



Patient & Family Advisory Council (PFAC) application

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_  
(Please print)

Home Address: \_\_\_\_\_  
(Please print; include street address, town, state and ZIP code)

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

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

Best way to contact:  Home phone  Cell phone  Other \_\_\_\_\_

I am a:  Patient  Parent of a patient  Caregiver/family member of a patient

**Tell us more about yourself:**

Why do you want to be involved in PFAC?

\_\_\_\_\_  
\_\_\_\_\_

List any organizations or committees you have been a part of (work, community and/or church):

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you'd like us to know?

\_\_\_\_\_  
\_\_\_\_\_

Please choose the best location for you to attend 3-4 meetings a year:

Farmington  Manchester  Litchfield  Waterford

Is there another location that you'd like us to consider? \_\_\_\_\_

**Thank you for taking the time to complete this application. Please send it to:**

Nikki Markie, Patient Experience Specialist

3 Farm Glen Blvd.

Farmington, CT 06032

Phone: 1-860-674-7325

Email: [PFAC@ProHealthMD.com](mailto:PFAC@ProHealthMD.com)