

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?

4. What are some things you would like Summa Health System healthcare professionals to do differently to better help patients and families?
5. Representing the diversity of our patient population in our Advisory Council is important to us. Please share anything about yourself that you think would add to the diversity of our council.
6. We would like to make it as easy as possible for you to attend.  
Please let us know what you prefer:
  - a. Day or evening meetings?
  - b. Is there a particular day of the week you prefer?
7. Do you or did you work for Summa Health System or are you related to a Summa Health System employee?
8. Is there anything else you would like to add?

We look forward to hearing from you!

Sincerely,

Patient and Family Advisory Council  
Service Excellence  
Summa Health System  
525 East Market Street  
Akron, OH 44309  
(330) 375-6765  
servexc@summahealth.org

