

Patient and Family Advisor Application Form

The following questions will help us get to know you better.

Name: _____
(Last) (MI) (First)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (10 digits) _____ Cell Phone: (10 digits) _____

Work Phone: (10 digits) _____ Fax: (10 digits) _____

Email Address: _____

Language(s) You Speak: _____

Choose one: I am a Patient I am a Family

Member of a Patient

Yes, I will allow my contact information to be shared with other committee/advisory council members

No, I will not allow my contact information to be shared with other committee/advisory council members

My care provided at CSMC was primarily: (check all that apply)

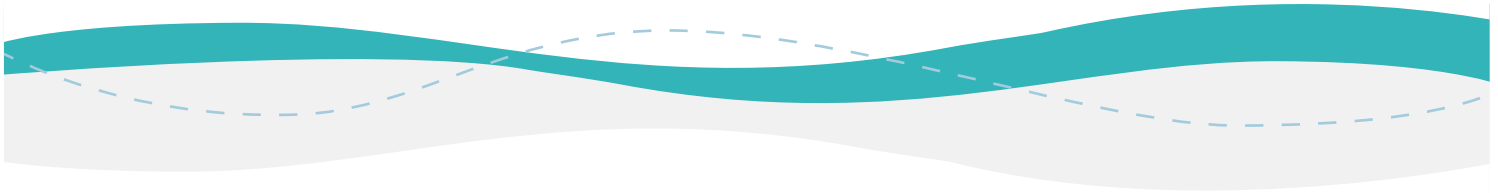
Inpatient Hospitalization

Outpatient Clinic Visit

Emergency Department Care

Other: _____

The dates of my active care experience at CSMC includes: (check all that apply)



- 2010 to current year
 2006-2009
 2001-2005
 Before 2001

Within the past two years, what CSMC services have you or your family members used? (check all that apply)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Intensive Care Unit (ICU or NICU) | <input type="checkbox"/> Pregnancy, Childbirth and Infant Care | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Rehabilitation | |

Please list times when you are able to attend meetings (check all that apply)

- Daytime: _____
 Evening: _____
 Weekend: _____

1. Which unit(s) provided care for you or your family member: (check all that apply)

- Emergency Department
- 3 North
- 3 East Oncology
- 4 North
- 4 East Ortho/Stroke
- 4 East Observation
- 5 North
- Step Down/ CCU

2. How do you want to help? I want to: (Check all of your interest areas)

- Serve as a member of the patient and family advisory council. Potential advisory council members should be ready to commit to serving on the council for at least 1 to 2 years. The advisory council meets once a month for 1 ½ to 2 hours.
- Help develop or review informational materials for patients and family members.
- Help improve patient safety and the prevention of medical errors.
- Help improve the patient and family role in care decisionmaking.
- Help improve the hospital facilities (for example, patient care areas, or family resource room).
- Help educate or train hospital staff and clinicians.
- Review procedures and provide input to improve the hospital admission process.
- Provide input as we implement bedside shift report, where nurses who are going off duty share information with nurses coming on duty at the patient's bedside.
- Review procedures and provide input to improve transitions in care (for example, between hospital units or discharge from hospital to home).
- Other issues (please describe): _____

