



THE UNIVERSITY OF  
**CHICAGO**  
MEDICINE

Comer Children's Hospital

## Family Advisory Board Application

The Family Advisory Board (FAB) acts as an advisory resource committee to the hospital administration, physicians, nurses and staff. The purpose of the FAB is to advise the Hospital on planning and operational matters, assist in evaluating the quality of services provided to patients and their families, and identify ways to assure a family friendly environment. The FAB is an inclusive group which represents diverse cultural, social and economic backgrounds.

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

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

	Child's Name <i>First</i> <i>Last</i>	Age	Child has been cared for at Comer:		Physician your child visits most regularly.
			In the last 3 years?	Times per year	
1			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> > 6	
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> > 6	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> > 6	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> > 6	

\*Please list additional children on a separate sheet of paper.

How long have you been associated with the hospital? \_\_\_\_\_

We want to include families who can speak from diverse experiences at Comer Children’s Hospital. Please check the clinics and programs that you have been most involved with:

- |   |  |
|---|--|
| <input type="checkbox"/> Neonatal Intensive Care Unit (NICU)  | <input type="checkbox"/> Comer Cancer Center     |
| <input type="checkbox"/> Pediatric Intensive Care Unit (PICU) | <input type="checkbox"/> Surgery                 |
| <input type="checkbox"/> Comer 5                              | <input type="checkbox"/> Sedation                |
| <input type="checkbox"/> Comer 6                              | <input type="checkbox"/> Special Procedures Area |
| <input type="checkbox"/> Pediatric Specialty Clinics          | <input type="checkbox"/> Radiology               |
| <input type="checkbox"/> Emergency Department                 | <input type="checkbox"/> Other _____             |

Are you open to sharing information about your family’s experience(s) at Comer?

- Yes                       No

Are you able to make the time commitment to attend eight meetings a year?

*Meetings are held the fourth Tuesday of the month from 5:30-8:00pm.*

- Yes                       No

Please tell us why you would like to be a member of our Family Advisory Board:

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I would be interested in helping with:

- Reviewing patient and family satisfaction tools/data
- Developing/reviewing patient/family educational materials and website resources
- Developing and updating the hospital’s website
- Educating new employees and other staff about the experience of care
- Participating in facility design planning
- Improving the coordination of care, discharge planning, and the transition to home and community care
- Other: \_\_\_\_\_

Please e-mail or mail completed application to:  
Jennie Ott  
Director, Child Life and Family Education  
Comer Children’s Hospital  
The University of Chicago Medicine  
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