



Host Clinic Request Form

Contact Name and Title: _____

Name of Organization: _____

Address: _____

Email _____ **Phone** _____ **Fax** _____

Other contact information: _____

Thank you for your interest in hosting a SOADI Foot Care Clinic. We would like you to give some consideration to the following questions and return this form via fax or mail. If you prefer, you can contact us to have this sent electronically.

DAY(S) AND TIME

The average clinic capacity is 25 participants for a full day. (approx. 9:30am – 4:30pm)
This size clinic requires one Chiroprapist and two Reflexologists. For larger groups, we can add another day or increase the number of practitioners.

Date(s) of clinic: _____ Set up time: _____

Clinic start and finish time: _____

Clinic location: _____ Expected number of participants: _____

Type of Clinic (partnership, theme, etc.): _____

SPACE REQUIREMENTS

The ideal setting includes a private space for the Chiroprapist, a private space for two Reflexologists and a larger gathering space for registration, and the Diabetes Prevention Coordinator display. Each practitioner needs a quiet, private, separate space approx. 4' x 8' to fit a lounge chair, table chair and a small table. The Chiroprapist space needs to be hygienic, and well lit, the Reflexologist space needs to be conducive for music, candles and incense. A larger separate space is needed for gathering and refreshments, with comfortable seating for all participants and a couple of tables for registration and displays. We do have portable room dividers that would create the required private spaces.

Is the space indoors or outdoors? _____

Are you paying a rental fee for your clinic space? Yes ___ No ___ \$ _____

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Are room dividers needed for this clinic? Yes ___ No ___

Is there a sink nearby for handwashing? Yes ___ No ___ Wheelchair access? _____

Any special needs? _____ Allergies? _____

Is smudging allowed indoors? _____

Please give a brief description of the clinic space: _____

REFRESHMENTS

For a full day clinic, SOADI requests that a nutritious lunch and snacks with healthy refreshments be provided, water is especially important. Some clinics have had an Elder come and make soup together as part of the day's activities, sharing stories and teachings of Traditional foods. Local catering is also a great idea.

Please give a detailed description of the menu for this clinic: _____

ACTIVITIES

The SOADI team is able to provide various workshops and presentations during a clinic. Each of these activities can have a time frame of 20 minutes up to an hour. Due to time constraints selection of activities may be limited. Please prioritize via numbers, of the workshops and or presentations that you would like held at your clinic, with the desired length of each: (The presentations can have a smaller time frame and can be intertwined. If you are interested in any one yet still require more information please indicate with a question mark. We will ensure the appropriate SOADI representative will provide you with the preferred information.)

Ribbon of Life workshop _____

Nutrition presentation _____

Sweetgrass Fitness Video _____

Foot Care presentation _____

Gift of Diabetes Video _____

Foot Care specialist remarks _____

Come and Play with me workshop _____

Reflexologist remarks _____

Diabetes presentation _____

Self Care presentation _____

Certain equipment will be needed for different activities, please check off the equipment you already possess:

T.V. _____ DVD player _____ Data projector _____ Screen for data projector _____

Additional Notes: _____





We would like to encourage elder, and community involvement. In the past some hosts have invited an Elder from their community to share teachings. Some have also chosen to invite other organizations or community members to come and share their knowledge or an activity such as moccasin making.

Please summarize any non SOADI activities taking place at this clinic: _____

Do these activities have a cost? Yes ___ No ___ Please summarize the costs of such activities taking place at this clinic: _____

Are there any local Chiropractors or Reflexologists or Practitioners, such as doctors, nurses and dieticians from your community that you would like us to contact for this clinic? _____

Will diabetic screening be available? _____

Are there any other groups that you like to invite or include? Please include their contact information. _____

If you have any other questions or need further information please call. Otherwise please fax, email or mail the completed form back to SOADI. Thank you and we look forward to coming to your community.

