Please tell us about yourself and your family.

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| **Parent/ Guardian Information:** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Street City Zip

Telephone #: **(**\_\_\_**)**\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ and/or **(**\_\_\_**)**\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

 Home Cell

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the Parent Grandparent \_\_\_\_\_\_\_\_Caretaker \_\_\_\_\_\_\_\_Other \_\_\_\_\_\_\_\_

Name of reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Phone

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| **Child Information:** |

Child/Children Name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **History at CHLA** |

1. I have been a patient / family member at CHLA since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Year)
2. Where your child is or has been seen while at CHLA:

Inpatient 🞏 Outpatient 🞏 Emergency 🞏 Other 🞏\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department / Location Name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Interest:** |

1. Please tell us why you are interested in joining the Patient and Family Advisory Council? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please tell us the activities you might be interested in:

\_\_\_\_ Improving the hospitalization experience for kids and their families

\_\_\_\_ Improving the experience in outpatient clinics

\_\_\_\_ On-Line / Web based activities

\_\_\_\_ Participating in a parent to parent support program

\_\_\_\_ Serving on a hospital committee as the family representative

\_\_\_\_ Speaking at events (i.e. leadership committees)

\_\_\_\_ Other projects/ interests, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **General Information / Availability**  |

1. Your availability during the week? (day/times): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is the easiest way for you to participate in meetings:

In person: \_\_\_\_\_\_\_\_\_ Conference Call \_\_\_\_\_\_\_\_\_\_\_ Video chat \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you willing to share your contact information with other members?

Yes\_\_\_ No \_\_\_\_

Thank you for taking the time to tell us more about your interest in the Patient and Family Advisory Council at CHLA. 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**

**4650 Sunset Blvd., MS#174**

**Los Angeles, CA 90027**

**Email: patientrelations@chla.usc.edu**

**Phone: (323) 361-4682**