

Peer Visit Profile 20_____

Contact Information:

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth (00/00/0000): _____ Last 4 digits of SSN: _____

Home address: _____

Phone number(s): _____

E-mail address: _____

Preferred Method of Contact: Phone E-mail

Availability:

We ask that you can commit to one time per month (possibly twice) for peer visitation.

Availability during a month? _____

Are you available Tuesdays from 1:30 pm-3:00 pm for the TSN Snack & Chat/Peer Visits? _____

Are you available Tuesdays from 6:00 pm-7:30 pm for TSN Survivor Support Group? _____

Personal Profile Information:

Type of Injury of trauma survivor: _____


Date of Injury: _____ Age at time of injury: _____

How did you (or your loved one) sustain this injury? _____

Were you (or your loved one) ever in the ICU? _____

Where did you (or your loved one) go after discharge from your inpatient hospital stay? _____

What helped you the most during your (or your loved one's) inpatient stay in the hospital? _____



Are you Single Married In a Relationship? List name of spouse/significant other: _____

Do you have children? If so, list names and ages: _____

Do you work? If yes, what type of work do you do? _____

What is your education level or are you attending school? If attending school, what are your educational plans? _____

What are your hobbies/leisure activities? _____

Are you involved in any community groups/religious groups? If so, please list: _____

Describe your personality: _____

Why do you want to do peer visitation with other trauma survivors and/or their families? _____