



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 | | | |
|---------------------------------------|--|--|--|
| CMS Certification Number (CCN) | Enter text here | | |
| Facility Name | Enter text here | | |
| ESRD Network | Select one | | |
| First Name | Enter text here | Last Name | Enter text here |
| Title | <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: Enter text here |
| Phone Number | Enter text here | Email Address | xyz@gmail.com |

| Peer Mentoring Referral | | | |
|---|---|---|--|
| Referral Date | Enter text here | Unique Patient Identifier (UPI) | Enter text here |
| Patient's First Name | Enter text here | Patient's Last Name | Enter text here |
| Phone Number | Enter text here | Type of Phone Line | <input type="checkbox"/> Cell <input type="checkbox"/> Land Line |
| Email Address | Enter text here | | |
| Age | <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+ |
| Current Treatment Type | <input type="checkbox"/> In-center hemodialysis <input type="checkbox"/> Home hemodialysis | <input type="checkbox"/> Peritoneal dialysis (manual) <input type="checkbox"/> Peritoneal dialysis (cyclor) <input type="checkbox"/> Transplant | |
| Preferred Language | <input type="checkbox"/> English <input type="checkbox"/> Spanish | <input type="checkbox"/> Other, please specify: | Enter text here |
| Communication Preferences for Mentor Program | <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 | |
| Facility Mentoring | <input type="checkbox"/> Mentor | <input type="checkbox"/> Mentee | |
| Topics of Interest | <input type="checkbox"/> New to Dialysis | <input type="checkbox"/> Home Dialysis | <input type="checkbox"/> Transplant |