



UCS Healthcare Patient Advisory Group (UPAG) Membership Application

Full name:

Street address:

City, state, and zip:

Home phone:

Cell:

Email:

Main UCS Healthcare provider/service:

Number of years as a UCS Healthcare patient:

Please answer the following questions:

1. Why would you like to serve on the UCS Healthcare Patient Advisory Group (UPAG)?

2. Please check all the UCS Healthcare locations where you have received services?

West Des Moines

Ankeny

Knoxville

Ames

Atlantic

Burlington

Carroll

Cedar Rapids

Clinton

Decorah

Fort Dodge

Osceola

Ottumwa

Waterloo

3. Please write about the medical condition(s) you have faced that we have helped you with at UCS Healthcare.

4. What are some of the things our team at UCS Healthcare has done to help you and your family?

5. What are some of the things our team could do differently to better help in you or your family member's care?

What are your commitments as a UPAG member?

Choosing to serve on the UPAG means you agree to:

1. Talk openly with other patients and UCS Healthcare team about how to make the experience better for all patients and families.
2. Actively take part in UPAG meetings in a meaningful and respectful way.
3. Show compassionate interpersonal skills, such as:
 - Actively listening to others
 - Sharing your ideas in a positive way
 - Working with other UPAG whose own perspective, background experiences, and styles are likely very different from your own
5. Attend at least 75% of the scheduled meetings each year.

Signature:

Date:

Please send this form by:

- Email to upag@ucsdsm.org
- Mail to UCS Healthcare Patient Advisory Group, UCS Healthcare, 1300 Woodland Avenue, West Des Moines, IA 50265

If you have questions, please email or call 515-280-3860 and ask for **Sherri Wright or Kelly Srader.**

We will email you about the status of your application. Not all applications will be accepted to join the group.