

# Patient and Family Advisory Council Interest Form

Thank you for your interest in the Patient & Family Advisory Council. We appreciate your time and your interest in helping us improve patient care.

Because it is important for us to obtain insights from a variety of perspectives, we are asking patients, family members, and others to join the council. Please complete this short questionnaire to help us understand how your background and experiences might fit with the council.

Background Information		Date:
Last Name	First Name	M.I.
Street Address		Apartment/Unit #
City	State	ZIP Code
Phone	Email Address	

**Have you or any of your family members had surgery at Nebraska Spine Hospital?**

Yes

No

**What specific items would you like to see the Patient & Family Advisory Council address?**

**What special interests or experiences would you like to offer to the council?**

**We believe the Patient & Family Advisory Council should be a reflection of the patients and families who are consumers of NSH's services. In light of this, please share anything about yourself that you think would add to our council.**

**Best time for meetings:**      Daytime      Evenings

**Days or times to avoid meetings?**

**Would you be able to make a commitment to attend at least 2 of the meetings (approximately 3 meetings per year)?**

Yes      No

*We do not expect you to have experience working in healthcare; we are interested in your experiences as a consumer of healthcare services.*

**Acknowledgment and Signature**

*I acknowledge that I have provided accurate information to the best of my ability.*

Signature

Date



[NebraskaSpineHospital.com](http://NebraskaSpineHospital.com)

402.572.3000

6901 North 72nd Street

Omaha, Nebraska 68122