PeaceHealth Medical Group
PeaceHealth

Patient/Family Advisor Sign-up Form

Would you be a partner with us to deliver excellent medicine and compassionate care every time in every encounter? To reach this goal, we need your ideas, feedback and participation as together we improve the experience of care for our patients and families. We are seeking individuals for a variety of opportunities – both short term and ongoing.

Yes, I would like to volunteer by sharing my experiences, time and ideas. Please contact me so my voice/experience can make a positive difference.

Name: _____ _____ Date: _____

Phone Number: _____ Best time to call: _____

Mailing Address: _____
City Zip

County you live in: ____ _____ May we contact you? Yes

Clinic locations where you receive services? [Check all that apply]
☐ Main Clinic on Willamette ☐ Barger Medical Building ☐ Santa Clara Clinic
☐ Junction City ☐ South Eugene Clinic ☐ RiverBend Pavilion
☐ Hilyard Street Clinic (across from SHMC) ☐Other:_____

I (or my family) receive services from: ☐ Pediatrics ☐ Adult/Family Medicine
☐ Specialty Dept. _____ ☐ Behavioral Health ☐ Other _____

Do you have Internet access from home? ☐ Yes ☐ No

Email address: _____ May we contact you? ☐Yes

☐ I am a patient with a chronic health condition (e.g. diabetes, congestive heart failure, asthma, depression, arthritis).

☐ I am involved in the care of someone who has a chronic health condition.

☐ I am a patient/family member receiving preventative and/or occasional illness care

☐ I was referred by: _____

Please indicate the ways in which you would like to participate as a Patient/Family Advisor:

___ Phone Interview: Share your opinion and respond to survey questions over the telephone.

___ Focus Group: Provide feedback in a group format with other patients/family members.

___ Participate on Committees: Bring the patient/family perspective to committee meetings.

___ Story Sharing: Share your health care experiences with care providers and other patients.

___ Be a partner in making improvements to specific physician and specialist services

_X_ Be a member of a Patient Advisory Council

Please return this form to:

Sheila Miller, Administration
3377 RiverBend Drive
Springfield, OR 97477
(541) 222-6242