

Would You Like to Help Other Patients?

Peer Mentoring Interest Form

If you’re interested in speaking with other patients about kidney care choices, please complete this form and give tit to a staff member at your dialysis center.

[ ]  YES! I’m interested in becoming a peer mentor.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treatment Modality** (Check appropriate modality.)

[ ]  In-center Hemodialysis [ ]  Peritoneal Dialysis [ ]  Transplant [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Treatment Schedule** (Check all that apply.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Best Days/Times to Mentor** (Check all that apply.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

What is involved in being a peer mentor?

Your dialysis facility will help you get training and put you in touch with other patients who are interested in learning about your experiences in managing kidney disease. Your role will be to help answer their questions and help them make informed decisions about kidney care options.

[ ]  I give permission to my facility to share my contact information provided above with patients who would like to participate in a peer mentor relationship.

 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_