



An Avera Partner

PATIENT AND FAMILY ENGAGEMENT APPLICATION

Date: _____ Name: _____

Mailing Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

1. Have you received care at Lakes Regional Healthcare? Yes No

2. Do you volunteer in your community?

Yes No

If yes, for which organization(s)? _____

3. Why would you like to be on Patient and Family Engagement?

4. What special interests or experiences do you feel you could offer to Patient and Family Engagement?

5. What is your preferred way of receiving communication about Patient and Family Engagement?

Email Regular Mail

6. Do you have any special needs we should be aware of?

Yes No

If yes, please elaborate: _____

7. Are you willing to take the necessary immunizations to serve on Patient and Family Engagement?

Yes No