

### Box 3: Checklist of Core Transition Summary Information

**Transition Summary to next care setting and primary care provider should include:**

- Stroke diagnosis, etiology and date of stroke
- Stroke risk factors
- Secondary prevention strategies
- Past medical history
- Social and family history
- Medications on discharge
- Summary of hospital course including secondary complications, co-morbid illnesses, relevant investigations (e.g., labs and diagnostic imaging) and any follow-up required
- Identification of urgent care needs and priority issues
- Advanced care plan status
- Summary of stroke impairments and treatments/therapies received
- Level of function on transition for ADLs, functional mobility, and iADLs including any supervision or assistance required
- Community Home care services arranged and any crisis placement recommendations
- Equipment and resources prescribed, including what has been provided, and what is pending
- Recommended future management plan, including therapies, home program, community activities and outstanding medical consultations
- Return to driving recommendations/plan if applicable
- Return to work recommendations/plan if applicable
- Ongoing and long-term goals
- Follow up appointments planned/pending
- Specific identification of primary care provider follow-up responsibilities
- Direct communication between most responsible physician and the primary care provider when needed