

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 SpouseCaretakerPatient 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.)

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:

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

