



89 Norman Street Sarnia Ontario N7T 6S3

T 519 464-4400

www.bluewaterhealth.ca

Application for Patient & Family Experience Partners

Name: _____ Date: _____
(First) (Last) (YYYY/MM/DD)

Email Address: _____

Home Phone: _____ Cell Phone: _____

The time of your personal and/or family experience at Bluewater Health (BWH). Check all that apply.

2020 – 2016

2016 – 2012

2012 – before

Within the past three years, what programs and services have you or your family used at BWH (Check all that apply)

Ambulatory Care

Intensive Care

Out-patient Rehab

Cancer Care

In-patient Rehabilitation

Palliative Care

Complex Continuing Care

Maternity, Infant, or Child

Stroke/Vascular

Day Surgery

Medicine

Surgical In-patient

Emergency Department

Mental Health

Please write a brief, but descriptive answers to the following questions:

1. Please tell us about yourself:

2. What are some of the specific things that BWH health care professionals do/have done to help you and/or family?

Mission: We create exemplary healthcare experiences with patients and families every time
Bluewater Health, Sarnia | Charlotte Eleanor Englehart Hospital of Bluewater Health, Petrolia

[Type text]

3. What are some of the things you would like BWH health care professionals to do differently or better to help patients and their families?

4. Is there anything else you would like to share?

5. **How did you hear about the Patient Experience Partner (PEP) role at BWH** (Check all that apply)

- Poster/Brochure BWH Staff Family/Friend Website

Applicant Signature: _____ Date: _____
(YYYY/MM/DD)

Please submit this application to:

Lisa Hawthornthwaite, Patient Experience
89 Norman Street, Sarnia Ontario N7T 6S3
patientexperience@bluewaterhealth.ca