



## Patient and Family Advisory Board (PFAB) Membership Application

|                                                                                        |                              |                              |                            |
|----------------------------------------------------------------------------------------|------------------------------|------------------------------|----------------------------|
| <b>Full name:</b>                                                                      | Click here to enter name.    |                              |                            |
| <b>Street address:</b>                                                                 | Click here to enter address. | <b>City, state, and zip:</b> | Click here to enter text.  |
| <b>Home phone:</b>                                                                     | Click here to enter phone.   | <b>Cell:</b>                 | Click here to enter phone. |
| <b>Email:</b>                                                                          | Click here to enter email.   |                              |                            |
| <b>Main UI Health Care provider/service:</b>                                           | Click here to enter text.    |                              |                            |
| <b>Number of clinic visits and stays at UI Hospitals and Clinics in the past year:</b> | Click here to enter text.    |                              |                            |

### 1. Why would you like to serve on the University of Iowa Hospitals and Clinics PFAB?

Click here to enter text.

### 2. Please list the clinics and/or hospital areas where you or your family member(s) have received care:

- |                                                                |                                               |
|----------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Emergency service                     | <input type="checkbox"/> Outpatient clinics   |
| <input type="checkbox"/> Inpatient units                       | <input type="checkbox"/> Intensive care units |
| <input type="checkbox"/> Radiology                             | <input type="checkbox"/> Surgery              |
| <input type="checkbox"/> Other (Please enter in the box below) |                                               |

Click here to enter text.

### 3. Please write about the medical condition(s) and/or procedure(s) you or your family member(s) have faced:

Click here to enter text.



4. The overall patient experience involves every single point of contact within the hospital and beyond. Making sure each encounter is professional, compassionate, empathetic, and beyond expectations by working together to build a positive patient experience.

Based on this:

**Please write about a time you or your family member(s) experienced an ideal patient experience:**

Click here to enter text.

**Please write about a time you or your family member(s) experienced a less than ideal patient experience:**

Click here to enter text.

5. **What are some of the things health care professionals at UI Hospitals and Clinics have done to help you and your family?**

Click here to enter text.

6. **What are some of the things health care professionals could do differently to better help in you or your family member's care?**

Click here to enter text.

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**Choosing to serve on the UI Hospitals and Clinics PFAB means you agree to:**

1. Talk openly with other patients and hospital staff about how to make the hospital experience better for all patients and families.
2. Actively take part in council meetings, projects, and activities with other members and guests in a meaningful and respectful way.
3. Show compassionate interpersonal skills, such as:
  - Actively listening to others
  - Sharing your ideas in a positive way
  - Working with families and hospital staff whose own perspective, background experiences, and styles are likely very different from your own
4. Support the hospital's mission of excellence in patient care, education, and research.
5. Go to at least 5 meetings each year.



Click here to sign.

Click here to enter date.

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**Electronic signature**

**Date**

Please send this form by:

- Email to [uihc-pfab@uiowa.edu](mailto:uihc-pfab@uiowa.edu)
- Mail to Josh Paxton, Program Coordinator, Patient and Family Advisory Board  
200 Hawkins Drive, CC102-C GH  
Iowa City, Iowa 52242

If you have questions, please email or call 319-356-1802.

We will email you about the status of your application. If you are asked to interview, we will schedule a time to talk with you about your application and interest in serving on the PFAB.