Quincy Medical Center
A STEWARD FAMILY HOSPITAL
Steward

APPLICATION FORM FOR PATIENT AND FAMILY ADVISORS

Please print:

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

Address:_____

City:_____ **Sate**:_____ **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?
☐ AIDS and HIV
☐ Autoimmune
☐ Blood and Lymphatic
☐ Cancer
☐ Cardiology
☐ Chest/Pulmonary
☐ Ear, Nose and Throat
☐ Endocrinology/Diabetes
☐ Eye
☐ Gastroenterology/GI
☐ Intensive Care Unit
☐ Infectious Diseases
☐ Mental Health
☐ Nephrology/Kidney
☐ Neurology/Cognitive Disorders Clinic
☐ Orthopedic
☐ Rehabilitation
☐ Neurology/Cognitive Disorders Clinic
☐ Surgery
☐ Urology
☐ Other _____

Why would you like to serve as an advisory?

_____

_____

_____

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

□ 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)

_____

_____

_____

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