

Peer-to-Peer 8 Week Education Program

Thursday Evenings from 6-8:00 PM: Sept 9, 16, 23, 30, October 7,14,21,28 2021, online via ZOOM

***Your information is confidential***

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

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle preferred method of contact.**

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

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred**

1. Do you have a diagnosed mental health challenge? □ Yes □ No   
   1. If yes, what is your diagnosis?

\_\_\_ Anxiety Disorders

\_\_\_ Attention Deficit/Hyperactivity Disorder (ADD/ADHD)

\_\_\_ Bipolar Disorder

\_\_\_ Borderline Personality Disorder

\_\_\_ Depression

\_\_\_ Dissociative Disorders

\_\_\_ Eating Disorders

\_\_\_ Obsessive Compulsive Disorder (OCD)

\_\_\_ Posttraumatic Stress Disorder (PTSD)

\_\_\_ Schizoaffective

\_\_\_ Schizophrenia

\_\_\_ Other/Don’t know: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you currently on medication?

□ Yes □ No

1. Do you see a mental health professional?

□ Yes □ No

1. How did you hear about the NAMI Peer-to-Peer Education Course? (check all that apply)

\_\_\_ Family-to-Family Brochure

\_\_\_ Mail

\_\_\_ E-mail

\_\_\_ Poster/flyer

\_\_\_ Referral by a Mental Health Professional

\_\_\_ NAMI Support Group

\_\_\_ Someone I know (i.e. friend, family member)

\_\_\_ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this is an 8 week course and I am able to commit to all (most) of it.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return competed form to:** **NAMI Northeast Region PA ≈ 846 Jefferson Avenue ≈ Scranton PA ≈ 18510**

[**info@naminepa.org**](mailto:info@naminepa.org)

**For more information please call: 570-342-1047**