

Original
____ Date Rc'd

Application Form for Patient and Family Advisors

Name: _____ Date: _____
(Last) (First) (MI)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (10 digits) _____ Cell Phone: (10 digits) _____

Work Phone: (10 digits) _____ Fax: (10 digits) _____

Email Address: _____

Language(s) You Speak: _____

Choose one: I am a Patient. I am a Family Member of a Patient.

Yes, I will allow my contact information to be shared with other committee/advisory council members.

No, I do not want my contact information shared with other committee/advisory council members.

My care provided at UWMC was primarily: (check all that apply)

Hospitalization (Inpatient) Clinic Visit (Outpatient)
 Emergency Department Care Other _____

The dates of my active care experience at UWMC include: (check all that apply)

2010 to current year 2006-2009 2001-2005 Before 2001

Within the past two years, what UWMC services have you or your family member used?
(Check all that apply)

<input type="checkbox"/> Cancer	<input type="checkbox"/> Intensive Care Unit	<input type="checkbox"/> Pregnancy, Childbirth and Infant Care
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Neonatal ICU	<input type="checkbox"/> Rehab
<input type="checkbox"/> Inpatient (which units?) _____	<input type="checkbox"/> Outpatient (which clinics?) _____	<input type="checkbox"/> Surgery
_____	_____	<input type="checkbox"/> Transplant
		<input type="checkbox"/> Other: _____

Please specify times when you are able to attend meetings (check all that apply):

Daytime: _____ Evening: _____ Weekend: _____



Why would you like to serve as an Advisor?

Issues of special interest to you:

I would be interested in helping with (identify all of your interest areas):

- Reviewing patient and family satisfaction tools.
- Developing/reviewing educational materials.
- Planning for the hospitalization (inpatient) care experience.
- Planning for the surgical experience.
- Planning for the clinic (outpatient or ambulatory) care experience.
- Planning for the emergency care experience.
- Ensuring patient safety and the prevention of medical errors.
- Educating medical students and residents, new employees, and other staff about the experience of care and effective communication and support.
- Participating in facility design planning.
- Improving the coordination of care and the transition to home and community care.
- Developing uses for information technology, including electronic medical records, patient portals, and electronic personal health records.
- Serving as an e-Advisor, responding by email to questionnaires and surveys seeking your opinions.
- Long-term advisory council membership to have impact and influence on policies and practices that affect the care and services patients receive.

If you have served as an advisor or been an active volunteer committee member, please briefly describe this experience:

Have you done public speaking or teaching? If so, please describe:

Do you know other individuals and/or families who have experienced care at University of Washington Medical Center who might be interested in serving as advisors? Please call them for us or list their name(s) and email address(es) here:

Please return this form to:

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