

FLINT

Dear Patient,

Thank you for the opportunity to care for you during your recent stroke admission to McLaren Flint.
In order to provide the best possible care to our stroke patients, we would like to know what we are
doing well and what needs improvement so we can better serve you in the future. Please take a moment
to fill out the following questionnaire and return in the postage paid envelope.

1. Did you receive education regarding your stroke while in the hospital?				Yes	N o
2. Is the written information about stroke helpful?				Yes	N o
3. Do you feel the stroke education that you received while in the hospital was adequate for caring for yourself at home?					N o
4. I understand the need to take the medications prescribed to reduce my risk of stroke/TIA.					N o
5. Do you have a doctor's appointment for follow-up care?					N o
If you answered "No" to an speak with the Neuro/Strok (810) 342-5703.	e Coordinator ple	ease contact A	Ashley Yotkois a		
6. How would you rate the	Very Good	Good	g nearthcare prov Fair	Poor	Very Poor
Neuro ICU Doctor					
Stroke Doctor					
RN					
Physical Therapist					
Occupational Therapist					
Speech Therapist					
Comments:					
	T (1 :	4)			
Optional: First and Last N					

Thank you for your time in completing this questionnaire.