Driscoll Children's Hospital

Family Advisory Board Application

Thank you for your interest in becoming a member of the Family advisory Board (FAB). This information is received in the strictest confidence. We are parents too!

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1 **Name:** _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Do you work? ☐ No ☐ Yes If yes, name of employer: _____

2 **How did you hear about us?**

- ☐ Brochure
- ☐ Direct Mail
- ☐ FAB member
- ☐ Fellow Parent
- ☐ Social Media
- ☐ Staff member
- ☐ Website
- ☐ Other: _____

3 **Please briefly describe your child's medical history:**

_____

_____

_____

_____

4 **Why are you interested in becoming more involved with Driscoll?**

_____

_____

_____

_____

5 **Which parts of Driscoll Health System are you familiar with:**

- ☐ **Hospital** - How many days has your child spent in the hospital? _____
- ☐ **Clinic** - How many times has your child visited one of our clinics? _____
- ☐ **Quick Care** - How many times has your child visited the Quick Care? _____
- ☐ **Emergency Department** - How many times has your child visited the Emergency Department? _____

6 **Which departments or units are you familiar with?**

- ☐ Behavioral
- ☐ Cardiology
- ☐ Dermatology
- ☐ Dialysis
- ☐ Ear/Nose/Throat
- ☐ Emergency
- ☐ Endo/Diabetes
- ☐ Gastroenterology
- ☐ In-patient unit
- ☐ Nephrology
- ☐ Neurology
- ☐ NICU
- ☐ Oncology
- ☐ Orthopedics
- ☐ PICU
- ☐ Pulmonology
- ☐ Rehab (PT/OT/ST)
- ☐ Rheumatology
- ☐ Sports Medicine
- ☐ Surgery or Plastics Clinic
- ☐ Transplant
- ☐ Urgent Care
- ☐ Urology
- ☐ Other: _____

7 **Council members on FAB collaborate with hospital staff on a regular basis. Please explain why you think parents and staff working together is beneficial.**

8 **If you could wave your magic wand and help to improve one or two things at Driscoll, what would they be?**

9 **FAB meets 6-7 times per year during the lunch hour (in person or via web-based meeting). Is this something you could commit to?**

☐ Yes ☐ No

If no, would you be willing to be on a list-serve (e-mail team) to provide feedback on projects, policies, hospital forms, etc.?

☐ Yes ☐ No

10 **On occasion, FAB members are asked to participate on hospital committees. Most hospital committees meet monthly for 1 hour during the Monday - Friday work week. Is this something you would be interested in?**

☐ Yes ☐ No

11 **Hospital Recommendation**

We would like to ask a hospital staff member to support your application. Please list the name(s) of a doctor, nurse, child-life specialist, social worker, patient relations, volunteer, or any other staff member who would recommend you.

Name:_____

Role at Driscoll:_____

☐ Unable to provide a name at this time.

12 **Is there anything else you would like us to know about you?**_____

Thank you for completing this application!

E-mail completed applications to robin.smith@dchstx.org

We will contact you after the board has reviewed your application.