

Application for Patient and Family Advisors

Thank you for your interest in volunteering as a Patient and Family Advisor. Please fill out this brief questionnaire. You may also apply online at bidmc.org/PFAC. If you have any questions or need this application in another form, such as an alternate language, Braille or spoken word, please call 617-667-4608 or e-mail cpmoore@bidmc.harvard.edu. Your application will be reviewed by a selection committee. Placements on advisory councils and hospital committees are based on available openings, a candidate's interests and experience, and the needs of the Medical Center.

Please print:

Name: _____

Address: _____

City: _____

State: Zip code:

Best phone to reach you: () -

Language(s) you speak: _____

Email address: _____

Best ways to contact you:

- ☐ Daytime phone ☐ Evening phone
☐ Cellular phone ☐ Email

We are hoping to find volunteers that reflect the diverse experiences of patients and families who use our hospital and clinics. Please answer the following questions regarding your experience at BIDMC. Within the two years, I am or have been:

- ☐ A patient
- ☐ A family member of a patient
- ☐ Both patient & family member

Within the past two years, what care services have you or your family member used?
(check all that apply)

- ☐ Cancer Care
- ☐ Cardiology/Cardiac Surgery
- ☐ Emergency Department
- ☐ Gerontology
- ☐ GI/Liver
- ☐ Intensive Care Unit (ICU)
- ☐ Mental Health
- ☐ Nephrology/Kidney
- ☐ Neurology
- ☐ OB/GYN/Childbirth/ Neonatal Care
- ☐ Ophthalmology/Eye Unit
- ☐ Orthopedic
- ☐ Primary Care
- ☐ Rehabilitation Services (PT/OT/Speech)
- ☐ Surgery
- ☐ Transplant
- ☐ Urology
- ☐ Other

Within the past two years, my care at the Medical Center included:

- ☐ Hospitalization (inpatient)
- ☐ Clinic visit (outpatient)
- ☐ Both inpatient and outpatient
- ☐ Emergency Department care

Please tell us why are you interested in serving as a patient and family advisor and why you feel you would be a good representative for other patients and families?

[illegible]

Have you previously served at another organization(s) as an advisor, been a volunteer committee member, or sat on a board of directors? ☐ Yes ☐ No

If yes, please describe your experience:

Please note: BIDMC provides parking vouchers and food during mealtimes for meetings at the hospital.

Please return this application to any reception desk,
or mail to:

**Patient and Family Engagement
Beth Israel Deaconess Medical Center
330 Brookline Avenue, Rose - 200
Boston, MA 02215**

If your application matches open slots for advisors, we will contact you for an interview.

If you have any questions about this application or Patient and Family Engagement at BIDMC, please contact the Program Leader at 617-667-4608.

We hope that you will consider being a Patient and family advisor. Please share this with other BIDMC patients and families you know who might like to get involved.

We look forward to partnering with you!

Thank you.