



## Patient and Family Advisor Application

*Please Print*

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Are you willing to share your contact information with other PFAC members? \_\_\_\_\_ yes \_\_\_\_\_ no

Please list times when you are able to attend meetings:

\_\_\_\_\_ daytime \_\_\_\_\_ evening \_\_\_\_\_ weekend

I am: \_\_\_\_\_ patient \_\_\_\_\_ a family member of a patient

I/my family has been treated at PCHS since \_\_\_\_\_ (year)

My care at PCHS was primarily:

\_\_\_\_\_ Emergency Room \_\_\_\_\_ Outpatient Clinic \_\_\_\_\_ Inpatient Hospitalization

\_\_\_\_\_ Swingbed \_\_\_\_\_ Specialty Clinic \_\_\_\_\_ Rehab

\_\_\_\_\_ Other (Please list) \_\_\_\_\_

Please tell us more about yourself and your experience

Please tell us why you are interested in joining the Patient/Family Advisory Council.

What are some specific things that health care professionals did or said that was most helpful to you and your family?

What are some specific things that you or your family would like health care professionals to do *differently* in order to be more helpful?

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