



Patient and Family Advisory Council Application Form

Name: _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Preferred contact: Home Office Mobile Email

Other (please specify): _____

Home phone: _____ Office phone: _____

Mobile phone: _____ Email: _____

Primary Language: English Spanish Vietnamese Arabic French

Other (Please specify) _____

Please take a few minutes to complete the following questions that will help us get to know you better. 1. Are you a ... Patient Family member of a patient

2. 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 each month? (check one)

Less than one hour per month One to two hours per month

Three to four hours per month More than four hours per month

3. Would you be available to participate in 10 monthly in-person meetings a year? (You can still be an advisor if you answer "No.")

Yes No

If yes, what times would work best for you (select all that apply)?

Morning Afternoon Evening Other (please specify): _____

4. How do you want to help? I want to: (check all of your interest areas)

Help develop or review informational materials for patients and family members

Help improve the patient and family role in care decision-making

Review procedures and provide input to improve patient care experience

_____ Other areas of interest (please describe):

Please tell us about yourself.

6. Why would you like to serve as a patient and family advisor?

7. What are some of the things you would like to see LFMC do differently to better help patients and their families?

8. What positive improvements to patient care would you like to see at LFMC as a result of your participation on the Patient and Family Advisory Council?

8. Do you know other individuals or families who might be interested in serving as advisors? If so, please provide us their contact information.

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Please return this form by mail, fax or email (preferred method) to:

Attention: Kelly Madcharo

LMEP, 4600 Valley Road

Lincoln, NE 68510

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Fax: (402) 483-2882

Email: kmadcharo@lmep.com