Stroke Patient Handbook

For Patients, their carers, families and friends
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>5</td>
</tr>
<tr>
<td>About my handbook</td>
<td>5</td>
</tr>
<tr>
<td>My details</td>
<td>6</td>
</tr>
<tr>
<td><strong>Information about stroke</strong></td>
<td>9</td>
</tr>
<tr>
<td>What is stroke?</td>
<td>9</td>
</tr>
<tr>
<td>Information about stroke</td>
<td>12</td>
</tr>
<tr>
<td>The care pathway for Stroke Services</td>
<td>14</td>
</tr>
<tr>
<td>A-Z list of stroke-related information</td>
<td>15</td>
</tr>
<tr>
<td><strong>My personal healthcare plan</strong></td>
<td>21</td>
</tr>
<tr>
<td>My personal healthcare plan</td>
<td>21</td>
</tr>
<tr>
<td>My medication</td>
<td>26</td>
</tr>
<tr>
<td>My services and support</td>
<td>29</td>
</tr>
<tr>
<td>Appointments list</td>
<td>33</td>
</tr>
<tr>
<td><strong>Questions people often ask</strong></td>
<td>37</td>
</tr>
<tr>
<td><strong>Staying healthy and reducing the risk of another stroke</strong></td>
<td>47</td>
</tr>
<tr>
<td><strong>Terminology – What do the different words mean</strong></td>
<td>63</td>
</tr>
<tr>
<td><strong>Useful contacts</strong></td>
<td>69</td>
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Acknowledgements

The Stroke Patient Handbook has been developed with the help and input of people who have had a stroke and their relatives, health and social care professionals working across Lambeth and Southwark and the voluntary sector. We would particularly like to say thank you to:

- The Modernisation Initiative Stroke Information Group.

- All the people attending our Join In events in Lambeth and Southwark.

- Stroke Northumbria for their generosity in sharing their work with us.

Issue date: December 2006
Introduction
About my handbook

- This handbook is to help you keep a record of your care.

- This handbook is confidential. It may only be read or written in, with your permission.

- This is your handbook and you choose who to show it to but it may be useful if you share it with the people involved in your care. We recommend that you take it with you to all treatments and appointments.

- You can ask health and social care staff, for example, nurses and social workers to record information whenever you feel it would be helpful for you.

- You can also ask other people to write in it if it would be of use to you, for example a relative or friend.
My details

My Contact details:

Name:

Address:

Telephone:

Mobile:

Email:

My next of kin/Emergency contact:

Name:

Telephone:

Mobile:
Introduction

My details

People I would like invited to meetings about my care:

Name: ____________________________________________

Relationship: ____________________________________

Telephone: _______________________________________

Email: ___________________________________________

My Doctor’s details:

Name of GP: _____________________________________

Name of practice: _________________________________

Telephone: ______________________________________

Name of consultant: ______________________________

My NHS number: _________________________________
Information about stroke
What is stroke?

A stroke happens when the **blood supply to** a part of the **brain** is **suddenly reduced**. No stroke is the same as another. **People** who have stroke are **affected in different ways**.

Symptoms **depend on the part of the brain** that is **affected**.

Generally this results in a reduction or loss of strength and sensation in the face, arm or leg. Some people have specific problems with communication, vision, balance, co-ordination, memory, concentration and vision.

This can make everyday activities such as dressing, washing, cleaning teeth, mobility and leisure activities difficult.

After a stroke, many people feel tired. Some people feel agitated, angry and upset. Some people are sad or feel depressed.

These are natural responses but sometimes injury to the brain can cause these feelings.

You may want to **talk** about your **feelings** to a **doctor** or **nurse**.
**What is stroke?**

No two people are affected in the same way so we assess and treat everyone according to how their stroke has affected them. Not all symptoms will be obvious immediately.

The **recovery** people make also **varies**.
Information about stroke

What is stroke?

Different areas of the brain are responsible for different functions. Your symptoms will depend on the part of your brain that has been affected. You may want to ask the consultant to show you where you have stroke.

