



MEADOWS HEALTH
Patient and Family Advisory Committee (PFAC)
Application Form

Please return form:

By mail: PFAC Attn: Michelle Morgan, One Meadows Parkway, Vidalia, GA 30474

By email: PFAC@meadowsregional.org

Please complete this form to be considered as a patient or family member candidate for the Meadows Health Patient and Family Advisory Committee.

All information contained on this form is considered confidential and is intended for the use of the Meadows Health Patient and Family Advisory Committee only.

You will be contacted upon receipt of this application form to participate in a phone or in-person interview.

Name: _____

Address: _____

Email: _____

Home Phone: _____ **Work Phone:** _____

What is the best way to contact you and when? _____

Thank you for taking the time to complete this application form. Please write a brief but descriptive answers to the following questions in the spaces provided. Please know that this information will be kept confidential.

1. Tell us a little about yourself (i.e., your family, your profession, your hobbies, etc.)
2. Do you recall which Meadows Health office have served you and your family and approximately when?
3. What are some of the specific things that Meadows Health professionals do/have done to help you and your family?
4. What are some things you would like Meadows Health healthcare professionals to do differently to better help patients and families?
5. Representing the diversity of our patient population in our Advisory Committee is important to us. Please share anything about yourself that you think would add to the diversity of our committee.
6. We would like to make it as easy as possible for you to attend. Please let us know what you prefer:
 - a. Day or evening meetings?
 - b. Is there a particular day of the week you prefer?
7. Do you or did you work for Meadows Health or are you related to a Meadows Health employee?
8. Is there anything else you would like to add?