



Vision Statement:

Application for Patient/Family Advisor

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Child's/Patient's Name: _____

Diagnosis or Unit treated on: _____

Languages Spoken: _____

Are you willing to share your contact information with other PFAC members?

___yes ___no

I/my family member has been treated at _____ since _____ (Year)

I am the ___Parent ___Spouse ___Caretaker ___Patient ___Other

My child/family member has been treated most often in: (Check all that apply)

___Emergency Room ___In-Patient Units ___Outpatient Clinics

___Other programs (Please list) _____

Please tell us which services you/family member has used during the last two years.
(Example: Outpatient- lab, surgery, radiology, inpatient, ER)

Please tell us the activities you might be interested in:

___Reviewing Policies

___Reviewing Procedures

___Improving the hospitalization experience for kids and their families



- ___ Improving the surgical experience for kids and their families
- ___ Improving the experience in outpatient clinics
- ___ Development of educational materials
- ___ Parent to Parent Support Program
- ___ Improving Patient Safety
- ___ Serving on hospital committees as the Family Representative
- ___ Attending focus groups
- ___ Serving as Family Faculty to educate medical staff on the perspective of the patient & family

Other projects/Interests, please explain:

Please tell us why you are interested in joining the Patient/Family Advisory Board?

Please describe any other committee experience you have had either in schools, community, churches etc.?

Do you have experience with public speaking and are you comfortable speaking in front of people?



What are some things that staff did or said that made you/family member's experience easier?

What are some things that staff did or said that made you/family member's experience more difficult?

Please tell us the easiest time for you to attend meetings?

_____ Daytime _____ Evening

What is the easiest way for you to participate in meetings?

_____ In person _____ Conference Call

Thank you for taking the time to tell us more about your interest in the Patient/Family Advisory Board at _____.

Please return this form to: