



P.O. Box 13.40
Liberal, KS 67901
(620) 624-1651

Tell us more about yourself and your experience

Please tell us why you are interested in joining the Patient/Family Advisory Council?

What are some specific things that health care professionals did or said that was most helpful to you and your family?

What are some specific things that you or your family would like health care professionals to do *differently* in order to be more helpful?

Please describe any other committee experience you have had either in schools, community, churches, etc.



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Patient and Family Advisory Council Application

Please Print

Name: _____
(Last) (First) (MI)

Address: _____

City: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Please list times when you are able to attend meetings:

_____ Daytime _____ Evening _____ Weekend

I am: _____ a patient _____ a family member of a patient

My experience with healthcare has been primarily at _____
(Name of Facility)

If your care has been primarily at Southwest Medical Center, it was in which of the following areas?

_____ Emergency Room
_____ Outpatient Clinic
_____ Inpatient Hospitalization
_____ Rehabilitation
_____ Other: _____
Please Specify

Before participating in the PFAC you will be asked to sign a confidentiality statement and go through PFAC orientation.

Date

Signature