



**DARTMOUTH STROKE
SUPPORT CLUB**

MEMBER SHEET

Date of Registry _____

Name _____

Address _____

Postal Code _____ **Phone Number** _____

E-mail address _____

Date of Birth _____

Stroke Details: When? _____ **Where?** _____

Stroke Effects: Side L/R? _____ **Arm?** _____ **Leg?** _____

Speech? _____ **Memory?** _____

Walk unaided? _____ **Can Drive?** _____

Previous Occupation(s) _____

Interests & Hobbies _____

Other information _____
