



## Patient & Family Advisory Council Membership Application

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

Languages(s) You Speak: \_\_\_\_\_

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What is your relationship to the patient cared for at Johns Hopkins Bayview Medical Center?  
 I am the patient  Spouse/Significant Other  Parent  Adult Child  Sibling  Other: \_\_\_\_\_

Have you or a family member received care at Johns Hopkins Bayview within the past 2 years?  Yes  No

Please check area(s) where care was received (Please check all that apply):  
 Inpatient  Outpatient  Emergency Department  Other programs, departments, services: \_\_\_\_\_

Would you be able to make a commitment of monthly meetings for the next two years?  Yes  No

Please specify times when you are able to attend meetings (check all that apply):

- Daytime: (8:30 am – 5:00 pm) M-F
- Evening: (5:00 pm – 8:00 pm) M-F
- Weekends: (Saturdays / Sundays)

I would be interested in helping with (check all that apply):

- Reviewing patient & family satisfaction tools/data
- Developing/reviewing patient/family educational materials and website resources
- Creating enhanced patient and family-oriented policies and practices
- Ensuring patient safety and the prevention of medical errors
- Educating new employees and staff about the experiences of care and effective communication/support
- Participating in facility design planning
- Improving the coordination of care, discharge planning, and the transition to home and community care
- Other: \_\_\_\_\_

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1. Why would you like to be a member of the Patient & Family Advisory Council?

2. What opportunity for improvement would you like to see the Patient & Family Advisory Council address?



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3. What special interests or experiences would you like to offer the Council?

4. We believe the Patient & Family Advisory Council should reflect the diversity of the patient population that Johns Hopkins Bayview serves. Please share anything about yourself that you think would add to the diversity of the Council:

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

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Please add any additional comments here: