

PATIENT & FAMILY ADVISORY APPLICATION

**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

**My child/family member has been treated at XXX 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 your child/family member has used during the last two years. (Example: Pulmonary, GI, NICU, PICU, Rheumatology, Oncology etc.)**

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**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 (Extra training required)
- 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 (Extra training required)
- Other projects/Interests, please explain:  

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

