

Patient & Family Advisor Biography

Name: _____

Where were you born? _____

Which PMG clinic location(s) do you and/or your family receive care from?

Skills & Interests

Please use the space below to describe any special training, interests, hobbies or experiences you feel could be valuable to your work as a Patient/Family Advisor with Providence Medical Group

Why did you choose to join the Patient & Family Advisory Council?

What do you hope to see as a result of the Patient & Family Advisory Council?

Anything else you would like to share with Providence Medical Group staff?
