



MEMBER APPLICATION

Please complete the below form and return to: Day Kimball Healthcare, Patient Advisory Council Application, Marketing & Communications, 320 Pomfret Street, Putnam, CT 06260.

First Name _____ Last Name _____

Street Address _____

Town _____ State _____ Zip Code _____

Preferred Phone (_____) _____ - _____ Email _____

I am a Day Kimball Healthcare patient and have used the following services: (check all that apply)

- Day Kimball Medical Group physician office visit
- Day Kimball Hospital where I have been an inpatient or had a one-day procedure or surgery
- diagnostic imaging or blood draw at one of Day Kimball's locations
- Day Kimball HomeCare
- Day Kimball HomeMakers
- Hospice & Palliative Care of Northeastern Connecticut

I have been using Day Kimball Healthcare services for (check one):

- Less than 3 years
- 3-5 years
- 5-10 years
- More than 10 years

Please indicate the best time of day to attend a weekday meeting (check all that apply)

Weekday

Weekend

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Breakfast meetings 8:00 – 10:00 AM <input type="checkbox"/> Lunch meetings 11:30 AM – 1:30 PM <input type="checkbox"/> Dinner meetings 5:00 – 7:00 PM | <ul style="list-style-type: none"> <input type="checkbox"/> Saturday Breakfast meetings 8:00 – 10:00 AM |
|--|--|

OVER Please complete reverse side



320 Pomfret Street | Putnam, CT 06260
(860) 928-6541 ■ daykimball.org

What types of healthcare-related topics are of interest to you?

What are some specific things that you or your family would like healthcare professionals to do differently?

What do you think Day Kimball is doing well?

Where do you think Day Kimball could be doing better?