

# RIVER'S EDGE

HOSPITAL • ST. PETER



## River's Edge Hospital Patient & Community Advisory Council Application

*If you are interested in joining the River's Edge Hospital Patient & Community Advisory Council, please complete this application and return it to: Stephanie Holden, River's Edge Hospital, 1900 North Sunrise Drive, St. Peter, MN 56082.*

Name: \_\_\_\_\_

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

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

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

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

I am a (check all that apply):  Patient  Family Member  Community Member  
 REHC Staff  Never been a patient at REHC

Have you or a family member received care at River's Edge Hospital within the past year?  Y  N

If yes, please check all areas where care was received:

Therapy  Hospital  Emergency Room  Urgent Care  Laboratory  Imaging

***Please answer the questions below as completely as possible.***

1. Tell us why you are interested in joining the River's Edge Hospital Patient & Community Advisory Council.

2. Are there specific ideas or concerns that you would like to see addressed by the Council?

3. We believe the Council should reflect the diversity of the service area of River's Edge Hospital. Please share any qualities or experiences you could bring to the program.

4. Do you participate on other community committees or councils?  Y  N If yes, which ones?

*Thank you. If you would like more information on becoming a member of the River's Edge Hospital Patient & Community Advisory Council, please call Stephanie Holden at 507-934-7645.*