

# Patient and Family Advisors

## MEMBERSHIP APPLICATION FORM

Please turn in completed forms at the main lobby drop box or by emailing it to Michael Bojorquez at [michael.bojorquez@dignityhealth.org](mailto:michael.bojorquez@dignityhealth.org).

Please Print:		
<b>Name:</b> _____		
(Last)	(First)	(MI)
<b>Address:</b> _____		
<b>City:</b> _____	<b>State:</b> _____	<b>Zip Code:</b> _____
<b>Home Phone:</b> _____	<b>Cell:</b> _____	<b>Work Phone:</b> _____
<b>Email:</b> _____	<b>Language(s) you speak:</b> _____	

**Will you allow your contact information to be shared with other council/advisory members?**

- Yes  
 No

**I am: (fill in all that apply)**

- A patient  
 A family member of a patient  
 Other, please specify: \_\_\_\_\_

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

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

**My care provided at Mercy Hospital of Folsom was primarily: (fill in all that apply)**

- Emergency Room: MM/YY  
 Inpatient: MM/YY  
 Outpatient: MM/YY

**I would be interested in helping to improve: (fill in all that apply)**

- Patient and family satisfaction tools  
 Patient education materials  
 The hospitalization care experience (room, coordination of care, communication, food, etc.)  
 Care systems and facilities for surgical experience  
 Outpatient care experience  
 Care systems and facilities for the emergency care experience  
 Patient Safety and prevention of medical errors  
 Education of medical students, ne employees and other staff about the experience of care, communication and support.  
 Facility design planning and finding way around  
 The coordination of care and the transition to home and community care  
 Issues of special interest (please describe):

*Please be advised that council membership requires a one year minimum commitment.*