

# Broward Health Coral Springs Patient and Family Advisory Council

Broward Health Coral Springs values the partnership with patients and their families in their mission to provide the highest quality of care and experience.

Hearing about the lived experience and collaborating with our community connects us with the work we do and those we serve.

Patient and Advisory Council members volunteer their time and provide us insight. They help us stay focused to what matters most to patients and their families.

Council members may be involved with a onetime project or ongoing as needed based on areas of interest and availability.

If interested in being considered as a Patient and Family Advisory Council member please complete and submit the application. If you have specific questions, please contact Summer Marrero at 954.344.3187 or via email at [BHCSPatientExperience@browardhealth.org](mailto:BHCSPatientExperience@browardhealth.org).

# Broward Health Coral Springs Patient and Family Advisor Application Form

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Preferred contact (circle one):    **Home phone**    **Cell Phone**    **Email**

**When completed, please return this form to:** Summer Marrero, Manager Guest Relations.  
[smarrero@browardhealth.org](mailto:smarrero@browardhealth.org). 954.344.3187 FAX: 954.825.4468. Broward Health Coral Springs 3000 Coral  
Hills Drive, Coral Springs, FL 33065

**Please select all that apply:**

Patient     Family member of a patient     Other relation to the patient \_\_\_\_\_

1. Please tell us which services you/your loved one have used during the last two years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please tell us about your experiences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please tell us why you are interested in joining the Patient and Family Advisory Council:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please share with us your areas of interest or projects you would like to be involved with:

\_\_\_\_\_  
\_\_\_\_\_

