



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? Please list the year(s) that apply:

3. What language(s) do you speak? _____

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

- Emergency Department
- Outpatient
- Adult Pediatric
- Ambulatory Surgery
- Inpatient Pediatrics
- 2 East
- 2 West
- 4 East
- 3 West
- 5 East
- 4 West
- ICU
- 5 West

5. Are you able to commit to 1 to 2 hours per month?

- Yes
- No

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)

- 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 quarterly for 90 minutes.
- Review procedures and provide input to improve the hospital admission process.
- Help develop or review informational materials for patients and family members.
- Review transition process from hospital to home.
- Help improve patient safety and the prevention of medical errors.
- Other interests (please describe): _____

- Help improve the patient and family role in care decisionmaking.
- Help improve the hospital facilities

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 member 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.

13. Is there anything not covered in this application that you would like to add?

Please return this form to: Anna DeLuca, MSN, RN, CPXP, Manager of Patient Experience, Chilton Medical Center, 97 West Parkway, Pompton Plains, NJ 07444

