

- ORIGINAL  
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**Application Form for Patient and Family Advisors**

Name: \_\_\_\_\_  
(Last) (First) (MI)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (10 digits) \_\_\_\_\_ Cell Phone: (10 digits) \_\_\_\_\_

Work Phone: (10 digits) \_\_\_\_\_ Fax: (10 digits) \_\_\_\_\_

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

Language(s) You Speak: \_\_\_\_\_

Choose one:  I am a Patient.  I am a Family Member of a Patient.

Yes, I will allow my contact information to be shared with other committee/advisory council members.

No, I do not want my contact information shares with other committee/advisory council members.

**My care provided at Penrose-St. Francis was primarily:** (check all that apply)

- Hospitalization (Inpatient)  Clinic Visit (Outpatient)  
 Emergency Department Care  Other \_\_\_\_\_

**The dates of my active care experience at Penrose-St. Francis include:** (check all that apply)

- 2010 to current year  2006-2009  2001-2005  Before 2001

**Within the past two years, what Penrose-St. Francis services have you or your family member used?** (check all that apply)

- Cancer  Nutrition  Surgery  
 Cardiology  Orthopedics  Transplant  
 Intensive Care Unit (ICU or NICU)  Pregnancy, Childbirth and Infant Care  Other \_\_\_\_\_  
 Mental Health  Rehabilitation

**Please list times when you are able to attend meetings:** (check all that apply)

- Daytime: \_\_\_\_\_  Evening: \_\_\_\_\_  Weekend: \_\_\_\_\_

**Application Form for Patient and Family Advisors (Cont'd.)**

**I/We would be interested in helping with (identify all of your interest areas):**

- Reviewing patient and family satisfaction tools.
- Developing/reviewing educational materials.
- Planning for the hospitalization (inpatient) care experience.
- Planning for the surgical experience.
- Planning for the clinic (outpatient or ambulatory) care experience.
- Planning for the emergency care experience.
- Ensuring patient safety and the prevention of medical errors.
- Educating medical students and residents, new employees, and other staff about the experience of care and effective communication and support.
- Participating in facility design planning.
- Improving the coordination of care and the transition to home and community care.
- Long-term advisory council membership to have impact and influence on policies and practices that affect the care and services patients receive.
- Issues of special interest (please describe).

**If you have served as an advisory, been an active volunteer committee member, or done public speaking for other programs or organizations, please briefly describe this experience:**

**What are some specific things that health care professionals did or said that were most helpful to you and your family?**

**What are some specific things that you or your family would like health care professionals to do *differently* in order to be more helpful?**

**Do you know other individuals and/or families who have experienced care at Penrose- St. Francis who might be interested in serving as advisors? Please call them for us or list their name(s) and phone number(s) here:**

***Please return this form to:***

Neomie Gutierrez  
Patient and Family Centered Care Program  
St. Francis Medical Center  
6001 E. Woodmen Road  
Colorado Springs, CO 80923  
Phone: 719-571-2100 Fax: 719-571-2113  
Email: neomiegutierrez@centura.org

*We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.*