tel: 0845 130 4204
www.bhrhospitals.nhs.uk
- Southend Hospital
01702 435555
www.southend.nhs.uk

- Stroke Association
Tel: 0303 303 3100
www.stroke.org.uk
- NHS Choices
Tel: 111
www.nhs.uk
- Disability Information Advice Line (DIAL)
Dial Basildon & South Essex
75 Southernhay, Basildon, SS14 1EU
Tel: 01268 285676
www.dialbasildon.co.uk

Acknowledgments

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- Essex County Council