

Peer Mentoring for Stroke Patients

The Stroke Clinic has trained peer mentors waiting to talk to you!

- Have you had a stroke and now wish to talk to someone who has been through a stroke themselves?
- Do you have questions about how to navigate life since having a stroke?
- Are you a family member or caregiver that has questions about life after stroke that only another family member or caregiver can answer?

To offer the most support to our patients who have had a stroke, the Stroke Clinic in the CVC is pleased to let you know we have trained peer mentors available to talk with you and your family.

What is a trained peer mentor?

A peer mentor is a patient who has been on a similar health journey to the one you are facing. Each peer mentor in the Stroke Clinic has experienced a stroke or had a family member who has. They are available to share their experiences, answer your questions, and help talk with you about what life may be like when you have survived a stroke.

How can I be matched with a peer mentor?

Complete the online survey by scanning the QR code, or complete the form below and return it to your nurse or doctor. Once we receive your form or online 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!

Interest Form for Stroke Peer Mentoring

Please return your completed form to Jessica Roberts by e-mailing it to simmsj@med.umich.edu or faxing it to (734) 232-7373.

Name: _____

I am a: ☐ Stroke survivor ☐ Caregiver ☐ Other: _____

I live: ☐ At home alone ☐ At home with others ☐ In a facility

Patient's date of birth: _____

City where you live: _____

Who referred you to this program? _____

What type of stroke did you or your loved one have?

When was the stroke? _____

Do you have any deficits (physical or cognitive) since your stroke? If yes, please describe: _____

Do you have any children? ☐ No ☐ Yes, ages: _____

Do you need any help from someone else since your stroke?

☐ None ☐ A little bit ☐ A lot

What things would you like your mentor to know?

My preferred method(s) of contact with a mentor:

☐ Face-to-face ☐ Phone call ☐ E-mail ☐ Text

☐ Online chat room or social media

Phone number(s): _____

Can we leave a confidential voicemail? ☐ No ☐ Yes

E-mail: _____

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

Patient signature: _____ Date: _____

For office use only: Peer assigned: _____ Date assigned: _____

Frankel Cardiovascular Center – Stroke Clinic
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