

Patient and Family Advisory Council

Patient and Family Application Form

Please complete this form to be considered as a patient or family member candidate for the Summa Health System Patient and Family Advisory Council.

All information contained on this form is considered confidential and is intended for the use of the Summa Health System Patient and Family Advisory Council only.

You will be contacted upon receipt of this application form to participate in a phone or in-person interview. If selected all Advisory Council members must participate in the Summa Health System orientation program.

Name: _____

Address: _____

Email: _____

Home Phone: _____ Work Phone: _____

What is best way to contact you and when? _____

Thank you for taking the time to complete this application form. Please write brief but descriptive answers to the following questions in the spaces provided. Please know that this information will be kept confidential.

1. Tell us a little about yourself (i.e., your family, your profession, your hobbies, etc.).

2. Do you recall which Summa Health System departments, including outpatient services or clinics, have served you and your family and approximately when?

3. What are some of the specific things that Summa Health System professionals do/have done to help you and your family?



