



Care Partner Profile

If you have any questions about completing this form or the care partner role, please call the Care Partnership Office at: 519-646-6100 ext. 45621

Note: This may be completed with initial phone call.

Today's Date: _____

Name: (first and last) _____
Address: _____
City: _____ Province: _____ Postal code: _____
Home phone: _____ Cell phone: _____
Email address: _____
<input type="checkbox"/> I consent to receive email from the Care Partnership office at St. Joseph's
Emergency contact name: _____ Number: _____
Preferred contact: (Please select one)
Home phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Email <input type="checkbox"/> Other _____
Date of Birth: _____

Please know that all information you provide is held confidential and will be shared only with the Care Partnership Office team and with teams you will work with in the future. The information we are collecting is used for demographic purposes and to help match you to appropriate opportunities based on your self-identified characteristics.

The following questions will help us get to know you better:

1. Are you a...

- Patient
- Resident

- Veteran
- Caregiver

2. If a caregiver, what is your relationship to the patient / resident / veteran?

- Spouse/Partner
- Child
- Other Relative

- Parent
- Grandchild
- Friend

- Sibling
- Grandparent
- Other

3. When was your most recent care experience at St. Joseph's Health Care London as a patient/caregiver:

- Presently receiving care
- Within 1-2 years

- Within 3-5 years
- 6+ years

4. Where do/did you (or your family) receive care?

- St. Joseph's Hospital
- St. Joseph's Family Medical and Dental Centre
- Mount Hope Centre for Long Term Care

- Parkwood Institute Main
- Parkwood Institute Mental Health Care
- Southwest Centre for Forensic Mental Health Care
- ACT Team

5. From what program do/did you (or your family) receive care? If you have been involved in multiple programs, please estimate approximately how long ago for each. *Sample: Amputee, 6 months ago; MSK, 2 & 4 years ago*

6. Please choose the times that you would be available. (Check all that apply.)

- Morning
- Afternoon
- Evening

7. Different kinds of opportunities may require different levels of time commitment. Considering your current lifestyle, how much time could you commit to Care Partnership activities? (Check all at apply.)

- As Needed
- Once a week
- 1-2 times a month
- A few times a year
- Other?

8. How would you be willing to participate as a Care Partner? (Training available for virtual options.) Please check all that apply to you:

- In-person
- Telephone
- Email
- Virtual (Webex/Zoom)
- Virtual Teams

9. There are many ways to participate as a Care Partner. Please check the areas of interest to you:

- Storytelling**
Share your story/care experience in person or through a video
- Quality improvement initiatives, project/policy committees, working groups**
Examples include: clinical or non-clinical areas; work with teams to improve direct care services on a program; work with staff to develop educational materials on a program or for the organization
- Patient / Family Advisory Councils (PFACs)**
Council members collaborate with healthcare providers to inform processes, share insights and personal experiences, and contribute ideas, feedback, and input, with the goal of strengthening healthcare at a specific site within St. Joseph's.

Research

Serve as review panel members in the selection of research projects and work with specific research teams to provide feedback on research projects

External / community partnerships

Periodically we receive requests from community partner agencies outside of St. Joseph's that are seeking input from our care partners. Examples: Western University Medical School, Western Ontario Health Team

Hiring panel

Partner in the process to recruit and hire staff at St. Joseph's

Other

10. Our Care Partners reflect the diversity of the patients and families we serve. Please share what unique perspective and experiences do you feel will be helpful to the areas you have identified; from you experiences at St. Joseph's and your other life experiences (e.g. work life, volunteer, etc.)

11. Where did you hear about the Care Partner program at St. Joseph's?

- | | | |
|--|---|---|
| <input type="checkbox"/> Website | <input type="checkbox"/> Friend | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Resident | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> Staff | <input type="checkbox"/> Poster/Promotional | <input type="checkbox"/> Volunteer Services |
| <input type="checkbox"/> Care Partnership Office | <input type="checkbox"/> Patient Relations | <input type="checkbox"/> Other: |
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12. Please let us know if you have any accessibility needs (e.g. mobility, transportation, etc.) which would best support your participation as a Care Partner.

Please complete this form and submit it to: carepartnership@sjhc.london.on.ca or mail it to:

St. Joseph's Health Care London
The Care Partnership Office
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