

Stroke Recovery Goal Assessment

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We would like to take this opportunity to assess your progress in your recovery journey following your stroke. Our goal is to work collaboratively with you to establish realistic recovery goals that align with your personal needs and aspirations.

Recovery Goals Assessment

During our upcoming appointment, we will focus on the following key areas:

- Physical Rehabilitation
- Speech and Communication Needs
- Emotional Well-being
- Day-to-Day Activities

Please think about your experiences since your stroke and any specific goals you would like to discuss. This could include activities you wish to resume, improvements you aspire to achieve, or any challenges you are currently facing.

Our next appointment is scheduled for [Insert Date and Time]. We look forward to seeing you and working together on your recovery plan.

Best regards,

[Your Name]

[Your Title]

[Your Contact Information]

[Your Organization]