

BIDMC Patient/Family Advisor Application

Preferred name

Email

Preferred phone number

_____-_____-_____
###-###-####

Cell phone

Landline

Other phone number (optional)

_____-_____-_____
###-###-####

Cell phone

Landline

Mailing Address

Street or P.O. Box

City

State and zip code

Name and phone number of an emergency contact:

Please check if you are or have been:

a patient at BIDMC

a family member of a patient

both a patient and a family member

Please check if your or your family member's care at BIDMC has included (check all that apply):

- Hospitalization (inpatient)
- Clinic visit (outpatient)
- Surgery
- Emergency Department care
- Other

When was your most recent visit to BIDMC as a patient or family member of a patient?

- Within past 2 years
- More than 2 years ago

Please check all departments in which you have and/or your family member has been a patient at BIDMC :

- Cancer care
- Cardiology / cardiac surgery
- Emergency department
- Gerontology
- GI/Liver
- Intensive Care Unit (ICU)
- Neonatal ICU (NICU)
- Mental Health or psychiatry (outpatient)
- Nephrology / Kidney
- Neurology
- OB/GYN (including childbirth/neonatal care)
- Ophthalmology/Eye clinic
- Orthopedic
- Primary care clinic at BIDMC (Healthcare Associates)
- Psychiatry (inpatient)
- Radiology

- Rehabilitation Services (PT/OT/Speech)
- Surgery
- Transplant
- Urology
- Other

If "other", please specify:

Please tell us why you are interested in being a patient/family advisor:

In what way(s) would you be interested in volunteering? Select all that apply:

- Patient/Family Advisory Council (PFAC)
- Hospital committees
- Focus groups
- Patient information/education feedback
- Healthcare Associates improvement projects
- Staff training/education
- Accessibility for patients/families with disabilities
- Visit with inpatients to collect feedback about their experiences (Advisor Rounding)

In general, when would you be able to travel to BIDMC for meetings or projects?

- Daytime weekdays
- Evening weekdays
- I prefer to participate from home (e-advisor)

Please provide an example of a positive experience you have had at BIDMC:

Please provide an example of something you experienced that could have gone better:

We strive to have a team of advisors who 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:

Please describe any previous volunteer experience you have had:

Do you speak any language(s) other than English?

Please mail form to:

Caroline Moore
Patient/Family Engagement Program, Rose 200
330 Brookline Ave
Boston, MA 02215
