



A. Applicant Information

Today's Date: _____ Applicant's Name: _____

Applicant is a: Patient Caregiver/Family Member (Patient's Name: _____)

Primary Care Physician/ KU Physician: _____ Clinic: _____

Length of time applicant has been a patient/caregiver at the clinic? _____ Yrs _____ Mos

Gender: Male Female Birthdate (MM-DD-YYYY): _____

Why would this individual be a good candidate for the Patient and Family Advisory Committee?

Mark all statements that best describe the applicant:

- A patient that receives preventive care and occasional illness care
- A caregiver for a patient that primarily receives preventive care and occasional illness care
- A patient that has a chronic health condition
- A caregiver for a patient with a chronic health condition

B. Contact Information

Daytime Phone: _____ Evening Phone: _____

Preferred contact time: _____ Email: _____

Is the applicant informed that someone may be contacting him/her about becoming a member of the Patient and Family Advisory Committee? Yes No

C. Applicant Membership Eligibility Criteria

- | | |
|---|--|
| <ul style="list-style-type: none"> • Attend 3-4 meetings annually • Excellent communication skills • Patient or family member of a patient in the clinic • Collaborate with diverse individuals in a group setting • Understands the importance of asking questions from the patient's perspective • Medical literacy (basic) | <ul style="list-style-type: none"> • Work toward positive outcomes • Willing to do homework and/or research for meetings • Exceptional listener • Empathetic, ethical, strong, and positive character • Informed/educated about issues such as: healthcare harm, over-treatment, costs, and patient safety • Willing to follow a confidentiality agreement |
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No Conflict of Interest with healthcare facility/industry or work of the committee. No spouses or relatives of employees. Not a healthcare 'insider' in order to maintain objectivity.

Applicant or Referring Individual: _____

Please complete and fax /email form to lcunningham2@kumc.edu or fax to 913-588-8421.

Thank you for your referral,
Patient and Family Advisory Committee