



Patient and Family Advisory Council (PFAC) Membership Application

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:

Thank you!

Please return this form to:

**Karen Phillips
Human Services/Spiritual Care Coordinator
Mammoth Hospital
PO Box 660
Mammoth Lakes, CA 93546
Karen.Phillips@Mammothhospital.com**