



# Kidney Connection: A Patient 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 the IPRO ESRD Network Program at **(516) 231-9767** to the attention of Danielle Andrews, MSW, MPH.

| 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<br><input type="checkbox"/> Nephrologist<br><input type="checkbox"/> Nurse | <input type="checkbox"/> Social Worker<br><input type="checkbox"/> Technician<br><input type="checkbox"/> Receptionist | <input type="checkbox"/> Other, please specify:<br> |
| <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<br><input type="checkbox"/> 25–34  | <input type="checkbox"/> 35–44<br><input type="checkbox"/> 45–54  | <input type="checkbox"/> 55–64<br><input type="checkbox"/> 65+   |
| <b>Current Treatment Type</b>                       | <input type="checkbox"/> In-center hemodialysis<br><input type="checkbox"/> Home hemodialysis   | <input type="checkbox"/> Peritoneal dialysis (manual)<br><input type="checkbox"/> Peritoneal dialysis (cycler)<br><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> )<br><input type="checkbox"/> Telephone<br><input type="checkbox"/> Email<br><input type="checkbox"/> Facetime | <input type="checkbox"/> Google Duo ( <i>app that allows face-to-face calling between Android and iOS</i> )<br><input type="checkbox"/> Google Hangout<br><input type="checkbox"/> Messenger ( <i>Facebook or WhatsApp</i> )<br><input type="checkbox"/> Skype<br><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                              |