

Hospital Stroke Peer Support Volunteer Consent Form

The Stroke Peer Support Volunteer Program is a follow up call service provided by the **Hospital** in coordination with the Nebraska Stroke Association and the American Heart Association. It consists of trained volunteers who are stroke survivors themselves to provide support to recent stroke survivors and caregivers.

Please let us know your interest in participating in this program and receiving a follow up call from one of our volunteers.

Your personal contact information will not be shared or utilized for any purpose other than this follow up call and any subsequent peer support calls

Yes, I would like to receive a follow up, peer support call from the Stroke Peer Support Volunteer Program.

Do we have your permission to leave a voicemail or a message with whomever answers the phone in the event you do not answer?

Yes

No, please try calling back another time.

No, I would not like to participate in this program.

Name: _____ Age _____ Gender _____

City/State: _____

Home Phone Number: _____ Cell: _____

Email: _____

Discharge Date: _____

Living Situation: Alone With Family/Caregiver Assisted Living Independent Living

Race: American Indian or Alaskan Native Asian Black or African American Caucasian

Native Hawaiian or other Pacific Islander Prefer not to say Other: _____

Ethnicity: Hispanic Latino

Primary Language: English Spanish Other: _____

Marital Status: Single Married Divorced Widowed Significant Other Prefer not to say

Type of Stroke: Ischemic Hemorrhagic TIA Prefer not to say Other: _____

Deficits: Weakness: Left / Right Aphasia Vision Sensation Pain

Swallowing Difficulty Safety/Insight Other: _____