



Patient & Family Advisor Application

Name (First and Last): _____

Email: _____

Phone: _____

City of Residence: _____

Have you or any of your family members been a patient at Kiowa District Healthcare, whether it was the hospital, clinic, emergency services, radiology, physical therapy, behavioral health, or Manor?

Yes

No

Please briefly describe you or your family member's experience at Kiowa District Healthcare and why you are interested in joining the council:

Are there any other specific concerns you would like to see this group discuss?

Are you able to attend meetings every other month at Kiowa District Hospital during weekdays (time will be discussed; meal will be provided)?

Yes

No

Please return form to Macie Malone located in the business office at Kiowa District Hospital, or scan and email to mmalone@k-d-h.com.