

Patient and Family Advisor Application

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Skills and interests (related to joining this committee):

Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> I am currently a patient. | <input type="checkbox"/> I am a caregiver for someone. |
| <input type="checkbox"/> I was a patient in the last six months. | <input type="checkbox"/> I am receiving preventive care. |
| <input type="checkbox"/> I am a family member of a patient. | |

Please submit application to
Garnet Health Medical Center - Catskills
Attn: Jodi Goodman
P.O. Box 800 Harris, NY 12742



Garnet Health
MEDICAL CENTER
Catskills