



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 SJH was primarily: (check all that apply)

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

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

- 2015 2014 2013

Within the past two years, what SJH services have you or your family member used?

(Check all that apply)

- Wound Care Critical Care Unit Surgery
- Inpatient (which units?) _____ Outpatient (which clinics?) _____ Other: _____

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

- Daytime: _____ Evening: _____ Weekend: _____

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.
- 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.

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:

Please mail to:
St. Joseph Hospital
c/o Suzanne Molina, Nurse Manager
4295 Hempstead Turnpike
Bethpage, NY 11714