



## Patient and Family Advisory Council Application

*Please tell us about your experience with Calvert Health System and CalvertHealth.*

1. Have you ever been hospitalized at CalvertHealth Medical Center for more than 24 hours?  Yes  No

If your answer is YES, how long was your longest hospitalization? \_\_\_\_\_

2. Have you ever been a caregiver for a patient who was hospitalized at CalvertHealth Medical Center for more than 24 hours?  Yes  No

If your answer is YES, how long was the longest hospital stay of the person you were caring for? \_\_\_\_\_

3. How many times have you or a person you take care of been hospitalized at CalvertHealth in the last three years? \_\_\_\_\_

4. How would you describe your experience at CalvertHealth Medical Center?

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5. What did the hospital do well during your stay or your loved one's stay?

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6. What could the hospital have done better during your stay or your loved one's stay?

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7. What would you like the hospital to learn from your stay or your loved one's stay?

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8. Have you ever been a patient at a hospital outside Calvert?  Yes  No

If yes, where were you a patient? \_\_\_\_\_

9. Have you ever used any outpatient services such as Urgent Care, Same Day Surgery, Endoscopy, Infusion Therapy, Emergency Services or seen a provider with CalvertHealth Medical Group?  Yes  No

10. If yes, which services have you used? \_\_\_\_\_

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11. How would you describe your experiences during your outpatient services? (Please specify which service you are referencing in your answers.) \_\_\_\_\_

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12. What went well during your outpatient experience?

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13. What recommendations would you have for the health system with regard to your outpatient experience?  
If you have more to say, please feel free to use additional pages.

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*Please tell us more about yourself*

1. Please tell us your name and the best ways to reach you.

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Do you volunteer in your community? If so, for which organizations? \_\_\_\_\_

3. Do you feel comfortable working in groups, speaking up and providing input?  Yes  No

4. Is English the language you primarily use when communicating?  Yes  No

If your answer is no, what is your primary language? \_\_\_\_\_

5. We believe the Patient and Family Advisory Council should reflect the diversity of the community we serve.  
In light of this, please share anything about yourself that you think would add to the diversity of the Council.

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6. Are you able to attend meetings at CalvertHealth during weekday evenings?

Yes  No

7. Are you willing to take the necessary immunizations to serve on the Patient Family Advisory Council?

Yes  No

8. Are you willing to sign an agreement promising not to disclose confidential information given to you in your role as a member of the Patient Family Advisory Council?

Yes  No

9. Are you willing to undergo a background check?

Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you!**

**Contact:**

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or

**Mail to:**

CalvertHealth Medical Center

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