PATIENT & FAMILY ADVISOR APPLICATION

Thank you for your interest in becoming a Patient and Family Advisor at Inova. Please complete the information below and return your completed form to us at: *matthew.masakayan@inova.org.*

PERSONAL INFORMATION

Name:_____

First Middle Initial Last Nickname

Address_____

City: _____ **State:** _____ **ZIP:**_____ **DOB (mm/dd/year):** _____

Home Phone: _____ **Work Phone:** _____ **Ext.** _____

E-mail Address: _____ **Cell/Pager:** _____

BACKGROUND

We seek a diverse representation of our patient experiences and ask that you voluntarily self-identify with any of the following: (You do not have to answer these if it makes you uncomfortable)

Gender (male or female): _____ **Age:** _____ **Race:** _____

Ethnicity: _____ **Religion:** _____

Language(s) Spoken:_____

Assistive Needs, if applicable (i.e., Deaf, Blind, etc.): _____

Choose one of the following:

____ I am a patient/former patient
____ I am a family member of a patient/former patient
____ Other: _____

At which Inova facility was your care/your family member's care provided: _____

Date(s) of your care experience: _____

Level of Participation Interest:

____ Monthly Patient & Family Advisory Council Meetings
____ Staff Meetings
____ Lunch & Learn Sessions with Staff
____ Staff Training
____ Patient/Family Representation on Facility Committees (Please specify area of interest:_____)
____ Other: _____

All Inova facilities are tobacco-free environments. Will you be able to comply with this policy? ____Yes ____No

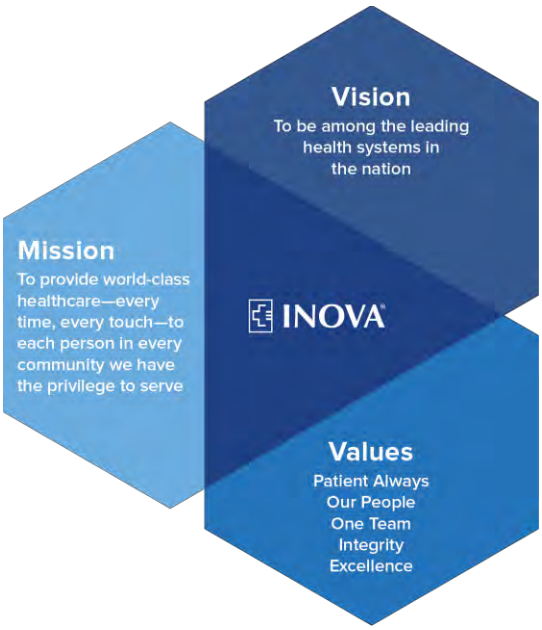
EMERGENCY CONTACT

Name: _____ **Relationship:** _____

First Last

Home Phone#: _____ **Work Phone #:** _____ **Cell #:** _____

INOVA MISSION, VISION & VALUES



Inova is Northern Virginia's leading nonprofit healthcare provider. Our mission is to provide world-class healthcare – every time, every touch – to each person in every community we have the privilege to serve. Inova's 20,000 team members serve more than 2 million individuals annually through an integrated network of hospitals, primary and specialty care practices, emergency and urgent care centers, outpatient services and destination institutes.

Inova's five hospitals are consistently recognized by the Centers for Medicare and Medicaid Services (CMS), U.S. News & World Report Best Hospitals and Leapfrog Hospital Safety Grades for excellence in healthcare.

Inova is home to Northern Virginia's only Level 1 Trauma Center and Level 4 Neonatal Intensive Care Unit. Its hospitals have a total of 1,936 licensed beds. More information and statistics about Inova can be found at www.inova.org.

SIGNATURE

I confirm that the above information is truthful and provided freely.

Signature: _____ **Date:** _____