



CANCER CENTER

At the Detroit Medical Center

Patient / Family Advisory Council Application

The Patient/Family Advisory Council is a group of former patients who meet monthly with health care providers from the Barbara Ann Karmanos Cancer Center. The group guides the Center on patient related issues as well as facility issues in order to make our Cancer Center patient centered. Meetings are held the first Tuesday of every month at 12:30 p.m. at the Karmanos Cancer Center, 4100 John R, Detroit.

(Please Print or Type)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ (evenings)
() _____ (daytime)

Please indicate preferred time to reach you: _____evenings _____daytime

Fax number: () _____

E-mail address: _____

Please indicate :

Adult patient _____ Family member of an adult patient _____

Treatment : inpatient _____ outpatient _____ both: _____

Treatment involved (check all that apply):

Surgery _____ chemotherapy _____ radiation therapy _____ bone marrow transplant _____

Day treatment _____ Pain symptom management _____

Would you be interested in serving as a member of a patient/family advisory council for our institution?

Yes _____ No _____

Have you ever been a member of /or acted as an advisor for any other program or organization?

Yes _____ No _____

If yes, please identify that program or organization: _____

Briefly describe your involvement and experience on the above listed program or organization: (please use back of form, if needed)

Why would you like to be on the patient/family advisory council?

Are there any particular issues regarding the Institute's care or service that you would like discussed? If so, please list.

Please return your application by fax (313) 576.8671, email at fredv@karmanos.org or:

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