



# WhidbeyHealth

## Patient and Family Advisory Council (PFAC) Application

Please tell us about your experience at WhidbeyHealth Medical Center or its clinics.

1. In your experience what did we do well?

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2. What could we have done better?

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3. What would you like the hospital to learn from your experience with our care?

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If you have more to say, please feel free to use additional space.

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**Please tell us more about you**



1. List your name and the best way for us to reach you.

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

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

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

Phone: \_\_\_\_\_

2. Do you volunteer in your community? If so, for which organizations?

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

3. Do you feel comfortable working in groups, speaking up and providing input? \_\_\_\_\_

4. Are you able to attend meetings at WhidbeyHealth Medical Center? \_\_\_\_\_

During the week? Yes No

In the early evening? Yes No

5. Are you willing to sign an agreement promising not to disclose confidential information given to you in your role as a member of the Patient Family Advisory Council? Yes No

8. Are you willing to undergo a background check? Yes No

9. Please tell us how many times in the last three years you or a family member you accompanied came to the hospital. If none please indicate '0' and estimate as needed.

- Emergency Department \_\_\_\_\_
- Diagnostic Services (Lab, Radiology) \_\_\_\_\_
- Medical Ambulatory Clinic/MAC \_\_\_\_\_
- Ambulatory Surgery \_\_\_\_\_
- Admission to the Hospital \_\_\_\_\_
- Other (Please Specify) \_\_\_\_\_

**Thank you for your interest in the Patient and Family Advisory Council!**

Mail Application To:  
Patient and Family Advisory Council  
c/o Administration Office  
WhidbeyHealth Medical Center  
101 N. Main Street, Coupeville, WA 98239  
For questions, email [advisorycouncil@whidbeyhealth.org](mailto:advisorycouncil@whidbeyhealth.org).