



St. Petersburg General Hospital

TOGETHER, PERFORMING AT A HIGHER STANDARD™

Patient and Family Advisors Application Form

Demographics (please print):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

E-Mail: _____

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As a Patient/Family Member you received care primarily:

- Inpatient
- Outpatient
- Both Inpatient and Outpatient
- Emergency Services
- Other

Describe an experience you have had while using Healthcare Services.

Why would you like to be considered for our patient/family advisor council?

Have you previously had an opportunity to serve in the advisor role and if so, please describe your experience?

What are your areas of special interest?



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Please indicate the times you would most likely be able to attend meetings:

- Daytime
- Evening
- Weekend

I/We would be interested in helping in the following areas:

- Inpatient Experience
- Outpatient Experience
- Emergency Experience
- Developing/Reviewing Patient/Family Education Materials
- Developing/Updating the Hospital's Website
- Patient Safety Concerns
- Collaborative Communication with Medical Students and Residents, New Employees, and other Staff about the Patient/Family Experience
- Improving Coordination of Care, Discharge Planning, and Transition to Home and Community Services

Would you recommend other individuals who have Patient/Family experience who might be interested in serving as advisors?

Thank you for considering working to improve our Patient/Family Experience

Please return to
Administration at
St. Petersburg General Hospital

6500 38th Avenue North, St. Petersburg, FL 33710
Phone 727-384-1414