

To be completed by staff:

Will your volunteer have contact with patients? Yes ___ No ___

Date Received: _____



APPLICATION FOR PATIENT AND FAMILY ADVISORS

For Background Check Only

Please Print: _____ Date of Birth _____ Social Security _____

Name: _____
(Last) (First) (MI)

Address: _____

City, State, Zip Code: _____

Home Phone: (10 digits) _____ **Cell Phone:** (10 digits) _____

Work Phone: (10 digits) _____

E-mail Address: _____

Emergency Contact name and phone: _____

Language(s) You Speak: _____

Will you allow your contact information to be shared with other committee/advisory council members? Yes No

I am/was: A patient A family member of a patient

My care is/was provided by _____ : (check all that apply)
(Department/Doctor)

- Hospitalization (inpatient) Emergency Department Care
- Clinic visit (outpatient) Other programs, departments, or services
- Both inpatient and outpatient

The dates of my active care experience at WJMC include: (check all that apply)

- Within the past 5 years More than 5 years ago More than 10 years ago

Within the past two years, what care services have you or your family member used? (check any that apply). We are looking to our Council members to have a diversity of experience with West Jefferson Medical Center, and appreciate your sharing of any information. Please be assured that this information is private and will remain CONFIDENTIAL.

- | | | |
|--|---|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Labor & Delivery | <input type="checkbox"/> Rehab Admission |
| <input type="checkbox"/> Cardiology/Heart | <input type="checkbox"/> Medical/Surgical Admission | <input type="checkbox"/> Same Day Surgery/Ambulatory Surgery |
| <input type="checkbox"/> Clinic Visits - list Clinic | <input type="checkbox"/> Neurology/Neurosurgery | <input type="checkbox"/> Urology |
| | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Wound Care/ Hyperbarics |
| <input type="checkbox"/> Critical Care Admission | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Other |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Pulmonary/Lung | <input type="checkbox"/> Other |
| <input type="checkbox"/> ENT/Ear, Nose, Throat | <input type="checkbox"/> Radiation | <input type="checkbox"/> Other |

Times when you are able to engage in PFAC work: (check all that apply)

- | | | |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Daytime | <input type="checkbox"/> Evening | <input type="checkbox"/> Weekend |
|----------------------------------|----------------------------------|----------------------------------|

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

- Developing/reviewing educational materials to improve the patient and family experience
- Planning for the hospitalization (inpatient) care experience.
- Planning for the emergency care experience.
- Planning for the clinic (outpatient and ambulatory) care experience.
- Planning for the oncology care experience.
- Planning the design of systems of care and facilities for the emergency experience.
- Educating medical students and residents, new employees, and other staff about the experience of care and effective communication support.

- Participating in facility design planning.
- Improving the coordination of care and the transition to home and community care.
- Issues of special interest (please describe):

Why would you like to serve as an advisor?

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

Tell us about your or your family's healthcare experience at West Jefferson (WJMC). What would you have improved about this experience? What impressed you about this experience?

Is there anything that you would like us to know?

Do you know other individuals and/or families who have experienced care at WJMC 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:
Director of Guest Services
West Jefferson Medical Center
1101 Medical Center Blvd.
Marrero, LA 70072
504-349-2294
WJguestservices@lcmchealth.org