If the left side of your brain is affected, you may have difficulty on the right side of your body (and vice versa).

When language is affected, the damage is usually on the left. You can ask the consultant to colour the picture above to show where you have stroke.
What type of stroke did I have?

**Blockages:** A blood clot can block a blood vessel in the brain. This is called a *thrombus* or an *embolus*.

**Leaks:** Blood vessels can become thin or weak and begin leaking. This is called a *haemorrhage*.

Some questions you may want to ask:

What part of my brain has been affected?

What does this mean?

Why did I have a stroke?
Information about stroke

My notes

What happens now?

You will have a health assessment from a team of stroke specialists. Working together, you will agree certain things that you want to achieve – these are called goals.

If you would like more information about stroke or your care, please ask a member of the stroke team who will be happy to help you.

In this pack we have included a:

■ list of stroke-related information available

■ list of questions that people often ask

■ useful contacts page
The care pathway is a plan of care that shows the stages that you may expect in your treatment. Most people go into hospital following a stroke, but some people remain at home and have treatment in the community.

All patients and carers will receive information about stroke. All patients will be given a personal health plan.
A-Z list of stroke-related information

There is a lot of information available about stroke and support.

In this section of the handbook we have provided you with an A-Z list of factsheets produced by The Stroke Association (a national charity for people with stroke).

You can order leaflets directly from the Stroke helpline 0845 3033 100 (open Monday to Friday, 9am to 5pm) or print copies off their website www.stroke.org.uk

Alternatively, ask a member of staff to help you.
A-Z list of factsheets

Accommodation after stroke
Alcohol and stroke
Aspirin and stroke
Balance problems after stroke
Benefits
Booklist (details on books)
Carotid endarterectomy
Catalogues for aids and equipment
Cognitive problems after stroke
Communication problems after stroke
Complementary therapy
Computers and software
Depression after stroke
Diabetes and stroke
Diet and stroke
Driving after stroke
Epilepsy after stroke
Financial assistance
Gentle exercise
Grandpa’s had a stroke (details about stroke for children)
Hemiplegia and stroke
High blood pressure and stroke
Holiday information
A-Z list of factsheets (continued)

Leisure activities after stroke
Migraine and stroke
Occupational therapy after stroke
Pain after stroke
Physical affects of stroke
Physiotherapy after stroke
Private treatment
Psychological effects of stroke
Sex after stroke
Smoking and stroke
Speech and language therapy after stroke
Stroke and children
Stroke and continence
Stroke and South Asian people
Stroke and wheelchairs
Stroke explanation for children
Stroke in African-Caribbeans
Stroke in younger adults
Stroke: a carers guide
Subarachnoid haemorrhage
Swallowing problems after stroke
Taste changes after stroke
Telephone linked alarm systems
A-Z list of factsheets (continued)

Transient Ischaemic attack
Visual problems after stroke
Women and stroke
Further information

Some other organisations producing information for people with Stroke and Aphasia are:

Different Strokes
Information and support for people under 50
Telephone: 0845 130 7172
Website: www.differentstrokes.org.uk

Connect
The communication disability network
Telephone: 020 7367 0840
Website: www.ukconnect.org

Speakability
Supporting people living with aphasia and their carers
Telephone: 080 8808 9572
Website: www.speakability.org.uk
My personal healthcare plan
My personal healthcare plan

Working with healthcare professionals you will agree certain things that you want to achieve – these are called goals.

You may find it helpful to write down your goals and achievements and share them with family and carers. They might be able to help.

You can ask the person you are working with to help you.
My personal healthcare plan

Where am I now?

Where do I want to be?

How am I going to get there?

Agreed by me

Healthcare professional

Review Date
My personal healthcare plan

Where am I now?

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My personal healthcare plan

Where am I now?

Where do I want to be?

How am I going to get there?

Agreed by me

Healthcare professional

Review Date
My personal healthcare plan

Where am I now?

