



Patient and Family Advisory Council (PFAC) Membership Application

Please **PRINT** all information clearly:

Name: _____

Address: _____ City/State/Zip Code: _____

Telephone number(s): Please indicate preferred phone number and best time to reach you:

Work: ____ - ____ - ____ Home: ____ - ____ - ____ Cell: ____ - ____ - ____

E-mail address: _____

Program/Department and Services involved in your/your family member's care: (check all that apply)

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Medical Imaging (x-ray) |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Chemotherapy |
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Physical Therapy |

Why would you like to serve as an advisor?

Issues of special interest to you:

Comments related to treatment experiences:

Please specify times when you are able to attend meetings:

Daytime Evening Weekend

I would be interested in helping with:

Reviewing Patient and Family Satisfaction Tools

Developing Patient and Family educational materials

Developing and updating the hospital's website

Planning for Ambulatory Care (outpatient, clinics, etc.)

Planning for Inpatient Care

Planning for Emergency Care

Ensuring Patient Safety and the Prevention of Medical Errors

Improving the Coordination of Care, Discharge Planning, and the Transition to Home

Developing the Uses for Information Technology, including Electronic Medical Records and Patient Portals

Do you know of other individuals and families who have experienced care at Mammoth Hospital who might be interested in serving as advisors? Please call them for us or list name(s) and phone number(s) below:

Please return this form to:

Adrienne Burns, RN

Mammoth Hospital

PO Box 660

Mammoth Lakes, CA 93546

Adrienne.burns@mammothhospital.com