



Patient & Family Advisory Council
Membership Application for 2010

Name: _____

Address: _____

City _____ Zip Code _____

Phone _____ (home) _____ (work) _____ (cell)

E-mail _____

1. Have you or a family member accessed services at Anna Jaques Hospital? (This includes inpatient, outpatient & Emergency Services)

YES NO

If yes, how long ago _____

2. I am: (fill – in all that apply)

- A Patient
- A family member of a patient
- Other, please specify: _____

3. During your stay, were your (or family member) medical needs met?

YES NO

If no, please explain _____

4. Were you (or your family member) shown dignity, respect and compassion during your stay?

YES NO

If no, please explain _____

If you answered no to questions 3 and 4, what are some of the things health care professional's could have done differently to have made your (or your families) stay more favorable?

5. Would you be interested in becoming a member of the Patient Family Advisory Council and sharing your thoughts and ideas with the Council?

YES NO

If yes, as a member of the Patient Family Advisory Council you would have to commit to four evening meetings per year for 1 or 2 years.

Would you be able to make this commitment?

YES NO

IF you answered yes to question 5 please complete the following:

6. Will you allow your contact information to be shared with other committee/advisory council members?

YES

NO

7. I would be interested in discussing and sharing ideas that centered around: (fill-in all that apply)

- Patient educational materials
- The hospitalization (inpatient) care experience (room, coordination of care, communication, food)
- The outpatient surgical experience
- The emergency department experience
- The coordination of care at the time of discharge.
- Other _____

Please return this application and any further information you might like to add to:

Sandra Levin
Director Quality & Patient Safety
Anna Jaques Hospital
25 Highland Ave.
Newburyport, MA 01950

Or email to slevin@ajh.org

Or fax 978-463-1129