UNION HOSPITAL

Patient & Family Centered Care
Advisory Council Application

Today's Date _____

Name *(Please Print)*_____

Home Address _____

City_____ State_____ Zip_____

Home Phone (_____)_____ Cell Phone (_____)_____

Work Phone (_____)_____ Is it ok to call you at work? ☐ Yes ☐ No

Number to call first: ☐ Home ☐ Cell ☐ work Email Address _____

Are you over the age of 18? ☐ Yes ☐ No

How did you hear about the Patient & Family Centered Care Advisory Council?

☐ Family/Friend ☐ Website ☐ Facebook ☐ Newsletter ☐ Newspaper

☐ Patient Handbook ☐ Hospital employee *(name)* _____

☐ Other (list) _____

Reference

Please give the name of a personal or professional reference that we may contact.

Name_____ Phone Number_____

I understand that:

- I will be required to participate in an interview process for committee selection
- If selected, I am making a three-year commitment to participate on the Advisory Council
- My health care will not be affected by my participation
- I understand that there are a limited number of spots on the Advisory Council and I may not be selected

_____ _____

Signature Date

Thank you for your interest in the Patient & Family Centered Advisory Council. If you have any questions or need additional information, please contact the Public Relations Office at 410-392-7002 or kmckinney@uhcc.com.

Please return forms to:

Public Relations Office
Patient & Family Centered Advisory Council
Union Hospital
106 Bow Street, Elkton, Maryland 21921

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Please tell us about yourself.

To be eligible to serve on the Patient & Family Centered Advisory Council, you or a family member must have been treated at Union Hospital as either an inpatient or received outpatient care.

How are you related to the patient(s) listed below? ☐ Self ☐ Parent ☐ Other ____

	Patient's Name *First* *Last*	**Patient has been cared for at Union:** In the last 3 years?	Times per year
1		☐ Yes ☐ No	☐ 1-2 ☐ 3-5 ☐ > 6
2		☐ Yes ☐ No	☐ 1-2 ☐ 3-5 ☐ > 6
3		☐ Yes ☐ No	☐ 1-2 ☐ 3-5 ☐ > 6
4		☐ Yes ☐ No	☐ 1-2 ☐ 3-5 ☐ > 6
5		☐ Yes ☐ No	☐ 1-2 ☐ 3-5 ☐ > 6

Where have you or your family member been cared for (please check all that apply)

- ☐ Emergency Department
- ☐ Same Day Surgery
- ☐ X-ray (MRI, CT Scan, Ultrasound, etc.)
- ☐ Lab
- ☐ Wound Care Center
- ☐ Diabetes Center
- ☐ Breast Health Center
- ☐ Sleep Disorders Center
- ☐ Infusion Center

Inpatient Units (patient stayed overnight, please check all that apply)

- ☐ Maternal & Infant Center
- ☐ 2 South/Pediatrics
- ☐ Intensive Care Unit
- ☐ Progressive Care Unit
- ☐ Medical/Surgical Unit (2 East or 3 East)

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Why do you want to be a part of the Patient & Family Centered Care Advisory Council ? (please use other side of page if you need more space)