

## Appendix 4

# Application form

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<<Insert practice logo or information here>>

### Patient and family advisor application form

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

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Preferred contact:  Home  Office  Mobile  Email  Other (please specify): \_\_\_\_\_

Home phone: \_\_\_\_\_ Office phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please take a few minutes to complete the following questions that will help us get to know you better.**

**1. Are you a ...**

- Patient
- Family member of a patient

**2. We recognize that our patient and family advisors have busy lives. How much time are you able to commit to being a patient and family advisor each month? (check one)**

- Less than one hour per month
- One to two hours per month
- Three to four hours per month
- More than four hours per month

**3. Would you be available to participate in two or three in-person meetings a year? (You can still be an advisor if you answer "No.")**

- Yes  No
- If yes, what times would work best for you (select all that apply)?
- Morning  Afternoon  Evening  Other (please specify):

**4. Would you be available to participate in a monthly phone call for 30 to 60 minutes? (You can still be an advisor if you answer "No.")**

- Yes  No
- If yes, what times would work best for you (select all that apply)?
- Morning  Afternoon  Evening  Other (please specify):

**5. How do you want to help? I want to: (check all of your interest areas)**

- Help develop or review informational materials for patients and family members
- Help improve the patient and family role in care decision-making
- Review procedures and provide input to improve patient care experience
- Other areas of interest (please describe):

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**Please tell us about yourself.**

**6. Why would you like to serve as a patient and family advisor?**

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**7. Do you know other individuals or families who might be interested in serving as advisors?  
If so, please provide us their contact information.**

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please return this form by mail, fax or email (preferred method) to:**  
<<Add practice address here>>

**Attention:** <<Practice contact for patient and family advisors>>

**Phone:** <<add phone>> **Fax:** <<add fax>>

**Email:** <<add email>>