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Where do I want to be?

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How am I going to get there?

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Agreed by me

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Healthcare professional

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Support and contact details – all agencies

There may be a number of different services and people working with you at different times. It might be useful for them to write down what they do and their contact details.

Some of the questions you may want to ask:

■ What **service** is going to support me?

■ How can I **contact** them?

■ **When** will I receive this service?

■ What **support** or **help** is planned for me?
# My services and support

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<tr>
<th>Example Service</th>
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<tr>
<td>Social Services</td>
<td>Joe Bloggs 020 XXX XXXXX</td>
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<td>Wednesday 01/XX/XX 8.30am</td>
<td>Arrange help at home to get dressed</td>
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**When** Support
# My services and support

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Questions people often ask
Questions you might like to ask

It is sometimes useful to write down the questions you want to ask before your appointment.

These are a list of questions that people often ask.

You may want to use the rest of the space to write down your own questions and the answers you receive.

Recovery

- How will rehabilitation help me?
- What can I do to help recovery?
- Who else can help me?

My notes

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Stroke Patient Handbook

37
Questions people often ask

Treatment and tests

■ What are the results of my tests?

■ Are there any risks or side effects of my tests, therapy, medication?

■ Can I take homeopathic medicines?

■ Can I take other cultural/traditional or herbal medication? For example African, Chinese

■ Can I take convalescent medicine/drinks from the Caribbean?

■ Are there other treatments that might help but are not through the NHS?

■ Can I take over the counter medicines?

■ Do I have to take the medicine all the time or can I stop when I feel better?

My notes

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Questions people often ask

Rehabilitation and therapy

- **What rehabilitation** and therapy will I receive?

- **How long** will my **rehabilitation** and therapy continue **for**?

- How can I get more **therapy** once I have been **discharged**?

- **What exercises** can I do?

- **What support** will my family and friends get to help me with exercises?

My notes

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Help at home

■ Will I be able care for myself or will I need help?

■ Who are the people who will come into my home?

■ Will I still be able to look after my family, or will I need help?

■ What information do I need if I’m going into a care home?

■ Will my needs be assessed? When will I receive a written copy of my care plan?

■ Is there someone that will help me to fill out forms?

■ Will I have to pay for some services?

■ Why do I have to pay for services?

■ Who will help me with practical things like shopping, bathing and going to bed?

■ Who can help me with meals?

■ Does my GP know I’ve had a stroke?

■ Who do I contact if I have a complaint about services?
Aids and equipment

- Who will help me get a wheelchair or commode?

- Who will help me make changes to my home, such as installing/having a ramp or handrail?

- How will I manage in an emergency? How do I get an alarm system?

My notes

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Help for my carer

- When will the person caring for me receive an assessment of needs?
- What will happen if my carer needs a break?
- If my family or friends want some more information or support, where can they go?

My notes

Support

- Is there someone that I can talk to who has had a stroke?
- How can I meet other people who have had a stroke?

My notes
Work and leisure

- Will I be able to drive?
- How can I learn new skills?
- How can I get back to work?
- Will I still be able to have a sexual relationship?
- Is my fertility likely to be affected?
- Will I be able to travel?
- Will I be able to drink alcohol?

My notes
What happens next?

- What happens next? When do I next see you?

My notes

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Questions you might like to ask

Use this space to write down any other questions you may have:

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Questions people often ask
Staying healthy and reducing the risk of another stroke
Staying healthy and reducing the risk of another stroke

There are things you can do to reduce your risk of having more strokes and help you stay as healthy as possible. Some things you can take care of yourself, others may include medical treatments from your doctor.

Some things make you more likely to have another stroke.

- **High blood pressure** – effective drug treatment can bring blood pressure down

- **Cholesterol** – can be corrected with diet and tablets

- **Smoking** – help is available to make stopping smoking easier

- **Diabetes** – if you are diabetic, good control of blood sugar is essential

- **Being overweight**

- **Drinking too much alcohol**

- **Lack of exercise**
The following pages are about your own risk factors and the changes you can make to lower your chances of having another stroke.

