



Patient and Family Advisor Application Form

Name (First and Last): _____

Street Address: _____

City: _____ State: _____ Zip: _____

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.)

- 2017 to current year
- 2016
- 2015
- 2014
- 2013 or before
- Not applicable

3. Do you use the clinic services?

- Yes
- No

Please return this application to the Director, Quality and Patient Safety
via email to cwallace@lcch.net or mail to:

503 E. Highland Avenue
Chelan, WA 98816-0908

If you have questions, please call 509-726-6040.

4. What language(s) do you speak? _____

5. 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

6. Are you available to serve as an advisor for at least 1 to 2 years? (You can still be an advisor if you answer “no.”)

- Yes No

7. How do you want to help? (Check all of your interest areas)

- Serve as a member of the patient and family advisory council. The advisory council meets once a month for approximately an hour.
- Help develop or review informational materials for patients and families.
- Help improve patient safety and the prevention of errors.
- Help improve the patient and family role in care decision making.
- Help educate or train hospital staff and clinicians.
- Review procedures and provide input to improve hospital or clinic processes.
- Other issues or interests, please describe: _____

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8. Why do you want to become a patient and family advisor?

9. Please briefly describe any experience you may have as a volunteer, advisor, or public speaker?

10. Please describe any specific things that hospital or clinic staff did or said while you or your family member were in our care that were helpful to you or your family.

11. Please describe any specific things that hospital or clinic staff could have done differently to be more helpful while you or your family were in our care.

12. Our patient and family advisors reflect the diversity of the patients and families we serve. Please share anything about yourself that you think would add to the diversity of our team of advisors.

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