

Questions? Ask us! Call 505-925-0016 or email PFAC@salud.unm.edu — We will call or email you back as soon as possible.

Application for University of New Mexico Hospital (UNMH) and Clinics

ALL QUESTIONS ARE REQUIRED.

Contact Information

Today's Date: _____ Full Name: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

What is the best way to reach you? Phone Email

About You

Is English your first language? YES NO

Are you 18 years old or over? YES NO

Are you currently employed by UNMH, UNM Medical Group, or UNM Health Sciences? YES NO

Do you feel comfortable working in groups, speaking up, and sharing your ideas? YES NO

Do you currently volunteer or have you volunteered in your community or been on a committee in the past? YES NO

If yes, tell us about the experience and organizations:

Have you been part of any UNMH and clinics volunteer program or committee? YES NO

If yes, please tell us what program and when:

Please tell us why you want to join the Patient and Family Advisory Committee (PFAC) at UNMH

Why do you want to be a member of the PFAC at UNMH?

Questions? Ask us! Call 505-925-0016 or email PFAC@salud.unm.edu — We will call or email you back as soon as possible.

Tell us something about yourself to help us get to know you better.

How did you find out about PFAC? Select all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> UNM Hospital Website | <input type="checkbox"/> Posted Flyer | <input type="checkbox"/> Family/friend Referral |
| <input type="checkbox"/> Word-of-mouth | <input type="checkbox"/> Internet Search | <input type="checkbox"/> Other: _____ |

Your Patient Experience

Have you or a loved one been cared for at UNMH or clinics in the last 3 years?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Are you a (select all that apply to you)?:

- | | |
|---|---|
| <input type="checkbox"/> Patient | <input type="checkbox"/> Caregiver of a patient |
| <input type="checkbox"/> Family member of a patient | <input type="checkbox"/> Other: _____ |

Have you or a loved one ever had a hospital stay at UNMH for more than 24 hours?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

How many times have you or a person in your care had a hospital stay at UNMH in the last 3 years? _____

Which hospital or clinic location(s) did you or a family member get care? Select all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> UNM Hospital Main | <input type="checkbox"/> Primary Care Clinics | <input type="checkbox"/> Sandoval Regional Medical Center |
| <input type="checkbox"/> UNM Children's Hospital | <input type="checkbox"/> Truman Health Services | <input type="checkbox"/> Sports Medicine & Outpatient Rehabilitation |
| <input type="checkbox"/> Carrie Tingley Hospital | <input type="checkbox"/> Eye Clinic | <input type="checkbox"/> Women's Health Clinics (OB/GYN and Family Planning) |
| <input type="checkbox"/> Other: _____ | | |

How would you describe your care experience at UNMH and clinics?

Questions? Ask us! Call 505-925-0016 or email PFAC@salud.unm.edu — We will call or email you back as soon as possible.

What did UNMH or clinics do well during your stay or loved one's stay?

What could we have done differently?

What would you like UNMH to learn from your care experience?

Eligibility Questions

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are you able to attend UNMH Patient and Family Advisory Committee meetings during weekday afternoons for 2 hours?
<input type="checkbox"/>	<input type="checkbox"/>	Are you willing to get the needed immunizations to be part of the UNMH Patient and Family Advisory Committee? This includes flu (influenza), chicken pox and measles, mumps and rubella (MMR).
<input type="checkbox"/>	<input type="checkbox"/>	Are you willing to sign an agreement to promise not to share confidential information given to you as a member of the UNMH Patient and Family Advisory Committee?
<input type="checkbox"/>	<input type="checkbox"/>	Are you willing to go through a background check?

