
Toronto Stroke Networks

Patient and Family Advisor Application Form



Today's Date (DD/MM/ _____

YYY) Name (First and _____

Last): Street Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Preferred Contact: ☐ Home Phone ☐ Cell Phone ☐ Email

Best Time to Contact: 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 1 year ago ☐ 6-10 years ago
☐ 1-3 years ago ☐ More than 10 years ago
☐ 4-5 years ago

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

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- ☐ Less than 1 hour per month
- ☐ 1-3 hours per month
- ☐ 4-5 hours per month
- ☐ Other (specify) _____

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

- ☐ Less than 1 year
- ☐ 1 to 2 years
- ☐ > 2 years

5. How do you want to help as an advisor?

- ☐ Serve as a member of the Patient and Family Advisory Committee
- ☐ Participating on short term working groups
- ☐ Helping develop or review educational 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
 - You will be referred to the March of Dimes After Stroke Program Volunteer Coordinator

6. Most meetings take place on weekdays during business hours (between 9am to 4pm). Are you available to join meetings during these times?

- ☐ YES _____
- ☐ NO _____

Please email this form to info@tostroke.com