If you want to talk to your GP about your risk factors and what you can do together, it is a good idea to book a double appointment.
Staying healthy and reducing the risk of another stroke

My stroke risk factors are

My notes
Managing high blood pressure

High blood pressure (hypertension) is the single most important risk factor for stroke.

Good blood pressure control is essential, ideally aiming for 140/85 or below. There is evidence that getting your blood pressure as low as possible leads to a reduction in stroke of as much as 40%.

Just because you are on tablets it doesn’t mean you have good control. You will often take a combination of tablets to control your blood pressure. If you have any questions, please ask your doctor.

Tips for getting control:

■ Get your blood pressure checked at your GP’s surgery

■ Keep going back until it is under control

■ Don’t stop taking your medication. There are lots of drugs so if one doesn’t suit another will
**My blood pressure**

Blood pressure is measured using two numbers. For example 120 over 80, this is written “120/80”.

Measures can be recorded in your clinic, GP surgery or at home with a home blood pressure monitor.

You will be given a target to get your blood pressure to.

**My blood pressure target**

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Managing high cholesterol

Cholesterol is a type of fat (lipid) made by the body. It is essential for good health and is found in every cell in the body.

Too much can lead to the narrowing of blood vessels and an increased risk of stroke and heart disease.

A good cholesterol level is below 3.5. Recent evidence suggests that lowering cholesterol reduces the risk of further stroke by 27%.

Lowering cholesterol can be achieved by a combination of eating a low fat diet, drinking less alcohol and exercise.

Medication is usually a tablet called ‘statin’, for example pravastatin, simvastatin. These work by blocking an enzyme which is needed to produce cholesterol, lowering the amount of cholesterol in the blood stream.

Cholesterol levels can be monitored by a simple blood test.
**My Cholesterol**

You may want to talk to your GP and make a plan to reduce your cholesterol.

Target less than **3.5**

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</table>
Lifestyle changes

Smoking

Smokers increase their risk of recurrent stroke and many other smoking related diseases such as coronary heart disease and chronic lung disease.

Stop smoking and you can significantly reduce your risk of stroke. It doesn’t matter how old you are or how long you have been smoking.

Nicotine in tobacco is very addictive and you may want help to support you stop.

You can also get support from your GP surgery or by ringing the following numbers.

Lambeth PCT Stop Smoking
Helpline: 0800 856 3409
Web: www.letsgiveitup.com

Southwark PCT Stop Smoking
Helpline: 0800 169 6002
Web: www.southwarkpct.nhs.uk

NHS Smoking
Helpline: 0800 169 0169
Web: www.giveupsmoking.co.uk
My plan to quit smoking

Where am I now?

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Where do I want to be?

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How am I going to get there?

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Agreed by me

__________________________________________________________________________

Healthcare professional

__________________________________________________________________________

Review Date

__________________________________________________________________________
Healthy eating and weight control

To help prevent or control high cholesterol, blood pressure and weight follow a healthy eating plan.

- Eat regular meals
- Limit fatty foods (biscuits, cakes, pastries, red meat, hard cheese, butter and foods containing coconut or palm oil all tend to be high in saturated fats)
- Eat more fruit and vegetable (5 portions per day)
- Cut down on sugar and sugar foods and drinks
- Use less salt and avoid salty food.

Talk to your GP or practice nurse about a healthy diet for you or referral to a dietician.

Exercise
Discuss an exercise plan for you with your physiotherapist or talk to your GP about exercise programmes.

Alcohol
Don’t drink more than the recommended daily consumption of alcohol.
- Men – 3-4 units per day
- Women – 2-3 units per day

1 unit = half pint of beer/1 small glass of wine/1 shot of spirit
My diet and exercise plan

Where am I now?

Where do I want to be?

How am I going to get there?

