



First Name _____ Last Name _____

Phone Number _____ Email _____

Address (City, State, Zip Code) _____

Emergency Contact _____ Phone _____

Do you speak a foreign language? Yes No

If yes, indicate the language(s): _____

PROGRAM/DEPARTMENT AND SERVICES INVOLVED IN YOUR CARE

Your care was primarily:

- Inpatient
- Outpatient
- Both Inpatient and Outpatient
- Emergency Care
- Other Programs, Departments or Services

Why would you like to serve as an advisor? _____

Issues of special interest to you: _____

If you have served as an advisor for other programs or organizations, please briefly describe this experience:

What is the best way for us to contact you?

- Text
- Email
- Phone

Please specify times when you are available to attend meetings:

- Daytimes Evenings Weekends

I would be interested in helping with:

- Reviewing Patient and Family Satisfaction Tools
- Developing/Reviewing Patient/Family Educational Materials and Website Resources
- Developing and Updating the Hospital's Website
- Planning for the Ambulatory Care
- Planning for the Inpatient Care
- Planning for the Emergency Care Experience
- Ensuring Patient Safety and Prevention of Medical Errors
- Educating Medical Students and Residents, New Employees and Other Staff about the Experience of Care and Effective Communication and Support
- Participating in Facility Design Planning
- Improving the Coordination of Care, Discharge Planning, and the Transition of Home and Community Care
- Developing the Uses for Information Technology, Including Electronic Medical Records, Patient Portals, and Electronic Personal Health Records (EMRs)

Do you know of other individuals and families who have experienced care at Franciscan Healthcare who may be interested in serving as advisors?

If so, please contact them or list their name(s) and phone number(s) below:

Name: _____ Phone or Email: _____

Name: _____ Phone or Email: _____

Name: _____ Phone or Email: _____

**Please return this form to: Sister Joy Rose
430 N. Monitor St.
West Point, NE 68788
E-mail: jrose@franhealth.org**

Thank you!



**Franciscan
Healthcare**
Your health is our passion.

430 N. Monitor Street | West Point, NE 68788-1595 | P: 402.372.2404 | F: 402.372.2360

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