

UCLA Medical Center, Santa Monica
Patient Advisory Program
Membership Application

UCLA Medical Center, Santa Monica Patient Advisors play an important role in our commitment to deliver compassionate patient care. As a patient advisor, you will be the voice of other patients and families by providing insight and constructive feedback on how we can better serve our patients.

Please complete this form so that we may identify appropriate opportunities for you to help. We will be in touch shortly regarding next steps, which may include an informal interview.

Please PRINT all information clearly.

1. Name: _____
Address: _____
City/State/Zip Code: _____

2. Contact Information:
Primary Contact Number: _____ - _____ - _____
Email Address: _____
a. Best Way to Contact You: Phone E-mail

3. When is the best time for you to attend meetings (if necessary)? Please choose all that apply.
 Weekday Mornings Weekday Nights
 Weekdays at Noon I am flexible

4. Languages Spoken: _____

5. Have you or your family member been seen at UCLA in the past year? Yes No

6. What department(s) provided care for you or your family member?

<input type="checkbox"/> Cardiology	<input type="checkbox"/> Obstetrics & Gynecology
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Oncology
<input type="checkbox"/> General/Family Medicine	<input type="checkbox"/> Orthopaedics
<input type="checkbox"/> General Surgery	<input type="checkbox"/> Palliative Care
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Interventional Radiology	<input type="checkbox"/> Other: _____
<input type="checkbox"/> NICU	

7. You are a:

- Current patient
- Past patient

- Family Member of current patient
- Family Member of past patient

a. If a family member, you are the patient's:

- Spouse/Significant Other
- Parent
- Daughter/Son
- Other relationship: _____

- Sibling
- Grandparent
- Grandchild

8. Where have you or your family member received care? Please choose all that apply.

- Westwood Emergency Department
- Ronald Reagan UCLA Medical Center
- UCLA Community Physicians' Offices
- UCLA Outpatient Surgery Center

- Santa Monica Emergency Department
- UCLA Medical Center, Santa Monica
- Resnick Neuropsychiatric Hospital
- Mattel Children's Hospital UCLA

9. Why would you like to be a patient advisor?

Please check which group(s) you would like to be involved in.

- Patient Family Advisory Council (PFAC):** Meet with other patients, family members, and hospital staff to discuss ways to improve patient care for specific clinical areas.
(2-5 hours per month; monthly meetings held at night)
- UCLA Health Committee Member:** Help address topics such as patient education, quality-of-care, policy review, and patient satisfaction.
(Times vary based on availability; 2-20 hours per month; meetings typically held during the day)
- E-advisor:** Answer electronic surveys to provide feedback about UCLA Health services.
(15 minutes per survey)
- I would like to help but am not sure what would be best.**

Applicant's Signature _____ **Date** _____

Please return the completed application to:

Executive Administration
UCLA Medical Center, Santa Monica
1250 16th Street Suite G140
Santa Monica, CA 90404

Or Email: smhpfac@mednet.ucla.edu

For questions or comments, please contact smhpfac@mednet.ucla.edu.