



APPLICATION FOR RAINY LAKE MEDICAL CENTER PATIENT & FAMILY ADVISORY COUNCIL PROGRAM

If you are interested in joining the program, please complete this application and mail it to: Laurie Whitfield-Trautlein, Rainy Lake Medical Center, 1400 Highway 71, International Falls, MN 56649

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

I am a: Patient Family Member

Have you or a family member received care at Rainy Lake Medical Center within the past year? Yes No

If yes, please check all areas where care was received:

Hospital Clinic Lab Emergency Room Imaging

Please answer the questions below as completely as possible.

1. Tell us why you are interested in joining the Rainy Lake Medical Center Patient & Family Advisory Council Program.

2. Are there specific ideas or concerns that you would like to see addressed by the Patient & Family Advisory Council Program?

APPLICATION FOR RAINY LAKE MEDICAL CENTER PATIENT & FAMILY PARTNER PROGRAM CONTINUED

3. We believe the Patient & Family Advisory Council Program should reflect the diversity of the patient population at Rainy Lake Medical Center. Please share any qualities or experiences you could bring to the program.

4. Do you participate on other community committees or councils? Yes No

If yes, which ones?

5. Is there anything else you would like us to know?

Thank You,

If you would like more information on becoming a member of the Rainy Lake Medical Center Patient & Family Advisory Council Program, please call **Laurie Whitfield-Trautlein, 218-283-5427**.