

St. Louis Children's Hospital

Parent Advisor Initial Contact Form

Recommender's Information

Parent Name: _____ Date: _____
Last First M.I.

Patients Name _____
Last First M.I.

Recommended by: _____
Interviewer's Name: _____

Contact Information

Parent: _____

Title: _____ Phone: () _____

Home Address: _____
Street Address Suite #

_____ *City State ZIP Code*

e-mail address _____ Best time and way to contact them? _____

Employer: _____

Interview Comments

What were the circumstances that got you to SLCH? _____

When? START DATE: _____ END DATE: _____

What SLCH services were used? _____

Tell me about your interest in getting involved as a parent advisor at SLCH?

What kind of time can you currently give to the program?
Weekly: _____ Monthly: _____ Evenings _____ days _____ ?

What kinds of constraints? Transportation, childcare, parking, travel time?

What experiences or training have you had that might help you in an advisor role?

Each parent has had a unique experience at SLCH. They are asked to reflect back on those events. Is there any aspect of doing that that might make you feel uncomfortable?

How will you feel coming to the hospital? Is this the right time for you to get involved?

Please describe your child's hospitalization?

Is there ongoing concerns or hospitalizations?

What were your most positive/negative aspects of your SLCH care?

Would you recommend this applicant for further training?

YES

NO

Is there anything else you would like to add?

Thank them for their time and assistance.

