

Patient and Family Advisory Council Membership Application

Pratt Regional Medical Center

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Day/Time To Call: \_\_\_\_\_\_\_\_\_\_\_

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

I am a: \_\_\_\_\_Patient \_\_\_\_\_ Family Member

Please list times when you are able to attend meetings: (fill-in all that apply)

o Best Weekday for Lunch meeting: \_\_\_\_\_\_\_\_\_

o Evening: \_\_\_\_\_\_\_\_\_

My care provided at Pratt Regional Medical Center was primarily: (fill-in all that apply)

o Hospitalization (inpatient): MM/YY

o Clinic visit (outpatient): MM/YY

o Emergency Department care: MM/YY

o Other programs, departments, or services: MM/YY

o Both inpatient and outpatient: MM/YY

Tell Us More About Yourself and Your Experience

(Feel free to use a separate piece of paper)

Tell us about your hospital experience(s). What would you have improved about the experience? What impressed you about your experience?

Why do you want to be involved in the Patient and Family Advisory Council?

If you have participated in any organizations or committees, please share some examples:

(These examples may be from work, community, church)

Is there anything else you would like us to know?

Thank you for taking the time to complete this application!

*Before participating in the PFAC you will be asked to sign a confidentiality statement*

*and go thru PFAC orientation.*

Signature Date

Please return this completed form to:

Andie Dean, Community Relations Manager

(Office in Administration 1st floor of Medical Complex)

Pratt Regional Medical Center

200 Commodore

Phone 620-450-1444

Email : [adean@prmc.org](mailto:adean@prmc.org)