



USE OF TELEHEALTH EQUIPMENT MEETING AND GROUP SESSION REQUEST FORM

Please fax completed form to 709-752-6057 for processing
Any questions please contact 709-752-6019

This request form is for the use of the Telehealth equipment for Clinical (e.g. group sessions for client education, case consultation without client present, etc.) and Non-Clinical (Administrative) Use.

Please Note: Clinical Use of Telehealth Priority for Telehealth equipment will be given to direct patient appointments.

Office Use Only: ID _____

Booking Information

Clinical Session Date: _____

Start Time: _____ Finish Time: _____ Time Zone Island Labrador

Requested By: _____ Organization _____

Contact email: _____ Contact Tel. Number: _____

Session Information

The requestor is responsible for booking the appropriate facility space/room for Administrative and Staff Education Meetings.

Title: _____

- Purpose: Client Education (e.g. Diabetes Education, Improving Health My Way Program, Parenting Sessions, etc.)
 Clinical Support (e.g. Case Consultation without client present)
 Clinical Support: Other
 Administrative (e.g. Staff Meeting)
 Staff Education

Presenter/ Chairperson: _____

Host/ Presenter Site _____ Room name/ number: _____

Remote Participant Site(s)

Site Name _____	Room name/ number _____
Site Name _____	Room name/ number _____
Site Name _____	Room name/ number _____
Site Name _____	Room name/ number _____
Site Name _____	Room name/ number _____

Will a laptop be used? Yes No

Additional Relevant Information: _____

Office Use Only

Bridge Required: Yes No



