

**PLEASE INSERT TRUST LOGO**

**Joint Health and Social Discharge Plan for patients following a stroke**

Patient name	
UR number	
Date of admission	
Date of discharge	
Discharge destination	

Item	Y/N/NA	Comment
Package of care arranged		
Equipment/ mobility/ walking aids		
District nurse referral (If yes, dressings supplied)		
Medications		
Anticoag book		
Anticoag appointment		
Stroke outreach referral		
6 week consultant follow up appointment		
Other		

**If you need any help or advice** following your discharge, please contact the stroke nurses on **(please insert contact number)**  
(There is an answerphone on this number, which is checked throughout the day, so please leave a message if no reply.)  
**Stroke nurses- (please insert contact names)**