



Caring Without Walls Mission Statement

To provide individual health screenings and education for those with limited access to healthcare services in Southern Nevada, delivered by students under faculty supervision, in congruence with the vision of Touro University Nevada of serving our community.

Guidelines for Requests to Caring Without Walls

Requests should be made within 8 weeks of the event date in writing. Exceptions may be considered on an individual basis.

Services may be limited based on the students and faculty supervision obtained for the event.

Selection of services/screening must be made at the time of the request and additions will not be considered within less than six weeks of the requested event. Deletions or cancellations can be made at any time, but notice should be given at the earliest convenience or within 48 hours.

Facility must provide table, chairs and water for the CWW volunteers during the event.

Services that can be provided.

Height (**all students**)

Weight (**all students**)

Body Mass Index (BMI) (**all students**)

Body Fat Composition (**all students**)

Blood Glucose Testing (**DO, PA, Nursing students**)

Blood Pressure assessment (**all students**)

Balance screening (**PT students**)

Grip Strength/Pinch Strength (**OT/PT students**)

Medication review/education (**DO, PA, Nursing students**)

Posture Assessment/Screening (**PT, DO, PA? students**)

Nutrition serving sizes education (**DO, PA and nursing students**)

Laboratory results review/education (**DO, PA and nursing? Students**)

Education session on select medical topics – if presentations are requested, facility must provide projector, screen and power supply (**all faculty**)

In addition Touro University, Nevada will provide all testing supplies, and limited give-a-ways.

Requests must be made in writing, with contact information provided, Name, phone number(s), e-mail addresses, location of the event, and time of the event including set-up time.

We request that all parties requesting CWW to provide any of these services complete a post-event evaluation form to be returned within one week of the event (or earlier if possible).

Request for Participation

Organization and Event Name: _____

Location and address of event: _____

Contact Person for Scheduling: _____

Contact Person AT Event: _____

Phone # _____ E-mail address: _____

Date and Time of event: _____ Set-up time: _____

Anticipated number of participants: _____

Services Requested	Please mark with an "X"	Specify	CWW to complete
Height			
Weight			
Body Mass Index (BMI)			
Body Fat Composition			
Blood Glucose Testing			
Blood Pressure assessment			
Balance screening			
Grip Strength/Pinch Strength			
Medication review/education			
Posture Assessment/Screening			
Nutrition serving sizes education			
Laboratory results review/education			
Education session on select medical topics			

Date submitted _____

Submitted by (Print name) _____

Please return to Caring Without Walls (eight weeks prior to date of event/activity).

Submit to: Lashon Brown

FAX: 702 777-3055

Email: caringwithoutwalls@tun.touro.edu

Postal Mail: Lashon Brown,
School of Physical Therapy
874 American Pacific Drive
Henderson, NV 89014