

Peer Mentoring for Stroke Patients

The Stroke Clinic in the Cardiovascular Center is pleased to let you know we have trained peer mentors available to talk with you and your family.

Here are a few examples of how a peer mentor can help:

- You had a stroke and wish to talk to someone who has had a stroke and knows what you are feeling.
- You have questions about how to navigate life since having a stroke.
- You are a family member or caregiver with questions about life after stroke that only another family member or caregiver can answer.

What is a trained peer mentor?

A peer mentor is a patient who has been on a similar health journey as the one you are facing. Each peer mentor in the Stroke Clinic has experienced a stroke themselves or had a family member who is available to share their experiences, answer your questions, and discuss life after a stroke.

How can I be matched with a peer mentor?

If you feel you may benefit from being connected to one of our mentors:

- Contact Leah Brock, LMSW: (734) 232-1559 or email: brockl@umich.edu.
- Or, bring the completed “**Expression of Interest**” form found on the back side of this page to your next clinic appointment and give it to your nurse or doctor.
- Once we receive your form or request, we will match you with a peer mentor who will reach out to you to get your conversation going.

We look forward to connecting you with a mentor. You never know what you could gain from talking with someone who has walked in similar shoes!

Expression of Interest for Stroke Peer Mentoring

- 1. Name _____
- 2. I am a stroke survivor. caregiver. other _____
- 3. I live at home alone. at home with others. in a facility.
- 4. Patient's date of birth ____/____/____
- 5. City where you live _____
- 6. Who referred you to this program? _____
- 7. What type of stroke did you (or your loved one) have?

- 8. When was the stroke? _____
- 9. Do you have any deficits, physical or cognitive, since your stroke? If yes, please describe...

- 10. Do you have any children? No Yes.....Ages: _____
- 11. Do you need any help from someone else since your stroke?
 None A little bit A lot
- 12. Things you want your mentor to know? _____

13. My preferred method(s) of contact with a mentor is/are...

Face-to-face Telephone Email

Text Online chat room/social media

Phone # (s): _____

Can we leave a confidential voicemail? No Yes

Email: _____

I agree to have this information shared with a current peer mentor on my behalf.

Patient signature: _____ Date: _____