

Erlanger Neuro Connect Release

Welcome to Erlanger Neuro Connect. Through an individualized matching process, this program partners individuals (patients and caregivers), who are seeking support as they adjust and cope with neurological illness, with peers living with similar diagnoses, treatments, and experiences. This one-on-one connection provides comfort, empathy, and guidance- which are paramount in ensuring our patients and their loved ones the highest quality-of-life.

Requirements for Erlanger Neuro Connect:

- that you are a current neurology patient or caregiver within the Erlanger Neurology Clinic
- that you complete the following application
- that you sign a release of information that will allow us to provide your match with the demographics and contact information necessary to connect you
- that you acknowledge that the support offered by Erlanger Neuro Connect peers is not a substitute for medical advice, and that you will reach out to your Neurology provider for discussion of diagnosis and treatment.

If you need assistance or have any questions, please call Sarah Hines, MSSW, LCSW, 423-778-5210

Erlanger Neuro Connect Agreement

By signing, I confirm my understanding and agreement of the above requirements to join the Erlanger Neuro Connect matching program.

Printed Name

DOB

Signature

Date

Release of Information for Erlanger Neuro Connect

I, _____ (Name), hereby grant permission for the release of confidential health information and demographic information for the purpose of facilitating a one-on-one connection through the Erlanger Neurology Connect matching program.

Printed Name

DOB

Signature

Date

Erlanger Neuro Connect Application

Full Name: _____ DOB: _____

Are you a: Patient Caregiver Both

Relationship Status Married In a relationship Divorced Widowed Single

Caregivers only:

Parent Adult Child Spouse/Partner Friend Other _____

Patient Name: _____

Neurology Provider(s):

- | | | |
|---|---|--|
| <input type="radio"/> Caleb Heath, NP-C | <input type="radio"/> Josh Alpers, MD | <input type="radio"/> Chelsea Shugars, MD |
| <input type="radio"/> Sarah Hines, MSSW, LCSW | <input type="radio"/> Juan Cuebas, MD | <input type="radio"/> Kim Smith, MD |
| <input type="radio"/> Brenda Knowles, NP-C | <input type="radio"/> Elizabeth Ferluga, MD | <input type="radio"/> Megan Stevens, MD |
| <input type="radio"/> Ben McClellan, NP-C | <input type="radio"/> Sally Horne, MD | <input type="radio"/> Ellen Valadez, MD |
| <input type="radio"/> Lisa Kahana-Naipo, NP-C | <input type="radio"/> Berneet Kaur, MD | <input type="radio"/> ALS Multidisciplinary Clinic |
| <input type="radio"/> Amy Rains, NP-C | <input type="radio"/> Jake McKay, MD | <input type="radio"/> HD Multidisciplinary Clinic |

Mailing Address:

Street: _____

City: _____

State: _____

Zip Code: _____

Contact Information:

Home Phone: _____

Mobile Phone: _____

Email Address: _____

Contact Preferences: Use this space to describe your contact preferences. For example, do you want to receive phone calls or texts? Do you prefer to email? Is it your preference down the road to have face-to-face interactions?

Diagnosis: I am a patient (or caregiver for a patient) that is being treated for the following illness(s):

- | | |
|--|--|
| <input type="radio"/> Alzheimer’s Disease | <input type="radio"/> Multiple System Atrophy |
| <input type="radio"/> Amyotrophic Lateral Sclerosis | <input type="radio"/> Muscular Dystrophy |
| <input type="radio"/> Ataxia | <input type="radio"/> Myasthenia Gravis |
| <input type="radio"/> Brain tumor | <input type="radio"/> Narcolepsy |
| <input type="radio"/> Cerebral Aneurysm | <input type="radio"/> Neuropathy |
| <input type="radio"/> Chiari Malformation | <input type="radio"/> Normal Pressure Hydrocephalus |
| <input type="radio"/> Corticobasal Degeneration | <input type="radio"/> Occipital Neuralgia |
| <input type="radio"/> Cluster Headaches | <input type="radio"/> Parkinson’s Disease |
| <input type="radio"/> Dystonia | <input type="radio"/> Progressive Supranuclear Palsy |
| <input type="radio"/> Epilepsy | <input type="radio"/> Pseudotumor Cerebri |
| <input type="radio"/> Frontotemporal Dementia | <input type="radio"/> Psychogenic Non-epileptic Spells |
| <input type="radio"/> Functional Neurological Disorder | <input type="radio"/> Sleep Apnea |
| <input type="radio"/> Head Injury/TBI | <input type="radio"/> Spasticity |
| <input type="radio"/> Huntington’s Disease | <input type="radio"/> Stroke |
| <input type="radio"/> Insomnia | <input type="radio"/> Transient Ischemic Attack |
| <input type="radio"/> Lewy Body Dementia | <input type="radio"/> Tremor |
| <input type="radio"/> Migraine Headaches | <input type="radio"/> Trigeminal neuralgia |
| <input type="radio"/> Mild Cognitive Impairment | <input type="radio"/> Vascular Dementia |
| <input type="radio"/> Multiple Sclerosis | <input type="radio"/> Other: _____ |

Any additional details that would help us find an appropriate match (diagnostic testing, procedures, surgical treatments, complications, stage of illness, level of care need)

What would you hope to gain by joining the Erlanger Neuro Connect
