

Geisinger Northeast
Patient and Family Advisory Council Membership Application

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Cell _____
Work _____

Email Address _____

1. Have you or any of your family members used Geisinger Northeast Services?

ED _____	Clinic Visit _____	Other _____
Cancer Center _____	Heart Hospital _____	
Out-Patient Surgery _____	Admitted to Hospital _____	

2. What Patient Care issues are important to you? _____

3. Why would you like to participate and be a member of the Patient and Family Advisory Council? _____

4. Please share your information that would add to the diversity of the council

Please return this completed application to:

Patient and Family Advisory Council
Geisinger Wyoming Valley Medical Center
ATTN: Cathie Rice, 34-66
1000 East Mountain Boulevard
Wilkes-Barre, PA 18711