



**In your opinion, did you receive enough rehabilitation therapy after your stroke?
If no, please explain. ***

What date did your stroke occur? e.g. 1/8/2004 *

Personal Details

Name*

Surname *

Address *

Telephone
Number *

Email

Information from The Irish Heart Foundation

The Irish Heart Foundation would like to keep you informed about the work we are helping to make possible. Please choose 'Yes' if you are happy for us to contact you. *

Yes

No

Are you happy for us to send you information about the Irish Heart Foundation's work by email? *

Yes

No

Would you like to receive our bi-annual Stroke magazine by post? *

Yes

No