

# Patient and Family Advisor Application Form

Name (First and Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred contact  Home phone  Cell phone  Email   
Best time to call  Morning  Afternoon  Evening

## The following questions will help us get to know you better

1. Are you a...

- Patient/person with stroke
- Family member of a patient/ person with stroke

2. When did you or your family member have a stroke?

- less than a year
- 1 – 3 years ago
- 4 – 5 years ago
- 6 -10 years ago
- more than 10 years ago

3. How much time are you able to commit to being a patient or family advisor?  
(check one)

- Less than 1 hour per month
- 1 to 3 hours per month
- 4 to 5 hours per month
- Other (please specify):  
\_\_\_\_\_

4. How long are you able to serve as an advisor?

- Less than 1 year
- 1 to 2 years
- More than 2 years

5. Most meetings take place between 9am to 4pm. Please specify the times when you are able to attend meetings:

- Daytime between \_\_\_\_\_ and \_\_\_\_\_
- Evenings between \_\_\_\_\_ and \_\_\_\_\_

6. How do you want to help as an advisor? I am interested in:  
(check all areas of interest)

- Serving as a member of the Patient and Family Advisory Committee
- Participating on short term working groups
- Helping to develop or review education resources
- Providing feedback on and helping to improve programs and clinical practices
- Attending focus groups or sharing your stroke experience with health care providers or others
- Speaking at health care or community events
- Providing peer support to others who have had a stroke through our Peers Fostering Hope program

Please return this form to Donna Cheung at email [info@tostroke.com](mailto:info@tostroke.com) or call 416-603-5800 ext. 4099 and we will be in contact.