

Family Advisor Application



Family Advisor Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address

City State ZIP Code

Date of Birth: _____ Phone: _____ Email: _____

Email: _____

Work Place: _____

I am: Mother Father Other: _____

Patient Information

Patient's Name: _____ Patient's Date of Birth: _____

Diagnosis: _____

Select the places that have cared for your child while at Children's Health SM : (Check all that apply)	Number of Visits in the Last Year: (Please circle)
<input type="checkbox"/> Emergency Department <input type="checkbox"/> Dallas <input type="checkbox"/> Plano	1-2 3-5 >5
<input type="checkbox"/> Inpatient Unit <input type="checkbox"/> Dallas <input type="checkbox"/> Plano <input type="checkbox"/> Our Children's House	1-2 3-5 >5
<input type="checkbox"/> Intensive Care Unit <input type="checkbox"/> Dallas <input type="checkbox"/> Plano	1-2 3-5 >5
<input type="checkbox"/> Ambulatory (Outpatient) <input type="checkbox"/> Dallas <input type="checkbox"/> Plano <input type="checkbox"/> Cityville	1-2 3-5 >5
<input type="checkbox"/> Day Surgery <input type="checkbox"/> Dallas <input type="checkbox"/> Plano	1-2 3-5 >5
<input type="checkbox"/> Other: _____	

Select the special services that have cared for your child in the past two years: (Check all that apply)

<input type="checkbox"/> Adolescent/Young Adult	<input type="checkbox"/> Fetal/Neonatal Center	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Plastics & Craniofacial
<input type="checkbox"/> Allergy	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Neurology	<input type="checkbox"/> Psychiatry/Psychology
<input type="checkbox"/> ARCH (At Risk Children) Center	<input type="checkbox"/> Gastroenterology (GI)	<input type="checkbox"/> Neurosurgery	<input type="checkbox"/> Pulmonology (Lungs)
<input type="checkbox"/> Autism & Development	<input type="checkbox"/> Genetics	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Physical Med/Rehab
<input type="checkbox"/> Cancer & Blood Disorders	<input type="checkbox"/> Genecis	<input type="checkbox"/> Ophthalmology (Eye)	<input type="checkbox"/> Radiology (Imaging)
<input type="checkbox"/> Complex Care	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Orthopedics/Sports	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Cardiology/Heart Center	<input type="checkbox"/> Home Care	<input type="checkbox"/> Pain	<input type="checkbox"/> Sleep Center
<input type="checkbox"/> Ear, Nose, & Throat (ENT)	<input type="checkbox"/> Lab Services	<input type="checkbox"/> Physical Med/Rehab	<input type="checkbox"/> Urology
Other: _____			

Ways to Get Involved

How would you like to partner with Children's Health? (Check all that apply)

- Serve on a Department/Clinical Program Council (Please list council name, if known) _____
- Serve on a Hospital Council: (Please list council name, if known) _____
- Be a family mentor (one-on-one support for other families)
- Work on a one-time project or short-term projects
- Review new materials via email

When are you available? (Check all that apply)

Days of the week:

- Monday – Friday (Weekdays) Saturday – Sunday (Weekends) Other: _____

Available times:

- 9 a.m. – 12 p.m. (Morning) 1 p.m. – 4 p.m. (Afternoon) 5 p.m. – 8 p.m. (Evening) Other:

Tell us why you would like to be a family advisor at Children's Health. _____

We believe that the Family Advisory Network should be made up of many different types of people. Please tell us how your background and experiences can help add to the diversity of this group.

References

Please provide the name of one physician who is on the medical staff at a Children's Health facility who has cared for your child, and one person that is not related to you for a reference.

Physician's Name

Department/Service at Children's Health

Name of Reference

Relation to you (Friend, co-worker, boss)

Phone Number or Email

Next Steps & Signature

Next steps: We will review your application. We may also ask to schedule a short phone interview. If selected, you will be required to complete a background screening, training, and immunization checks (if needed) before starting in your role as a family advisor.

Signature

Date

