the Family Forum APPLICATION

Children's Hospital of Pittsburgh of UPMC

Send completed application to:
Beth Lewis, Director, Family Service & Resources, Children's Hospital of Pittsburgh of UPMC, 4401 Penn Avenue, Pittsburgh, PA 15224.

1. Your Name _____ 2. Phone (Daytime) _____ (Evening) _____

3. Home Address _____ (Cell) _____

4. E-mail _____ 5. Occupation _____

6. Name of child with health needs/experience _____ Child's DOB _____ Relation to you _____
(if more than one child, please add under question #14)

7. Child's primary diagnosis or list of medical issues: _____

8. Other children? If yes, please list names and dates of birth: ☐ Yes ☐ No

_____ _____

9. What Children's Hospital location does your family use? (Check all that apply)

☐ Lawrenceville ☐ North ☐ South ☐ East ☐ Primary Care Center/Child Development

10. Would you be able to make a commitment to this forum to attend monthly, scheduled meetings for a term of two years?

☐ Yes ☐ No

11. Would you be able to make a commitment to join committees and project work groups that are held on additional dates and times throughout the year?

☐ Yes ☐ No

What is your availability? Please indicate your preference for scheduled meetings of the Forum or for committee work.

	Monday	Tuesday	Wednesday	Thursday	Friday
Daytime:					
Evening:					

Comments or suggestions about availability? _____

(continued on back)

12. What Children's Hospital services has your family used? (Check all that apply.)
Check **Past Year** if you have used this service within the past year or **Ever** if you have ever used this service.

Past Year	Ever	
☐	☐	Cardiac ICU
☐	☐	Emergency Department
☐	☐	Inpatient Unit_____
☐	☐	Neonatal ICU
☐	☐	Pediatric ICU
☐	☐	Same Day Surgery
☐	☐	Video EEG unit
		Specialty Services
☐	☐	Adolescent Medicine
☐	☐	Asthma/Allergy/Immunology
☐	☐	Audiology
☐	☐	Autism
☐	☐	Cardiology
☐	☐	Cath Lab
☐	☐	Child Advocacy Center
☐	☐	Child Development Clinic
☐	☐	Cleft/Craniofacial Center
☐	☐	Cystic Fibrosis Clinic
☐	☐	Down Syndrome Clinic
☐	☐	Ear, Nose and Throat
☐	☐	Endocrinology/Diabetes
☐	☐	Epilepsy Clinic
☐	☐	Feeding Clinic
☐	☐	Gastroenterology

Past Year	Ever	
☐	☐	Hematology/Oncology
☐	☐	Infusion Center
☐	☐	Interventional Radiology
☐	☐	Intestinal Care Center
☐	☐	Lab
☐	☐	Nephrology
☐	☐	Neurology
☐	☐	Neurosurgery
☐	☐	Orthopaedics
☐	☐	Physical Medicine
☐	☐	Primary Care Center
☐	☐	Psychiatry
☐	☐	Psychology
☐	☐	Pulmonology
☐	☐	Radiology
☐	☐	Sleep Lab
☐	☐	Surgery
☐	☐	Transplant
☐	☐	Urology
☐	☐	Other _____
		Rehabilitation
☐	☐	Occupational Therapy
☐	☐	Physical Therapy
☐	☐	Speech/Language Therapy

13. What do you feel you can bring to the Family Forum, such as background, special skills or purpose/commitment?

_____

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14. Is there any other information that you would like to share with us, such as any other non-medical services your family has used at Children's (for example, the Family Resource Center, Patient Representative Services, Support Groups etc.), or skills you can contribute to the work of the Forum?

_____

_____

References

Please provide the name, phone number and e-mail address of two references as follows:

1. A reference from a health professional you know at Children's Hospital of Pittsburgh of UPMC
2. A reference from an individual you have worked with in a professional, collaborative setting

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