

## **About My Stroke**

My stroke was an:
□ Ischemic Stroke
☐ Hemorrhagic Stroke
☐ Transient Ischemic Attack (TIA)
The location of my stroke was:
☐ Right side of my brain, also called the right hemisphere
□ Left side of my brain, also called the left hemisphere
□ Brainstem
□ Cerebellum
The effects of my stroke are:
Weakness to one side of body
Weakness of both sides of body
Trouble talking or understanding speech
Trouble thinking and remembering things
□ Trouble seeing
□ Trouble eating or swallowing
□ Balance and walking problems
□ Other:

My stroke risk factors are:
High blood pressure, also called hypertension
☐ High blood cholesterol
□ Diabetes
□ Being overweight
☐ Drinking too much alcohol
☐ Smoking
□ Stress
□ Family history of stroke
☐ Ethnicity
☐ History of stroke or Transient Ischemic Attack (TIA)
My stroke recovery needs
Each stroke is different. Strokes can range in severity from mild to
severe and the rehabilitation needs are different for each level of
severity. The health care team has determined the severity of
your stroke and your rehabilitation needs by completing a number
of tests and assessments.
The severity of my stroke is:
□ Mild
■ Moderate
□ Severe

My stroke rehabilitation needs are:	
My ongoing stroke rehabilitation will be on:	
Hamilton General Hospital, 7 South	
<ul> <li>Hamilton General Hospital,</li> <li>Regional Rehabilitation Centre – B 2 North</li> </ul>	
☐ St. Peter's Hospital – 2 West	

Your Stroke Care Binder – About My Stroke

I will be moved to continue my rehabilitation on:

<sup>®</sup>Hamilton Health Sciences, 2011 PD 7410 – 02/2011 dpc/pted/StrokeBinderAboutStroke-trh.doc dt/February 24, 2011