



Grundy County
Memorial Hospital
UnityPoint Health

Patient and Family Advisor Application Form

Name (First and Last): _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home phone: _____ Cell phone: _____ Email address: _____

Preferred contact (circle one): **Home phone** **Cell phone** **Email**

The following questions will help us get to know you better.

1. Are you a...

- ☐ Patient
- ☐ Family member of a patient
- ☐ Neither
- ☐ Volunteer
- ☐ Other: _____

2. Have you been a patient in a hospital before?

- ☐ Yes
- ☐ No

3. What language(s) do you speak? _____

5. 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? (Check one)

☐ Less than 1 hour per month

☐ 3 to 4 hours per month

☐ 1 to 2 hours per month

☐ More than 4 hours per month

6. What time of day would work best for you?

☐ 11:30 a.m. to 1p.m.

☐ 4 to 5:30p.m.

☐ 5 to 6:30p.m.

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

☐ Serve as a member of the patient and family advisory council. Potential advisory council members should be ready to commit to serving on the council for at least 1 year. The advisory council meets approximately 4 times per year.

☐ Help develop or review informational materials for patients and family members.

☐ Help improve patient safety.

☐ Help improve the patient and family role in care decision making.

☐ Help improve the hospital facilities.

☐ Review procedures and provide input to improve overall hospital processes.

☐ Help educate or train hospital staff and clinicians.

☐ Review procedures and provide input to improve transitions in care (for example, between hospital units or discharge from hospital to home).

☐ Other issues (please describe): _____

Please tell us about yourself.

8. Why do you want to become a patient and family advisor?
9. Please briefly describe any experience you may have as an advisor, as an active volunteer, or as a public speaker.
10. Please describe any specific things that doctors or hospital staff did or said while you or your family member were in the hospital that were helpful to you or your family.
11. Please describe any specific things that doctors and hospital staff could have done differently to be more helpful while you or your family member were in the hospital.
12. Our patient and family advisors reflect the diversity of the patients and families we serve. Please share anything about yourself that you think would add to the diversity of our team of advisors.

Save this form and email it as an attachment to jessica.eilers@unitypoint.org.

If you have questions, Jessica can also be reached at 319-824-4132.