

LYME DISEASE PHONE SUPPORT/BUDDY LIST

Group Name _____ List managed by _____

If you put your name on this list you agree to be available for group members having trouble coping. Members may call you anytime - day or night. Members who use this list should avoid calling support buddies in the late evenings or early morning hours. Cross off your name when you no longer want to volunteer for Phone Support.

Name (first name only is OK)	Phone Number (only local #'s)	Disorder (LD, babesiosis, ehrlichiosis) (Sick person - e.g. self, spouse, child, etc.)	Date
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