



**Patient & Family Centered Care**

## Patient and Family Advisor Application

--PLEASE PRINT--

NAME: \_\_\_\_\_  
*First MI Last*

If youth, Date of Birth: \_\_\_\_\_

If youth, School: \_\_\_\_\_

If youth, Grade: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

What is your relationship to the hospital? (check all that apply)

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Patient        | <input type="checkbox"/> Staff       |
| <input type="checkbox"/> Patient family | <input type="checkbox"/> Volunteer   |
| <input type="checkbox"/> Physician      | <input type="checkbox"/> Other _____ |

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone 1: \_\_\_\_\_  cell  work  home

Phone 2: \_\_\_\_\_  cell  work  home

Phone 3: \_\_\_\_\_  cell  work  home

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Occupation: \_\_\_\_\_

Special needs request: \_\_\_\_\_

Availability: (check all that apply)

- |                                  |                                   |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Anytime | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Day     | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Night   |                                   |

Which Advisory Council are you interested in serving on?

- |   |  |
|---|--|
| <input type="checkbox"/> Joe DiMaggio Family    | <input type="checkbox"/> Memorial Regional       |
| <input type="checkbox"/> Joe DiMaggio Youth     | <input type="checkbox"/> Memorial South          |
| <input type="checkbox"/> Memorial Cancer Center | <input type="checkbox"/> Outpatient Satisfaction |
| <input type="checkbox"/> Memorial Miramar       | <input type="checkbox"/> Primary Care Clinic     |
| <input type="checkbox"/> Memorial Pembroke      | <input type="checkbox"/> Special Needs           |
| <input type="checkbox"/> Memorial West          |  |

Application date: \_\_\_\_\_

**Fax: (954) 965-6468**