

Patient and/or Family Partner Application Form

Name (first and last) _____

Home Address _____

City _____

Province _____

Postal Code _____

Home # _____

Cell # _____

Email _____

Preferred Contact (check one)

Home Phone

Cell Phone

Email

Please answer these questions so we can get to know you better.

1. I am...

- A patient who has had care at St. Thomas Elgin General Hospital
- A family member of a patient at St. Thomas Elgin General Hospital
- Other: _____

2. I would like to commit to:

- Less than 1 hour per month
- 1-2 hours per month
- 3-4 hours per month
- More than 4 hours per month

3. I would like to:

- Participate in discussion groups
- Review or help create the materials given to patients
- Sit on working groups to improve specific services
- Provide feedback by telephone or e-mail
- Other: _____

4. My most recent experience(s) was with:

- Acute Medicine (4th and 5th floor)
- Surgical Services (2nd floor)
- Women's and Children's
- Cardiac and Intensive Care Unit
- Ambulatory Care
- Chemotherapy
- Complex Continuing Care
- Integrated Stroke Unit
- Diagnostic Imaging (X-Ray, Ultrasound, Mammograms)
- Mental Health

Please tell us about your skills and experiences that make you suitable for this role.

When you have completed this form, please print and return to the Patient Experience Office

Patient Experience
St. Thomas Elgin General Hospital
189 Elm Street
St. Thomas, Ontario
Canada N5R 5C4
patientexperience@stegh.on.ca
519-631-2030 ext 2184

Upon receiving your application, the Patient Experience Office will contact you within five (5) business days.