



Patient Advisory Committee Application

617 Riverside Avenue Burlington, VT 05401 Phone: (802) 864-6309 Fax: (802) 860-4325 www.chcb.org

Name: _____

Preferred pronoun: They/Them He/Him She/Her Other Preference: _____

Phone number: _____ E-Mail Address: _____

How should we contact you? Phone E-mail Text

How many years have you been a patient with CHCB? _____

Which CHCB services do you use? Medical Dental Psychiatry Counseling Substance Use Treatment

Which CHCB location do you use most? Riverside Champlain Islands South End Safe Harbor

Winooski Family Health Pearl Street GoodHEALTH School-Based Dental Center

The Patient Advisory Committee is the first of its kind at CHCB. We are looking for patient committee members who will share their experiences with CHCB, give advice and help us deliver great care.

Please tell us a little about yourself and why you would like to serve as part of this committee:

What days/times are generally best for you to meet for an hour?

Are you able to commit to four meetings over the span of a year, beginning September, 2018? Yes No

Will you need transportation assistance? Yes No

CHCB will provide light refreshments at Patient Advisory Committee Meetings.

Thank you for your interest in the joining our new Patient Advisory Committee! Please return your completed forms by Monday, June 25 to a Patient Services Representative at the front desk, or e-mail to info@chcb.org.