

Patient and Family Advisor Expression of Interest Form

Name (first and last): _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Preferred contact (circle one): **home phone** **cell phone** **email**

The following questions will help us get to know you better:

1. Are you a...

- Patient
- Family member of a patient

2. When was your care experience at this hospital? (Please specify a year.)

3. What language(s) do you speak? _____

4. What program was you or your family member admitted to?

- Medically complex
- Low Tolerance Long Duration (LTLTD)

5. Which floor(s) provided care for you or your family member? (Check all that apply)

- 2nd floor
- 3rd floor
- 4th floor

6. We recognize that our patient and family advisors have busy lives. How much time are you able to commit to being a patient and family advisor? (Check one)

- Less than 1 hour per month
- 1 to 2 hours per month
- 3 to 4 hours per month
- More than 4 hours per month

7. Are you available to serve as an advisor for at least 1 to 2 years? (You can still be an advisor if you answer 'no'.)

- Yes
- No

Thank you very much for your commitment to patient high quality patient care at Runnymede.

Please hand in your completed form at reception, or send to us by email at patientfamilycouncil@runnymedehc.ca.