



Office of Patient Experience

Patient and Family Engagement Opportunities Application Form

Please tell us about yourself and your family

Contact Information

- I am a CHLA
- Patient
 - Parent
 - Sibling
 - Grandparent
 - Legal Guardian: Relationship to child _____
 - Other _____

First Name _____ Last Name _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Home Number _____ Cell Number _____
 E-Mail Address _____

History at CHLA

- 1) I am a current/past patient / family member at CHLA Yes No
 a. If Yes, I've been seen since: _____ (Year)
 b. If No, I was last seen: _____ (Year)

2) If a family member, please provide the following

CHLA Patient Name/s (First and Last)	Date of Birth	Relationship to Child

- 3) I am an employee at Children's Hospital Los Angeles Yes No
 a. If Yes, what area do you work? _____

4) I am a current volunteer at Children's Hospital Los Angeles Yes No

5) Experience at CHLA (select all that apply)

- Inpatient
- Med/Surg(e.g. 5E,5W, 4/5 Duque, 6E,6W) In Patient Rehab
- CV Acute/CT ICU NICU PICU

Outpatient

- | | |
|------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Adolescent Medicine | <input type="checkbox"/> Allergy & Immunology |
| <input type="checkbox"/> Center for Cancer & Blood Disease | <input type="checkbox"/> Children's Orthopedic Center |
| <input type="checkbox"/> Craniofacial | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Dialysis (PD/Hemo) |
| <input type="checkbox"/> Endocrine/Metabolic | <input type="checkbox"/> Heart Center |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology |
| <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Institute for Developing Mind |
| <input type="checkbox"/> Liver/Small Bowel Transplant | <input type="checkbox"/> Medical Genetics |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Neurosurgery |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Otolaryngology (ENT) |
| <input type="checkbox"/> Pain Team | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Pediatric Surgery | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Pulmonology | <input type="checkbox"/> Rehab (PT/OT/ST) |
| <input type="checkbox"/> Rheumatology | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Urology | <input type="checkbox"/> Wound Care Team |

Satellite Clinics: Encino, South Bay, Valencia, Santa Monica, Arcadia

Emergency Department

AltaMed Clinic @ CHLA

Other Department / Location Name/s: _____

Interest

1) Please tell us what patient and/or family engagement opportunities you are interested in?
(Check all that apply)

- Patient and Family Advisory Council
 - a. In-person and WebEx meetings with Virtual Council participation
- Consejo Asesor para Familias Latinas
 - a. In-person and WebEx meetings
- Virtual Council
 - a. E-mail surveys or feedback: at home, online, typically less than one-hour time commitment per survey or documents



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- CHLA Teen Advisory Council
 - a. For ages 16-24 with in-person and WebEx meetings with email surveys or document feedback
- Center for Healthy Adolescent Transition Family Advisory Council
 - a. In-person and WebEx meetings with email surveys or document feedback
- International Children’s Advisory Network (iCAN) Chapter Engagement
 - a. An opportunity for children, adolescents and families to engage in projects to improve the health and well-being of children.
- Disease/Condition Specific Councils/Committees
 - a. May involve in-person and WebEx meetings with email surveys or document feedback
- NICU Family Advisory Council
- Focus Groups
 - a. Topic Specific and One- time activity
- Serving on a hospital committee as the family representative
 - a. Time commitment varies, in-person and/or WebEx meetings
- Working Group
 - a. Short term hospital committee <12 months, commitment varies, in-person and WebEx meetings possible
- Advocacy and/or Community Outreach
- Participating in a parent to parent support program
- Speaking at events (i.e. leadership committees)
- Improving the hospitalization experience for kids and their families
- Improving the experience in outpatient clinics
- Family Education (improving written or video-based education)
- Staff Education (Bringing the patient/family perspective to CHLA employees and faculty)
- Other projects/ interests, please explain: _____

2) Please share with us some information about why you would like to get involved?



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3) What special experience (professional or personal) would you bring to the council?

Schedule Availability

1) Does your schedule allow you to attend/participate

[] During regular business hours Monday to Friday 8:30-5 pm

[] Morning [] Afternoon

[] In the late afternoon or evening 4:00-8pm

[] Saturday/Sunday

[] In-Person [] WebEx (Virtual) [] Email or Online

Referral Information

1) How did you hear about us?

- [] Website [] CHLA Employee [] CHLA Doctor
[] CHLA Volunteer [] Other _____

2) If recommended by a CHLA Employee, Doctor or Volunteer please provide their name and department _____

Thank you for taking the time to tell us more about your interests. Please return this form to the Office of Patient Experience via mail or Email. You may also call for any questions.

Office of Patient Experience
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