

Patient and Family and Advisory Council Application Form

Please send completed form to: Halle Pardun, 257 W St George Ave, Grantsburg, WI 54840

Date: _____ Candidate Name: _____ Phone Number: _____

1. Talk about some of your most memorable experiences in healthcare. This can be an experience as a patient or as a family member.

2. What special interest or skills would you like to offer to the council?

3. Tell me about a time you had a disagreement with someone and how you handled it. This could be related to a co-worker, friend, family member, or others.

4. If you serve on the patient family advisory council, what ideas do you have to bring to the council to improve the patient or family experience based on your experiences in healthcare and the community?

5. What is your availability for meeting times?
