



## PATIENT AND FAMILY ADVISORY COUNCIL APPLICATION

To apply to become a member of our Patient and Family Advisory Council we ask that you to complete this application

<b>Full Name:</b>					
<b>Home Address:</b>					
<b>City/Town &amp; Postal Code:</b>					
<b>Home Phone Number:</b>					
<b>Cell Phone Number:</b>					
<b>Work Phone Number:</b>					
<b>E-mail Address:</b>					
<b>Preferred Method of Contact:</b>					
<b>Please Circle Age Category:</b>	18-30	31-50	51-65	66-75	Over 76

Over the past two years what services have you or your family accessed, please check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Chemotherapy                        | <input type="checkbox"/> Outpatient Services              |
| <input type="checkbox"/> Convalescence Care                  | <input type="checkbox"/> Rehab Services (Physio, OT, etc) |
| <input type="checkbox"/> Diagnostic Imaging (X-ray, CT, etc) | <input type="checkbox"/> Respite Care                     |
| <input type="checkbox"/> Emergency Services                  | <input type="checkbox"/> Surgical Services                |
| <input type="checkbox"/> Hospitalization                     | <input type="checkbox"/> Telemedicine                     |
| <input type="checkbox"/> Labor & Delivery                    | <input type="checkbox"/> Other:                           |
| <input type="checkbox"/> Long Term Care                      |   |

Which best describes you?

- Patient                       Family Member                       Caregiver

Why would you like to serve as member of the Patient & Family Advisory Council?


Topics of special interest to you?


Do you have any previous community involvement experience?

Yes    No   If Yes, please briefly tell us about your experience


According to the Accessibility for Ontarian with Disabilities Act (AODA), do you require any accommodations for a disability?

Yes    No   Please Provide Details.


**Instructions:**

1) Submit application to:

RHC Patient and Family Advisory Council  
Riverside Health Care  
110 Victoria Avenue  
Fort Frances, ON P9A 2B7  
Email: [privacy.officer@rhcf.on.ca](mailto:privacy.officer@rhcf.on.ca)

If e-mailing please put "Patient and Family Advisory Council Application" in the subject line.

2) For more information concerning this application process, please contact QSR & Privacy Coordinator at (807) 274-4847.