

Application Form for  
**Patient &  
FAMILY**  
**ADVISORY COUNCIL**

**MHP** | MAJOR HEALTH  
PARTNERS

Please submit completed application to:  
MHP Medical Center  
Attn: Patient Experience/PFAC  
2451 Intelliplex Drive  
Shelbyville, IN 46176  
or email to  
PFAC@majorhospital.org

Name: \_\_\_\_\_  
(Last) (First) (MI)

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Check one:

- Male  
 Female

- 20 - 30 years old  
 31 - 40 years old  
 41 - 50 years old  
 51 - 60 years old  
 61 - 70 years old  
 70 + years old

**Within the last two years, what MHP services have you or your family member used?**

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|--|--|
| <input type="checkbox"/> MHP Bariatrics & Weight Loss        | <input type="checkbox"/> MHP Priority Care             |
| <input type="checkbox"/> MHP Oncology & Hematology           | <input type="checkbox"/> MHP Psychology                |
| <input type="checkbox"/> MHP Plastic & Cosmetic Surgery      | <input type="checkbox"/> MHP Podiatry                  |
| <input type="checkbox"/> MHP FORCE Orthopaedics              | <input type="checkbox"/> MHP Pulmonology               |
| <input type="checkbox"/> MHP Family & Internal Medicine      | <input type="checkbox"/> MHP Sleep Center              |
| <input type="checkbox"/> MHP Foot & Ankle Surgery            | <input type="checkbox"/> MHP Sports Medicine           |
| <input type="checkbox"/> MHP Home Health Care                | <input type="checkbox"/> MHP OnSiteSolutions           |
| <input type="checkbox"/> MHP Major Hospital                  | <input type="checkbox"/> MHP Renovo Orthopaedic Center |
| <input type="checkbox"/> MHP Medical Specialists             | <input type="checkbox"/> MHP Spine Clinic              |
| <input type="checkbox"/> MHP Disease Management Clinic       | <input type="checkbox"/> MHP SportWorks Rehabilitation |
| <input type="checkbox"/> MHP Nephrology & Infectious Disease | <input type="checkbox"/> MHP Cardiovascular            |
| <input type="checkbox"/> MHP OB/GYN                          | <input type="checkbox"/> MHP Cardiac & Pulmonary Rehab |
| <input type="checkbox"/> MHP Pediatrics                      |  |

**Continued on back side**

Please check what days you are able to attend meetings:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Please check what times you are able to attend meetings:

- 8:00 A.M. - 10:00 A.M.
- 10:00 A.M. - 12:00 P.M.
- 12:00 P.M. - 2:00 P.M.
- 2:00 P.M. - 4:00 P.M.
- 4:00 P.M. - 6:00 P.M.
- 6:00 P.M. - 8:00 P.M.

If you have served as an advisor, been an active volunteer committee member, or performed public speaking for other programs or organizations, please briefly describe this experience:

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What do you value most within your health care system?

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Why are you interested in becoming a Patient & Family Advisory Council member?

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