

DaVita Medical Group Patient Advisory Council Application



Thank you for volunteering to participate in the DaVita Medical Group's Patient Advisory Council. So that we can learn a little more about you and your interests, please complete this application and email to marketing.co@davita.com.

Today's Date: _____ Daytime phone number: _____

Your Name: _____

Home Address: _____

I am a ____ patient ____ family member of a patient ____ a patient AND a family member

I have been a patient with DaVita Medical Group since ____ (year)

I have been seen: (Check all that apply)

____ in primary care ____ by a DaVita Medical Group specialist ____ in Urgent Care ____ in the hospital

Tell us why you are interested in becoming a Patient Advisor:

Have you served as an advisor, volunteered, or served on a committee for other organizations, please share with us your experience in these roles:

Is there anything else you would like us to know?