



Patient and Family Advisor Application Form

Name (First and Last): _____

Street Address: _____

City: _____ State: _____

ZIP Code: _____

Home phone: _____ Cell phone: _____

Email address: _____

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. Within which Department of Colorado Plains Medical Center did your care experience occur?

3. When was your care experience at this hospital? (Check all that apply)

- 2015 to current year
- 2014
- 2013
- 2012
- 2011
- Prior to 2011