



1600 N. Second | Clinton, MO 64735  
660.885.5511 | gvmh.org

## Patient and Family Advisory Council Application

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please check your preferred method of contact:

- Email                       Cell phone – Is it okay to send a text? Yes  No   
 Home phone               Work phone

When is the best time to reach you by phone? \_\_\_\_\_

Have you or a family member been hospitalized at Golden Valley Memorial Healthcare?

Yes  No

Have you used outpatient services at Golden Valley Memorial Healthcare? Yes  No

Which services or clinics were utilized? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why would you like to serve on the Patient and Family Advisory Council? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What concerns would you like to see the Patient and Family Advisory Council address? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What special interests or experiences would you like to offer to the Patient and Family Advisory Council? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





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Golden Valley Memorial Healthcare believes incorporating diversity and inclusion within the Patient and Family Advisory Council is an important aspect in understanding the experiences of the community we serve. Please share anything about yourself that you think would add to the diversity of the council.

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**Thank you for your interest in serving on the Patient and Family Advisory Council.**

