

Strategy 1: Working With Patients & Families as Advisors (Tool 3)

Patient and Family Advisor Information Form

Naı	me (First and Last):		
Str	reet Address:		
City:		State:	ZIP Code:
Ho	me phone: Cell phone:		Email address:
Pre	eferred contact (circle one): Home phone Cell phone	e Ema	iil
Th	ne following questions will help us get to	knowy	ou better.
1.	Are you a Patient Family member of a patient		ow do you want to help? I want to: Check all of your interest areas) Serve as a member of the patient and family
2.	When was your care experience at this hospital? (Check all that apply.) 2024 to current year 2023 2022	M	advisory council. Potential advisory council members should be ready to commit to serving on the council for at least 1 to 2 years. The advisory council meets once every 3 month for 1 to 2 hours. Help develop or review informational materials for patients and family members.
3.	☑ 2021☑ 2000 or beforeWhat language(s) do you speak?	×	Help improve patient safety and the prevention of medical errors. Help improve the patient and family role in care decision making.
4.	Which type of surgery was performed for you or your family member: (check all that apply) Knee Replacement Hip Replacement Shoulder Replacement Spine		Help improve the hospital facilities (for example, patient care areas, or family resource room). Help educate or train hospital staff and clinicians. Review procedures and provide input to improve the hospital admission process. Provide input as we implement bedside shift report, where nurses who are going off duty share information with nurses coming on duty at the
5.	 ☑ Other: 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 ☑ 1 to 2 hours per month 		patient's bedside. 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):
6.	 3 to 4 hours per month More than 4 hours per month Are you available to serve as an advisor for at least 1 to		
	2 years? (You can still be an advisor if you answer "no.")		

Yes No



Please tell us about yourself.

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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 o your family member were in the hospital.			
	r patient and family advisors reflect the diversity of the patients and families we serve. Please share anything about urself that you think would add to the diversity of our team of advisors.			
Ple	ase return form to: Sopida Andronaco 16250 Sand Canyon Ave, Irvine, CA 92618 or email sopida.andronaco@hoag.org			