

# Family Advisory Council Application North Raleigh Pediatric Group

Please contact the council if you have any questions or need this application in another form,  
i.e. language, Braille, or spoken word.

Phone Number: (919) 848-2249, Fax: (919) 848-8238, Email: [NRpeds@rdmgpa.com](mailto:NRpeds@rdmgpa.com)

Today's Date: \_\_\_\_\_

1. Your Name: \_\_\_\_\_
2. Home Address: \_\_\_\_\_
3. Phone Numbers: **Daytime:** \_\_\_\_\_ **Evening:** \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Languages spoken in the home: \_\_\_\_\_
6. Name and date of birth of all children in the home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Do any of your children have special needs? If so, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Would you be able to make a commitment to attend two hour quarterly meetings for a term? **Yes or No**
9. Comments on availability? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. What services has your family used? Check all that apply.

	<b>Used in Past Year</b>	<b>Used Ever</b>
Lactation		
Asthma		
ADD/ADHD		
Otitis Media (ear infections)		
Triage Nurse		
Referral Coordinator		
After Hours Appointments		
Flu Clinic		
Weekend Appointments		

11. What do you feel you could bring to the Family Advisory Council? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that I have provided accurate information to the best of my ability.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date