



# Peer Mentoring Program

## Referral Form



### Form Instructions

The dialysis facility must complete this form for each patient who wants to serve as a peer mentor or mentee. Please fax the completed form to your respective ESRD Network to <fax number here> to the attention of <name of person here>.

Facility Information			
<b>CMS Certification Number (CCN)</b>			
<b>Facility Name</b>			
<b>ESRD Network</b>			
<b>First Name</b>		<b>Last Name</b>	
<b>Title</b>	<input type="checkbox"/> Facility Administrator <input type="checkbox"/> Nephrologist <input type="checkbox"/> Nurse	<input type="checkbox"/> Social Worker <input type="checkbox"/> Technician <input type="checkbox"/> Receptionist	<input type="checkbox"/> Other, please specify:
<b>Phone Number</b>		<b>Email Address</b>	xyz@gmail.com

Peer Mentoring Referral			
<b>Referral Date</b>		<b>Unique Patient Identifier (UPI)</b>	
<b>Patient's First Name</b>		<b>Patient's Last Name</b>	
<b>Phone Number</b>		<b>Type of Phone Line</b>	<input type="checkbox"/> Cell <input type="checkbox"/> Land Line
<b>Email Address</b>			
<b>Age</b>	<input type="checkbox"/> 18–24 <input type="checkbox"/> 25–34	<input type="checkbox"/> 35–44 <input type="checkbox"/> 45–54	<input type="checkbox"/> 55–64 <input type="checkbox"/> 65+
<b>Current Treatment Type</b>	<input type="checkbox"/> In-center hemodialysis <input type="checkbox"/> Home hemodialysis	<input type="checkbox"/> Peritoneal dialysis (manual) <input type="checkbox"/> Peritoneal dialysis (cycler) <input type="checkbox"/> Transplant	
<b>Preferred Language</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> Other, please specify:	
<b>Communication Preferences for Mentor Program</b>	<input type="checkbox"/> In-person ( <i>when/where available</i> ) <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Facetime	<input type="checkbox"/> Google Duo ( <i>app that allows face-to-face calling between Android and iOS</i> ) <input type="checkbox"/> Google Hangout <input type="checkbox"/> Messenger ( <i>Facebook or WhatsApp</i> ) <input type="checkbox"/> Skype <input type="checkbox"/> Zoom	
<b>Facility Mentoring</b>	<input type="checkbox"/> Mentor	<input type="checkbox"/> Mentee	
<b>Topics of Interest</b>	<input type="checkbox"/> New to Dialysis	<input type="checkbox"/> Home Dialysis	<input type="checkbox"/> Transplant