

Sioux Valley Hospital
Neonatal Intensive Care Nursery
Family Advisory Council Membership Application

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Telephone _____

Email Address _____

Name(s) of Child(ren) - Current Age - In the NICU? Admission date/year - Length of stay

Please check all that apply to your pregnancy/birth experience(s).

- | | |
|--|---|
| <input type="checkbox"/> Low risk pregnancy, term delivery | <input type="checkbox"/> Sibling issues |
| <input type="checkbox"/> Bed rest at home for _____ weeks | <input type="checkbox"/> Infant loss |
| <input type="checkbox"/> Bed rest in hospital for _____ weeks | <input type="checkbox"/> Multiples |
| <input type="checkbox"/> NICU experience for _____ weeks | <input type="checkbox"/> Twins |
| <input type="checkbox"/> Extended care experience for _____ weeks | <input type="checkbox"/> Triplets |
| <input type="checkbox"/> Breast feeding support for pre-term infants | <input type="checkbox"/> Quadruplets |
| <input type="checkbox"/> Other _____ | |

What additional services were involved in the care of your child?

- | | |
|---|--|
| <input type="checkbox"/> cardiology | <input type="checkbox"/> speech therapy |
| <input type="checkbox"/> pulmonology | <input type="checkbox"/> physical therapy/occupational therapy |
| <input type="checkbox"/> surgery | <input type="checkbox"/> lactation |
| <input type="checkbox"/> gastroenterology | <input type="checkbox"/> child life |
| <input type="checkbox"/> neurology | |
| <input type="checkbox"/> endocrinology | |
| <input type="checkbox"/> hematology | |
| <input type="checkbox"/> genetics | |
| <input type="checkbox"/> other _____ | |

Why would you like to be a member of the Family Advisory Council?

In what areas would you like to see the Family Advisory Council involved?

In what areas do you have special interests/skills?

We believe the Family Advisory Council should reflect the cultural diversity of families who are consumers of hospital services. In light of this, please share anything about yourself that you feel would add to the diversity of our Council. Some examples of diversity include: ethnic, racial, spiritual, social, economic, educational, geographic, disability related, chronic illness, gender, sexual orientation, unique family structure, single parent, stay-at-home parent.

Today's date: _____

Please return the completed application to:

Nursing Director
NICU Sioux Valley Hospital/University Medical Center
1305 West 18th Street
Sioux Falls, SD 57117