



Patient and Family Advisor Interest Form

Name (First and Last): _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home phone: _____ Cell phone: _____ Email address: _____

Preferred contact (Check one) Home Phone Cell Phone Email

The following questions will help us get to know you better.

1. Are you a...

Patient

Family member of a patient

2. When and where was your most recent care experience at HSHS?

Dates _____ Hospital _____

3. This committee meets monthly for one and a half hours over lunch. Are you able to commit to monthly meetings for one year?

Yes

No

Please tell us about yourself.

4. Why do you want to become a patient and family advisor?

Please submit below or contact us:

Molly Lauer

Director of Patient Relations

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