Agreed by me

Healthcare professional

Review Date
Managing diabetes

You may have developed diabetes as a result of your stroke or you may have been diabetic for many years. If this is a new diagnosis, you should have been seen by the diabetic specialist nurse to give you help and advice on diet, monitoring your diabetes and treatment.

Diabetes can be treated with diet alone, tablets called ‘oral hypoglycaemics’ for example metformin, gliclazide, or daily injections of insulin. Good blood sugar control is essential following a stroke to reduce your risk of further strokes. You can also reduce your risk of heart disease and other complications of diabetes by keeping your blood sugar at the normal level which is between 4-7 mmol/l.

Your control can be monitored every few months by taking a blood sample and checking your HbA1C.

This blood test gives your doctor a good guide to your average blood sugar over the past few months.
Target HbA1C less than 7%

If your target is not being achieved, you may need different treatment to help you. Talk to your GP if you would like more information.

Monitoring my HbA1C

HbA1C – the blood test which gives an accurate indication of your diabetes control

Your target <7%

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Managing an irregular heart rate (atrial fibrillation)

Atrial fibrillation is a fairly common condition where the heart beats irregularly, and can significantly increase the risk of stroke if left untreated.

Due to the irregularity of the heart beat, blood is not pumped through the heart as effectively and blood clots can form within the circulation. If clots travel to the brain and block an artery, this causes a stroke.

The irregular heart beat can be controlled by tablets called digoxin.

Blood clot formation can be reduced by taking aspirin or warfarin.

Warfarin – This type of drug is known as an anticoagulant. If your stroke has been caused by a blood clot originating from the heart, taking warfarin can reduce your risk of further stroke by 70%.

Warfarin treatment needs careful monitoring with regular blood tests to check how thin your blood is.

This blood test is called an INR. The target range for most people is 2-3. Treatment with Warfarin is often lifelong.
If you have any other check ups you may want to use this page to keep a record of the dates.

**My check ups**

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Stroke – know the warning signs

The signs of stroke are:

■ Facial weakness

■ Arm or leg weakness

■ Speech problems

■ Loss of sight in one eye

A stroke is a medical emergency

If you see the signs of a stroke act FAST and call 999
Terminology – What do the different words mean
Terminology – What do the different words mean?

What do the different words mean?

This is a list of some of the medical words you may hear. If there are other words you would like to know the meaning of, please ask.

Aneurysm: a balloon – like swelling on a blood vessel wall which may burst suddenly, usually causing a bleed into the brain causing a type of stroke. (Known as a subarachnoid haemorrhage)

Anti-coagulant: a type of drug, which may be used to reduce the likelihood of blood clots forming.

Atheroma: a condition in which fatty deposits build up in the blood vessels, this restricts and disrupts the flow of blood and can contribute towards stroke.
What do the different words mean?

**Carotid endarterectomy:** an operation to reduce the chance of stroke in people who have a narrowing in one of the arteries in the neck. This operation widens the arteries. These arteries supply blood to the brain, the narrowing means the artery is more likely to be blocked, causing a stroke.

**Cerebral:** refers to the brain.

**Cerebral embolism:** a stroke, which is caused by a clot which has travelled from the heart or from a vessel leading to the brain.

**Cerebral haemorrhage:** bleeding from a blood vessel into the brain or surrounding area.

**Cerebral infarction:** is due to an area of the brain in which cells have died because the blood supply has been cut off by a stroke. This type of stroke is due to a blockage of a blood vessel.

**Cerebral thrombosis:** a stroke caused by a clot, which has blocked a blood vessel.
What do the different words mean?

**Cerebrovascular disease:** any condition affecting the blood vessels of the brain.

**CT scan:** a scan which takes pictures of cross sections of the brain and builds up a picture of the damage caused by a stroke.

**Carotid Doppler scan:** an ultrasound scan which uses reflected sound waves to build up an image of the carotid artery in the neck.

**Dysarthria:** your speech sounds distorted or slurred. This is because the stroke has affected control of the muscles in the mouth and throat.

