

## Patient and Family Advisor Application Form

Full Name : \_\_\_\_\_

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

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

Preferred contact (circle one): Phone Email Text

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

1. Are you a:  
 Patient  Family member of a patient
2. Have you/your family member been a patient at McLaren Caro Region in the last 3 years?  
 Yes  No
3. 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. The advisory council meets every other month for 1 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 decision-making.  
 Help improve the hospital facilities.  
 Review procedures and provide input to improve the hospital admission process.  
 Provide input as we improve communication.  
 Review procedures and provide input to improve transitions in care (for example, between hospital units or discharge from hospital to home).  
 Other (please describe):  
\_\_\_\_\_
4. Which department(s) provided care for you or your family member: (check all that apply)  
 Emergency Department  Physical Therapy  
 Surgery  Radiology  
 Inpatient  Clinics  
 Laboratory  Caro Quick Care  
 Other: \_\_\_\_\_
5. Are you available to serve as an advisor for at least 1 to 2 years?  
 Yes  No (*You can still be an advisor*)

6. 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 |

**Please tell us about yourself.**

7. Please describe any specific things that doctors or staff did or said while you or your family member were in the hospital that were helpful to you or your family.

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8. Please describe any specific things that doctors and staff could have done differently to be more helpful while you or your family member were in the hospital.

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9. Why do you want to become a patient and family advisor?

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10. Please briefly describe any experience you may have as an advisor, an active volunteer, etc.

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11. Please share anything about yourself that you think would add to our team of advisors.

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