



Patient and Family Advisor Application Form

Name (First and Last): _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home phone: _____ Cell phone: _____ Email address: _____

Preferred contact (circle one): **Home phone** **Cell phone** **Email**

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

1. Are you a...

- Patient
- Family member of a patient

2. When was your care experience at this hospital? (Check all that apply.)

- 2023 to current year
- 2022
- 2021

3. Which unit(s) provided care for you or your family member: (check all that apply)

- Medical/Surgical (Inpatient/Swing)
- Emergency Department

4. 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)

- Less than 1 hour per month
- 3 to 4 hours per month
- 1 to 2 hours per month
- More than 4 hours per month

5. Are you available to serve as an advisor for at least 1 year?

(You can still be an advisor if you answer "no.")

- Yes
- No

6. How do you want to help? I want to: (Check all your interest areas)

- Help develop or review informational materials for patients and family members.
- Help improve the patient and family role in care decision making.
- Help improve patient safety and the prevention of medical errors.



Review procedures and provide input to improve the hospital communication processes (staff to staff, staff to family/patient).

Review procedures and provide input to improve transitions in care (for example, between hospital units or discharge from hospital to home).

Other issues (please describe):

Raquel Martin, APSW

608-884-1490

Edgerton Hospital and Health Services,
11101 N. Sherman Rd., Edgerton, WI 53534

Please return this application to the above address