**Dysphagia:** difficulty in swallowing.

**Dysphasia or aphasia:** a condition where the stroke has affected the person’s ability to understand speech, speak, read and write.

**Dyspraxia or apraxia:** difficulty in planning and carrying out a series of actions. This can affect speech or movement. It is not caused by weakness or paralysis of the muscles but by difficulties with coordinating and sequencing.
ECG (Electrocardiogram): a routine test, which measures the rhythm and activities of the heart.

Echocardiogram: an ultrasound scan which uses reflected sound waves to build up an image of the heart which may detect clots or abnormalities of the heart valves.

Hemiparesis: weakness or partial paralysis on one side of the body.

Hemiplegia: loss of the power of movement on one side of the body.

Intra-cerebral haemorrhage: bleeding from a blood vessel inside the brain.

Ischaemic stroke: a stroke caused by a blood clot, which disrupts the blood supply to part of the brain.

MRI scan: a type of scan, which produces a more detailed image of the brain (MRI stands for magnetic resonance imaging)
Neurologist: a doctor specialising in disorders, which affect the brain and the nervous system.

Transient ischaemic attack (TIA): Often called mini-strokes, which occur when the blood supply to part of the brain is temporarily cut off. They present just like a proper stroke but the symptoms get better very quickly, often within a few minutes. There may be symptoms such as a weakness in limbs down one side, problems with speech or blindness in one eye. TIA should be taken very seriously because 1 in 4 people go on to have a proper stroke within the following few weeks. If you think you may have had a TIA then go straight to casualty you should expect to be seen by a specialist in a clinic and have had all the necessary tests within a maximum of a week. With the right treatment it is often possible to prevent any further problems.

Subarachnoid haemorrhage: a type of stroke caused by bleeding from a blood vessel into the space between the brain surface and one of the covering membranes.

Vascular: refers to the circulatory system of blood vessels.
My notes
Useful contacts
Useful contacts

Here is a list of contacts you may find useful. You may want to write down the name and telephone number of the person you talk to in your notes.

Hospitals

Guy’s and St Thomas’
Telephone: 020 7188 7188
www.guysandstthomas.nhs.uk

King's College Hospital
www.kch.nhs.uk
Telephone: 020 3299 9000

My notes
Primary Care Trusts (PCT)

Primary care trusts (PCTs) are responsible for the planning and commissioning health services for their local population.

They have information and contact details for local health and social care services in your area.

Lambeth PCT
www.lambethpct.nhs.uk
Telephone: 020 7716 7100

Southwark PCT
www.southwarkpct.nhs.uk
Telephone: 020 7525 0400

My notes
Patient Advice and Liaison Services (PALS)

If you need information, support or advice about your hospital or Primary Care Trust services you can contact the Patient Advice and Liaison Service (PALS).

Guy’s and St Thomas’
Telephone: 020 7188 8801
www.guysandstthomas.nhs.uk

King’s College Hospital
www.kch.nhs.uk
Telephone: 020 3299 3625 or 020 3299 3601

Lambeth PCT
www.lambethpct.nhs.uk
Telephone: 0800 587 8078

Southwark PCT
Telephone: 0800 5877 170
www.southwarkpct.nhs.uk

My notes
Community Rehabilitation Teams

Some people will be referred to community rehabilitation teams for therapy after their stroke. You may be referred by the hospital or your GP.

**Lambeth**

**Lambeth Community Care**
Telephone: 020 7411 5840

**Pulross Centre**
Telephone: 020 7411 6610

**Whittington Centre**
Telephone: 020 8243 2500

**Southwark**

**Southwark Adult Neuro Rehabilitation Team**
East Dulwich
Telephone: 020 7525 3483
Fax: 020 8693 6760

My notes

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Useful contacts

Social Services

Social services provide personal care if you need it when you are living at home.

