



## Oregon Medical Group Patient/Family Advisor Interest Form

I am interested in volunteering my time to share my experiences and ideas. Please contact me so my voice/experience can make a positive difference.

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Best time to call (morning/afternoon/evening): \_\_\_\_\_

Email address: \_\_\_\_\_

If referred by a doctor/care team member to be involved in the patient/family advisory program, please provide their name: \_\_\_\_\_

I am: ('X' all that apply)

\_\_\_ A patient that receives care at OMG

\_\_\_ A family member of a patient that receives care at OMG

### Clinic locations where you or your family member receive services:

\_\_\_ Garden Way Medical Clinic

\_\_\_ Southtowne Family Medicine

\_\_\_ Westmoreland Family Medicine

\_\_\_ West Eugene Medical Clinic

\_\_\_ Adult Medicine – Country Club Road

\_\_\_ Valley Children's Clinic

\_\_\_ Crescent Family Medicine & Pediatrics

\_\_\_ Gateway Clinic (Derm, GI)

\_\_\_ OMG ENT

\_\_\_ OMG Orthopedics

\_\_\_ OMG General and Vascular Surgery

\_\_\_ Center for Women's Health

\_\_\_ OMG Neurology

### I (or my family) receive services from:

\_\_\_ Pediatrics

\_\_\_ Adult/Family Medicine

\_\_\_ Specialty Department

\_\_\_ Other

### Please indicate the ways in which you would like to participate as a Patient/Family Advisor: (select all that apply)

\_\_\_ **Focus Groups:** Provide feedback in a group format with other patients/family members. Usually a one-time or intermittent commitment with a changing group of advisors.

\_\_\_ **Participate on Committees:** Bring the patient/family perspective to committee meetings.

\_\_\_ **Story Sharing:** Share your health care experiences with care providers and other patients.

\_\_\_ **Short Term Projects:** Be a partner in making improvements to specific physician and specialist services.

\_\_\_ **E-Advisors:** Be part of an e-mail group where you will be asked to fill out surveys and review materials online.

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**What is your time availability in getting involved as a Patient and Family Advisor, and when could you begin? (weekly, monthly, only on weekends, evenings, mornings, etc.)**

**Please provide a few examples of what has gone well during your (or your family's) care experiences at OMG (communications, medical procedures, support services, lab, etc...)**

**Please provide a few examples of what you feel could have been better during your care experiences at OMG (communications, medical procedures, support services, lab, etc...)**

**If there is one thing that you could change about your care experience at OMG, what would it be?**

**Any additional feedback or topics of interest:**

Thank you for your time and interest in improving the overall care at Oregon Medical Group!  
Please send your completed form to:

**Oregon Medical Group – Southtowne Medical Clinic  
Attention: Amy Woodcook  
1835 Pearl Street  
Eugene, OR 97401**