Carteret Health Care
Patient Advisory Council Information Form

Name__________________________________________  Date________________________

Address________________________________________________________________________

  Street  City  State  Zip Code

Email Address___________________________________  Phone #________________________

How did you hear about Carteret Health Care’s Patient Advisory Council?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Please share some reasons that you would like to join this council.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

What do you believe fosters a patient or family member’s perception of having a VERY GOOD patient experience?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Please check any areas of interest below:
Visiting patients to ask questions about hospital stay____

Reviewing patient comments on surveys_____

Performing observational rounding in Outpatient areas_____

Performing observational rounding in Inpatient areas_____

Being involved in CHC sponsored Wellness events_____

Being an advisory member of the Safety & Quality council_____

Helping the Hospital improve ______

Please return completed form to Michelle Lee at mlee@ccgh.org, 252.499.6336
3500 Arendell Street, Morehead City NC 28557