

PATIENT AND FAMILY ADVISORS SAMPLE APPLICATION FORM

(Please Print)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Area Code) (_____) _____

Fax Number: (Area Code) (_____) _____

E-Mail Address: _____

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Program/Department and Services involved in your care:

Your care was primarily:

- Inpatient
- Outpatient
- Both inpatient and outpatient
- Emergency care
- Other programs, departments, or services

Why would you like to serve as an advisor?

Issues of special interest to you:

If you have served as an advisor for other programs or organizations, please briefly describe this experience:

Have you done public speaking or teaching? If so, please describe:

Please specify times when you are able to attend meetings:

Daytime: _____ Evening: _____
Weekend: _____

I/We would be interested in helping with:

- Reviewing Patient and Family Satisfaction Tools
- Developing/Reviewing Patient/Family Educational Materials and Website Resources
- Developing and Updating the Hospital's Website
- Planning for the Ambulatory Care
- Planning for the Inpatient Care
- Planning for the Emergency Care Experience
- Ensuring Patient Safety and the Prevention of Medical Errors
- Educating Medical Students and Residents, New Employees, and Other Staff About the Experience of Care and Effective Communication and Support
- Participating in Facility Design Planning
- Improving the Coordination of Care, Discharge Planning, and the Transition to Home and Community Care
- Developing the Uses for Information Technology, including Electronic Medical Records, Patient Portals, and Electronic Personal Health Records (ePHR's)

Do you know of other individuals and families who have experienced care

at _____ who might be interested in serving as advisors?

Please call them for us or list name(s) and phone number(s) below:

Please return form to: