

Centra – Special Speaking (community group) Questionnaire

Thank you for considering Centra for a special speaker at your upcoming community group meeting. Page three includes the listing of services which are potentially available for your event. Please hit the insert button on your keyboard and fill in the slots with the requested information below. Please allow a minimum of 30 days between the submission of this form and the date of your event. Recommendation is to have a 20-30 minute talk with a 20 minute Q&A time. If the topic chosen is accompanied by a screening, we will arrange for specifics. Please take a few minutes to run through these questions and return the completed form to Community.Outreach@centrahealth.com. Thank you again for letting Centra be a part of your community group.

- 1.) Name of community group _____
- 2.) Date of group meeting _____
- 3.) Time of group meeting _____ Preferred time for screening if applicable _____
- 4.) Name of the location of the meeting _____
- 5.) Address of meeting place _____
- 6.) Directions to location, including specifics to the room/space for the meeting _____

- 7.) Will you provide laptop? Yes__No__, LCD projector Yes__No__ Screen Yes____ No____
- 8.) Will you provide tables and chairs if needed for screenings? Yes _____ No _____
- 9.) Deadline for Centra to inform you of the speakers, including the specifics about screenings, if applicable _____
- 10.) How many people are you anticipating _____
- 11.) Contact name _____
- 12.) Primary phone no. _____ Secondary phone no. _____
- 13.) Email address _____

Post Event Survey

Thank you for considering Centra when planning your event. Please take a moment after your event has occurred to answer the following few questions, and return this to Amanda Posid.

- 1.) Did all Centra representatives arrive as requested? Yes__ No__ If no, please explain _____

- 2.) Was the information helpful? Yes __No__ If no, please share how the information could become more helpful _____
- 3.) How many of your people attended the health fair? _____
- 4.) Is there anything you would like us to consider doing differently for next year? _____

- 5.) Please provide any other feedback you would like to provide here _____

Please email the completed form to
Community.Outreach@centrahealth.com 434.200.4735 (p)

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For Centra Use ONLY

Speaker's Name _____

Speaker's Bio _____

Speaker's Photo if applicable

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Speaking Opportunities

Centra Presents:

Cancer Care:

Breast Health
Beginners Knitting
Chemotherapy
Clinical Trials
Colon Health
GYN Health
Image Recovery
Lung Health
Nutrition
Palliative Care
Prostate Health
Radiology Oncology
Survivorship Program

Cardiac Care:

Cardiopulmonary Rehab
Congestive heart Failure
HeartAware Screening
Hypertension
LEARN – Weight Management
Mended Hearts Support Group
Mended Little Hearts Support Group
Tobacco Free

Diabetes Care:

Diabetes in Children
Foot Care
Medications
Nutrition
Prevention
Type 1
Type 2

Mental Health:

Alzheimer's & other Dementias
Behavioral Disorders
Geriatric Care
Personality Disorders
Stress
Substance Abuse/Dependency

Nutrition:

Cost effective/Healthy options
Healthy eating for kids
Healthy substitutes in recipes
Nutritional need for multiple conditions
Virtual Grocery Store Tour

Orthopedic Care:

Back Pain
Foot Pain
Hip Pain
Joint Health while exercising
Knee Pain
Proper equipment for exercise
Shoulder Pain

Senior / Rehabilitation:

Advance Directives
Cancer Rehab (STAR)
Fall Prevention
Geriatric Care
Medication Reconciliation
PACE
Physical Therapy

Women's & Children's Health:

Asthma in Children
Breast Feeding
Childbirth and Family Care
Diabetes in Children
OB/GYN
Osteoporosis/ Bone Density Screening
Prenatal Care
Siblings

Specialty Services:

Asthma & Allergies
Congregational Health Program
End of life care
Heartburn Treatment
Pain
Sleep Disorders
Stroke
Urology
Wound Care

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