

The Renal Network Facility Peer Program



Facility Peer Program Sign-Up Form

Date:

Provider Number:

Facility Name:

Facility Staff Coordinator

Name of Facility Staff Coordinator (FSC):

FSC Email Address:

Discipline:

Facility Peer Representative

Please fill out this section with your FPR!

Name of Facility Peer Representative (FPR):

FPR Email Address:

FPR Street Address:

City

State

Zip code

How would you prefer to be contacted?

By Mail

By Email

Through my Facility Staff Coordinator

What is your Current Modality

In-Center Dialysis

Home Dialysis

Peritoneal Dialysis

How many years have you been on Dialysis?

Are you on the transplant waitlist?

Yes

No

What is your current Dialysis schedule?

Education:

Please check ALL of the educational topics that you feel would be beneficial to you and your fellow patients

- | | |
|--|---|
| <input type="checkbox"/> Conflict Management | <input type="checkbox"/> Vascular Access |
| <input type="checkbox"/> Quality of Life | <input type="checkbox"/> Adherence |
| <input type="checkbox"/> Treatment Options | <input type="checkbox"/> Infection Control |
| <input type="checkbox"/> Diet and Nutrition | <input type="checkbox"/> Transition of Care |
| <input type="checkbox"/> Care Planning | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Patient Safety | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Medication Compliance | <input type="checkbox"/> Employment |
| <input type="checkbox"/> How to resolve Grievances | <input type="checkbox"/> Family Life |
| <input type="checkbox"/> Vaccination Information | <input type="checkbox"/> Intimacy/Sexuality |
| <input type="checkbox"/> Patient Empowerment | <input type="checkbox"/> Other |

If you chose other, what topics do you think should be focused on?

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Patient Newsletter

Would you like to receive a personal copy of *The Renal Outreach*, a free patient newsletter for ESRD patients?

Yes No

If yes, how would you like to receive *The Renal Outreach*?

By Mail By Email

If you chose by E-Mail, please make sure your email address is provided above.

Would you like to receive hard copies of The Renal Outreach to pass out to fellow patients at your facility?

Yes No

If so, how many?

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Thank you for signing up for the the Facility Peer Program

Please expect your Facility Peer Handbook within the next week. If you have any questions, please email Quin Taylor at qtaylor@nw10.esrd.net or you can call her at 317-257-8265

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