



## Patient and Family Advisor Application Form

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Preferred contact (circle one):      **Home phone**      **Cell phone**      **Email**

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

**1. Are you a...**

- Patient
- Family member of a patient

**2. When was your care experience at this hospital? (Check all that apply.)**

- 2016 to current year
- 2015
- 2014
- 2013
- 2012 or before

**3. What language(s) do you speak? \_\_\_\_\_**



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

- |   |  |
|---|--|
| <input type="checkbox"/> Emergency Department   | <input type="checkbox"/> Operating Room                              |
| <input type="checkbox"/> Medical-Surgical Floor | <input type="checkbox"/> Clinic , Lab, Radiology, or Cardiopulmonary |

**5. We recognize that our patient and family advisors have busy lives. How much time are you able to commit to being a patient and family advisor? (Check one)**

- |   |  |
|---|--|
| <input type="checkbox"/> Less than 1 hour per month | <input type="checkbox"/> 3 to 4 hours per month      |
| <input type="checkbox"/> 1 to 2 hours per month     | <input type="checkbox"/> More than 4 hours per month |

**6. Are you available to serve as an advisor for at least 1 to 2 years?  
(You can still be an advisor if you answer "no.")**

- Yes
- No

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

- |  |   |
|--|---|
| <input type="checkbox"/> 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 to 1.5 hours. | <input type="checkbox"/> Review procedures and provide input to improve the hospital admission process.   |
| <input type="checkbox"/> Help develop or review informational materials for patients and family members.   | <input type="checkbox"/> 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. |
| <input type="checkbox"/> Help improve patient safety and the prevention of medical errors.   | <input type="checkbox"/> Review procedures and provide input to improve transitions in care (for example, between hospital units or discharge from hospital to home).                   |
| <input type="checkbox"/> Help improve the patient and family role in care decisionmaking.  | <input type="checkbox"/> Other issues (please describe): _____  |
| <input type="checkbox"/> Help improve the hospital facilities (for example, patient care areas, or waiting areas).   | _____   |
| <input type="checkbox"/> Help educate or train hospital staff and clinicians.  | _____   |



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## **Please tell us about yourself.**

- 8.** Why do you want to become a patient and family advisor?
- 9.** Please briefly describe any experience you may have as an advisor, as an active volunteer, or as a public speaker.
- 10.** Please describe any specific things that doctors or hospital staff did or said while you or your family members were in the hospital that were helpful to you or your family.
- 11.** Please describe any specific things that doctors and hospital staff could have done differently to be more helpful while you or your family member were in the hospital.
- 12.** Our patient and family advisors reflect the diversity of the patients and families we serve. Please share anything about yourself that you think would add to the diversity of our team of advisors.

Please return this form to: Ashlyn Wayman – Quality and Infection Control Coordinator

