



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 972-503-3219 to the attention of Debbie O'Daniel.

Facility Information			
CMS Certification Number (CCN)			
Facility Name			
ESRD Network			
First Name		Last Name	
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:
Phone Number		Email Address	xyz@gmail.com

Peer Mentoring Referral			
Referral Date		Unique Patient Identifier (UPI)	
Patient's First Name		Patient's Last Name	
Phone Number		Type of Phone Line	<input type="checkbox"/> Cell <input type="checkbox"/> Land Line
Email Address			
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:	
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