

Health Care Home Patient Panel Application

Name: _____

Email and/or phone number: _____

I reside in:

- | | | |
|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Grand Marais | <input type="checkbox"/> Hovland | <input type="checkbox"/> Tofte |
| <input type="checkbox"/> Grand Portage | <input type="checkbox"/> Lutsen | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gunflint Trail | <input type="checkbox"/> Schroeder | |

I am a:

- Patient of Sawtooth Mountain Clinic
- Family Member of a SMC Patient

Have you or a family member received care at SMC within the past year?

- Yes
- No

Please tell us why you are interested in joining the Health Care Home Patient Panel.

Are there any healthcare topics you wish to address as part of the Health Care Home Panel?

Is there anything else you would like us to know?

Thank you for your application!

Please return in to the Sawtooth Mountain Clinic front desk or mail it to:

Sawtooth Mountain Clinic
513 W 5th Ave W
Grand Marais, MN 55604