

**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](mailto:mlee@ccgh.org), 252.499.6336  
3500 Arendell Street, Morehead City NC 28557*