



## Application for Patient and Family Advisory Council

Thank you for expressing your desire to share your insights to foster healthier outcomes and positive experiences at Desert Regional Medical Center. As an advisory member, you will meet regularly with healthcare providers, former patients, frontline hospital staff and community leaders to exchange ideas on ways to deliver the best possible care and experience to our patients and our visitors.

**Please print:**

**Name:** \_\_\_\_\_  
(Last) (First) (M)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Mobile Phone:** (\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Language(s) you speak:** \_\_\_\_\_

**Will you allow your contact information to be shared with other advisory council members?**

- Yes  No, I am a:  Patient  Family member of a patient

**Care provided at Desert Regional Medical Center was primarily:** (check all that apply)

- Hospitalization (Inpatient)  Clinic (Outpatient)  
 Emergency Department  
 Inpatient and Outpatient

**Check the box if the dates of your active care experience at Desert Regional Medical Center applies:**

- Within the last year

**Within the past year, what care services have you or your family member used?** (check all that apply)

- Radiology  Gastroenterology / GI  Cardiology / Catheterization Lab  
 Surgery /OR  Laboratory Services  Intensive Care Unit (ICU)  
 Pregnancy / Obstetrics / Labor & Delivery  Clinical Cancer Center  
 Rehabilitation  Neonatal Intensive Care (NICU)  Bariatrics / Diabetes  
 Pediatrics  Skilled Nursing (4 East)  Inpatient hospitalization  
 Orthopedics / Neurosciences  Admitting / Financial Services/ MEP  
 Nutrition Services  Emergency services  Other \_\_\_\_\_

**Why would you like to serve as an advisor?**

**Are you available to attend meetings every other month from 12 p.m. to 1 p.m. on the Desert Regional Medical Center campus?**

- Yes
- No
- If not, what time is most convenient for you? \_\_\_\_\_

**If you have served as an advisor, been an active volunteer committee member, or done public speaking for other programs or organizations, please describe this experience:**

**Please describe some specific things healthcare professionals did or said that were most helpful to you and your loved ones during your hospital, emergency department or outpatient clinic experience.**

**What are some specific things that you or your family would like health care professionals to do *differently* or might consider offering to provide the best possible experience during your visit, stay or treatment?**

***Please return this form to:***

***Kimberly Johnson, Associate Chief Nursing Officer***

***Desert Regional Medical Center, 1150 N. Indian Canyon Dr., P.O. Box 2739, Palm Springs, CA 92263***

***Email: Kimberly11.Johnson@tenethealth.com***