



**APPLICATION FORM FOR  
PATIENT AND FAMILY ADVISORS**

*Please print:*

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

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

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

**Home Phone:** (10 digits) \_\_\_\_\_ **Cellular Phone:** \_\_\_\_\_

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

**E-mail Address:** \_\_\_\_\_

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

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

**I am:**  A patient  A family member of a patient

**My care provided at Quincy Medical Center was primarily: (check all that apply)**

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

**The dates of my active care experience at Quincy Medical center include: (check all that apply)**

- 2006 to current year  2004-2005  2002-2003  2001 or before

**Within the past two years, what care services have you or your family member used?**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> AIDS and HIV         | <input type="checkbox"/> Endocrinology/Diabetes | <input type="checkbox"/> Neurology/Cognitive Disorders Clinic |
| <input type="checkbox"/> Autoimmune           | <input type="checkbox"/> Eye                    | <input type="checkbox"/> Orthopedic                           |
| <input type="checkbox"/> Blood and Lymphatic  | <input type="checkbox"/> Gastroenterology/GI    | <input type="checkbox"/> Rehabilitation                       |
| <input type="checkbox"/> Cancer               | <input type="checkbox"/> Intensive Care Unit    | <input type="checkbox"/> Neurology/Cognitive Disorders Clinic |
| <input type="checkbox"/> Cardiology           | <input type="checkbox"/> Infectious Diseases    | <input type="checkbox"/> Surgery                              |
| <input type="checkbox"/> Chest/Pulmonary      | <input type="checkbox"/> Mental Health          | <input type="checkbox"/> Urology                              |
| <input type="checkbox"/> Ear, Nose and Throat | <input type="checkbox"/> Nephrology/Kidney      | <input type="checkbox"/> Other _____                          |

**Why would you like to serve as an advisory?**

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

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- Daytime                       Evening:                       Weekend

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

- Reviewing patient and family satisfaction tools
  - Developing/reviewing education materials.
  - Planning for the hospitalization (inpatient) care experience.
  - Planning for the design of systems of care and facilities for the surgical experience.
  - Planning for the clinic (outpatient or ambulatory) care experience.
  - Planning for the design of systems of care and facilities for the emergency care experience.
  - Ensuring patient safety and the prevention of medical errors.
  - Educating new employees and other staff about the experience of care and effective communication and support.
  - 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)
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**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:**

**What are some specific things that health care professionals did or said that was 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 Quincy medical Center 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:*            Rev. Esther Bowen  
Director of Pastoral Care & Patient Advocate  
114 Whitwell Street  
Quincy, MA 02169