**Lambeth**
London Borough of Lambeth
Telephone: **020 7926 1000**
www.lambeth.gov.uk

**Southwark**
London Borough of Southwark
Telephone: **020 7525 5000**
www.southwark.gov.uk

My notes

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Department for work and pensions
(Benefits Advice via Job Centre Plus Offices)

Benefits Enquiry Helpline for people with disabilities
Telephone: 0800 88 22 00
www.direct.gov.uk

Job Centre Plus call centre – find work or make a claim to benefit
Telephone: 0845 607 3051
www.jobcentreplus.gov.uk

Pension Credit Helpline
Telephone: 0845 6060 265
www.direct.gov.uk

Disability Living allowance/Attendance allowance helpline for general information and claim enquiries
Telephone: 08457 123 567
www.direct.gov.uk

My notes
Support and help when you get home

Contact details for national voluntary organisations that offer a range of support for people who have had a stroke, their families and carers.

The Stroke Association
Supports people living with stroke and aphasia
Telephone: 0845 30 33 100
www.stroke.org.uk

Different Strokes
Information and support for people under 50
Telephone: 0845 130 7172
www.differentstrokes.org.uk

Connect UK
Communication disability network for people with aphasia
Telephone: 020 7367 0840
www.ukconnect.org

Speakability
Supports people living with aphasia and their carers
Telephone: 080 8808 9572
www.speakability.org.uk
Useful contacts

Contact details of voluntary organisations that can help you find services and provide advice in Lambeth and Southwark.

**Lambeth**

**Age Concern**
Telephone: 020 7733 0528  
www.aclondon.org.uk

**Citizens Advice Bureau**
Telephone: 020 8674 8993  
www.citizensadvice.org.uk

**Disability Advice Service**
Telephone: 020 7738 5656

**Southwark**

**Age Concern**
Telephone: 020 7701 9700  
www.aclondon.org.uk

**Citizens Advice Bureau**
Telephone: 0870 121 2016  
www.citizensadvice.org.uk

**Southwark Disablement Association (SDA)**
Telephone: 020 7701 1391

**Dulwich Helpline**
Telephone: 020 8299 2625  
www.dulwich-helpline.org.uk
The Expert Patient Programme (EPP) is a free course that aims to help people living with any long term health condition(s).

Groups of 6 to 16 people meet over six weeks. The topics talked about include:

- Dealing with pain and extreme tiredness
- Coping with feelings of depression
- Relaxation techniques and exercise
- Healthy eating
- Communicating with family, friends and health professionals
- Planning for the future.

The sessions are run by trained tutors who are also living with a long term condition.

**Lambeth**

Expert Patient Programme
Telephone: 020 7716 7198

**Southwark**

Expert Patient Programme
Telephone: 020 7733 2231

www.expertpatients.nhs.uk
Travel

Contact details of organisations that provide transport at a reduced cost.

Dial-a-Ride
Door to door service for disabled people who cannot use public transport
Telephone: 0845 999 1999
www.tfl.gov.uk/dial-a-ride

Taxicard
For people with mobility impairment which makes travelling on tubes, buses and trains difficult.
Telephone: 020 7484 2929
www.taxicard.org.uk

Capital Call
If you are a member of the Taxicard scheme you can join capital (minicabs)
Telephone: 020 7275 2446

Freedom Pass
Allows free travel on London Underground and buses at certain times of the day
Telephone: 020 7747 4858
www.freedompass.org
Support for carers

Information and support for your relative or friend who will help look after you at home.

Carers UK
Telephone: 020 7490 8818
www.carersuk.org

Lambeth Carers
Telephone: 020 7733 9600
www.lambethcarers.org.uk

Southwark Carers
Telephone: 020 7708 4497
www.southwarkcarers.org.uk

My notes

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Useful contacts

You may wish to use this space to record the details of any other useful contact.

Name:

Address:

Telephone:

Website/Email:

Name:

Address:

Telephone:

Website/Email:
Useful contacts

Name:

Address:

Telephone:

Website/Email:

Name:

Address:

Telephone:

Website/Email: