



Patient & Family Advisory Council (PFAC) Application

Vision Statement:

Enhance Lives

Purpose Statement:

To deliver an exceptional patient experience using collaboration between patients, their family members, providers and Nor-Lea Hospital District employees.

Name:

Address:

Home Phone:

Cell Phone:

Email:

Patient's Name (if family member):

Diagnosis:

Department where treatment was received:

Languages Spoken:

Are you willing to share your contact information with other PFAC members?

yes no

I/My family member has/have been treated at Nor-Lea Hospital District since _____(Year)

I am the Parent Spouse Caretaker Patient Other

My child/family member has been treated most often in: (Check all that apply)

Emergency Room Inpatient Department Outpatient Clinics

Other Departments/Clinics (Please list) _____

Please tell us which services your family member has/have used during the last two years.
(Example: Primary Care, Gastroenterology, General Surgery, Rheumatology, Oncology, ER, Outpatient, etc.)

Why are you interested in becoming a Patient Family Advisor?

Do you have experience sharing your hospital experiences?

Have you thought about things you hoped could be improved in your own hospital experience?

Please tell us the easiest time for you to attend meetings.

Morning Lunch Evening

What is the easiest way for you to participate in meetings?

In Person Zoom Teams

Thank you for taking the time to tell us more about your interest in becoming a Patient Family Advisor at Nor-Lea Hospital District. Please send your completed application form to:

Jenny Bridgforth, RN at jenny.bridgforth@nlgh.org

We will reach out to you with more information within two weeks of receiving the application.