



Patient and Family Advisory Council - Application Form

Name _____

Address _____ City _____

Postal Code _____ Province _____

Phone _____ E-mail _____



In the last two years, did a family member, a loved one or yourself use the services provided at Hawkesbury and District General Hospital?

Yes

No

What services did you or your loved one receive at Hawkesbury and District General Hospital?

Emergency Room

Clinic Visit

Surgery

Childbirth

Hospital stay

Rehabilitation

Diagnostic Imaging

Other (please specify) _____

Why do you want to become a Patient and Family Advisor at HGH?

What do you think you could contribute as a Patient and Family Advisor?

Application, questions or requests for more information can be directed to:

Patient Relations - Department of Quality and Risk Management

Hawkesbury and District General Hospital

1111 Ghislain Street

Hawkesbury, Ontario K6A 3E5

patientrelations@hgh.ca

613-632-1111, extension 62050