McLaren Business Products

McLaren Print System Order

Order No: 85852
Order Date: 2024-05-31
User: Samantha Franklin
Phone: 9897795687

Ship Location: McLaren Central Michigan Attn: Sam Franklin
1221 South Drive
Mount Pleasant, MI 48858
Form
Quantity: 100
Paragon Dept No: 21600
Dept Name: Emergency Department
Company Number:

Order Total Price: 3.35

Item Number: MHCC-774
Item Description: STROKE PATIENT SURVEY
Revision Date: 04/2024
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info: SS, Black

Spec Info:

STROKE PATIENT SURVEY

Which risk factors were reviewed with you during your stay? Select all that apply.

- ☐ Smoking
- ☐ Diabetes
- ☐ Hypertension
- ☐ Weight management
- ☐ High cholesterol
- ☐ Sedentary lifestyle
- ☐ Alcohol use

What lifestyle changes will you make to prevent a future stroke?

- ☐ None
- ☐ Weight loss
- ☐ Increase activity
- ☐ Stop smoking
- ☐ Decrease stress
- ☐ Limit alcohol
- ☐ Dietary changes
- ☐ Take medications as prescribed by my physician
- ☐ Other: _____

Do you have access to resources within your community to help achieve these lifestyle changes?

☐ Yes ☐ No

Did you receive information on any new medications, including potential side effects?

☐ No medication was prescribed

If yes, select all that apply:

☐ Plavix ☐ Aspirin ☐ Eliquis ☐ Xarelto ☐ Coumadin

☐ Other: _____

Do you feel your health care team prepared you for leaving the hospital?

☐ Yes ☐ No

How are you feeling now? Choose the best answer.

- ☐ I feel completely normal, like before.
- ☐ Slight difficulty, but I can still do my daily activities.
- ☐ Mild difficulty that stops me from doing some things, but I can still take care of myself.
- ☐ Moderate difficulty and need help with daily activities, however I can walk on my own.
- ☐ Moderate to severe difficulty and need help with daily needs, including walking.
- ☐ Severe difficulty and need someone to take care of me at all times.

Do you know the signs and symptoms of a stroke and the importance of calling 9-1-1?

☐ Yes ☐ No

Would you like the receive a follow-up phone call from the Stroke Program Coodinator?

☐ Yes ☐ No

Phone number: _____

We appreciate any feedback you can provide to improve future patient care: _____

_____

_____

_____

_____

Thank you. Your valuable feedback will help improve our stroke program and care we provide.

McLaren

mclaren.org/stroke