



# UnityPoint Health

## St. Luke's

### APPLICATION FOR PATIENT FAMILY COUNCIL

Please type or print:

**Name:** \_\_\_\_\_  
(Last) (First) (MI)

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Home Phone: (10 digits)** \_\_\_\_\_ **Cell Phone: (10 digits)** \_\_\_\_\_

**Work Phone: (10 digits)** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Emergency Contact name and phone:** \_\_\_\_\_

**Language(s) you speak:** \_\_\_\_\_

**Will you allow your contact information to be shared with other committee/council members?** Yes  No

**I am/was:** a patient  a family member of a patient

**My care is/was provided by** \_\_\_\_\_ (check all that apply) (Department/Doctor)

- |                                                                                   |                                                                   |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Hospitalization (inpatient)                              | <input type="checkbox"/> Emergency Department                     |
| <input type="checkbox"/> Clinic visit (outpatient)                                | <input type="checkbox"/> Lab, Radiology, Infusion Center          |
| <input type="checkbox"/> Both inpatient and outpatient                            | <input type="checkbox"/> Other programs, departments, or services |
| <input type="checkbox"/> Rehab (Physical Therapy, Occupational Medicine, Cardiac) |                                                                   |

**The dates of my active care experience at UnityPoint Health – St. Luke's include:** (check all that apply)

- Within the past 5 years     More than 5 years ago     More than 10 years ago

**Why would you like to serve as a council member?**

**If you have served as a council member, been an active volunteer committee member, or done public speaking for other programs or organizations, please briefly describe this experience:**

**Tell us about your or your family's healthcare experience at UnityPoint Health – St. Luke's. What would you have improved about this experience? What impressed you about this experience?**

**Is there anything you would like us to know?**

**Do you know other individuals and/or families who have experienced care at UnityPoint Health – St. Luke's who might be interested in serving as a committee member? Please call them for us or list their name(s) and phone number(s) here:**

Please return this form to:

*Tamara Graves*

*UnityPoint Health St. Luke's*

2720 Stone Park Blvd.

Sioux City, IA. 51104

[Tamara.graves@unitypoint.org](mailto:Tamara.graves@unitypoint.org)

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