Join the Patient and Family Advisory Council (PFAC)

Patient and Family Application Form

Please complete this form to be considered as a patient or family member candidate for the Western Reserve Hospital Patient and Family Advisory Council.

All information contained on this form is considered confidential and is intended for the use of the Western Reserve Hospital Patient and Family Advisory Council only.

You will be contacted upon receipt of this application form to participate in a phone or in-person interview.

Name: _____

Address: _____

Email: _____

Home Phone: _____ Work Phone: _____

What is the best way to contact you and when? _____

Thank you for taking the time to complete this application form. Please write brief but descriptive answers to the following questions in the spaces provided. Please know that this information will be kept confidential.

1. Tell us a little about yourself (i.e., your family, your profession, your hobbies, etc.)

2. Do you recall which Western Reserve Hospital locations/departments have served you and your family and approximately when?

3. What are some of the specific things that Western Reserve Hospital professionals do/have done to help you and your family?

4 What are some things you would like Western Reserve Hospital healthcare professionals to do differently to better help patients and families?

5. Representing the diversity of our patient population in our Advisory Council is important to us. Please share anything about yourself that you think would add to the diversity of our council.

6. We would like to make it as easy as possible for you to attend.
   Please let us know what you prefer:
   a. Day or evening meetings?
   b. Is there a particular day of the week you prefer?

7. Do you or did you work for Western Reserve Hospital or are you related to a Western Reserve Hospital employee?

8. Is there anything else you would like to add?