



Patient and Family Advisor Application

Full Name: _____ Today's Date: _____
(First) (Middle Initial) (Last)

Language(s) spoken: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax No.: _____

E-mail: _____

I'm available to attend meetings or events Monday through Friday during the following times (check all that apply):

- 7am-9am 9am-12pm 12pm-3pm 3pm-6pm 6pm-9pm
 E-mail or phone only

I am a:

- Patient currently in treatment Family member of patient currently in treatment
 Cancer survivor Family member of cancer survivor
 Bereaved family member If family, relationship to patient: _____
If family member, name of patient: _____

Diagnosis [Type of cancer] _____ Age at diagnosis: _____

Year of original diagnosis: _____ Year treatment completed (if applicable): _____

Patient care involved (check all that apply):

- Surgery Radiation Therapy Chemotherapy Transplant
 Integrated / Complementary/Alternative Therapy Other: _____

Patient care provided was primarily at:

- SCCA in South Lake Union SCCA at Northwest Hospital SCCA Peninsula
 SCCA at Evergreen Health SCCA Issaquah

Thank you! Please return this form via email, fax, or mail to:

Office of Patient Experience ATTN: Tiffany Go
825 Eastlake Ave E., LG-600, Seattle, WA 98109-1023

E-mail: tifgo@seattlecca.org Phone: 206-606-6859 Fax: 206-606-1321