





4. As a community hospital, are there focus areas that can be addressed in order to provide better care to patients and families?

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5. Which of the following programs/departments or services were involved in your care process at \_\_\_\_\_ Hospital?

- Stayed overnight at the hospital (Admitted to the hospital ~Inpatient)
- Visited a department (Radiology for X-rays; Lab for taking blood; Exercise at Physical Therapy or Rehab; Same Day Surgery ~Outpatient)
- Services provided both as an overnight patient or a visiting patient
- Emergency care visiting our Emergency Department
- Other programs, departments or services \_\_\_\_\_

6. Are you active in or have you served as an advisor with other community organizations such as schools, churches or volunteer groups? If so, please share the names of the local groups.

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7. Would you be comfortable participating in a group where there could be suggestions or complaints about the hospital?

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Before participating in the PFAC, an orientation will be provided and you will be asked to sign a confidentiality agreement.

Signature

Date

*Thank you for taking the time to complete this application. Please return this completed form to:*

[AHNpfac@AHN.ORG](mailto:AHNpfac@AHN.ORG)