

**PATIENT AND FAMILY ADVISORY COUNCIL
JOHNS HOPKINS AT GREEN SPRING STATION**



Please Print:

Name: _____
(Last) (First) (MI)

Address: _____

City, State, Zip Code: _____

Home Phone: (10 digits) _____ **Cell Phone:** (10 digits) _____

Work Phone: (10 digits) _____

E-mail Address: _____

Emergency Contact name and phone: _____

Will you allow your contact information to be shared with other committee/advisory council members? Yes No

I am/was: A patient A family member of a patient

Times when you are able to engage in PFAC work: (check all that apply)

Daytime Evening Weekend

I would be interested in helping with (identify all of your interest areas):

- Developing/reviewing educational materials to improve the patient and family experience.
- Planning for the hospitalization (inpatient) care experience for adults.
- Planning for the hospitalization (inpatient) care experience for children.
- Planning for the emergency care experience.
- Planning for the clinic (outpatient and ambulatory) care experience.

- Planning for the oncology care experience.
- Planning the design of systems of care and facilities for the emergency experience.
- Educating staff about the experience of care and effective communication support.
- Participating in facility design planning.
- Improving the coordination of care and the transition to home and community care.
- Issues of special interest (please describe):

Tell us about your or your family's healthcare experience at JHGSS. What would you have improved about this experience? What impressed you about this experience?

Do you know other individuals and/or families who have experienced care at JHGSS who might be interested in serving as advisors? Please call them for us or list their name(s) and phone number(s) here:

Please return this form to:

Patient & Family Advisory Council

***Johns Hopkins at Green Spring
Station***

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