



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 post-stroke life 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 themselves or had a family member who has and is available to share their experiences, answer your questions, and help discuss with you what life may be like when you have survived 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 Jessica Roberts, NP, at simmsj@med.umich.edu
- 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, you will be matched 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!



Please return completed forms to Jessica Roberts (pgr 22248) via email or fax to 734-232-4373

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: _____

Peer Assigned _____ Date Assigned _____