ORLANDO HEALTH
Health Central Hospital

10000 West Colonial Drive
Ocoee, FL 34761
407.296.1000

healthcentral.org

Patient and Family Advisory Council Registration

Name: _____

Mailing Address: _____

City: _____ State: _____Zip:_____

Home Telephone: _____ Work Telephone: _____

Cell: _____ E-mail address: _____

Language(s) You Speak_____

Will you allow your contact information to be shared with other advisory council/committee members? Yes No

I am/was a patient_____ I am a family member of a patient _____

Program/Department and Services involved in your care:

Your care was primarily:

- ✓ Inpatient
- ✓ Outpatient
- ✓ Both inpatient and outpatient
- ✓ Emergency Department
- ✓ Other Programs, departments , or services , please list:

What are some specific things that health care professionals did or said that were most helpful to you and your family?

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What are some specific things that you or your family would like health care professionals to do *differently* in order to be more helpful?

Why would you like to serve as an advisor?

Issues of special interest to you:

If you have served as an advisor for other programs or organizations, or if you have been an active volunteer, please briefly describe this experience:

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Have you done public speaking or teaching? If so, please describe:

I/We would be interested in helping with:

❒ Reviewing Patient and Family Satisfaction Tools
❒ Developing/Reviewing Patient/Family Educational Materials
❒ Developing and updating the Hospital's Website
❒ Planning and Improvement for Ambulatory Care
❒ Planning and Improvement for Inpatient Care
❒ Planning and Improvement for Emergency Care
❒ Ensuring Patient Safety and the Prevention of Medical Errors
❒ Educating New Team members about the Experience of Care and Effective Communication and Support
❒ Participating in Facility Design Planning
❒ Improving the Coordination of Care, Discharge Planning, and the Transition to Home and Community Care
❒ Developing the Uses for Information Technology, including Electronic Medical Records, Patient Portals, and Electronic Personal Health Records (ePHR's)
❒ Other Issues of Interest to You (please describe)

Please specify times when you are able to attend meetings:

❒ Daytime: ❒ Evening: ❒ Weekend:

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Do you know of other individuals and families who have experienced care at…….
Who might be interested in serving as advisors?

Please contact them for us or list name(s) and phone number(s) below:

Please return form to:

Patient Advocate
Health Central Hospital
10000 West Colonial Drive
Ocoee, Florida 34786

Att: Bibi Alley- Administration