



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?

6500 38th Avenue North, St. Petersburg, FL 33710
 Phone 727-384-1414
 Fax 727-341-4889



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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

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