

HealthCap[®]

Risk Management Services
Video Library Order Form

DIRECTIONS: Please print clearly, filling in all fields below. Due to the overwhelming popularity of the HealthCap RMS lending library, you may request one video at a time. Please place an "X" or a checkmark next to the video you are requesting. All videos are VHS tapes unless otherwise noted below. If there is a choice listed, please circle "DVD" or "Video Cassette".

- HCA 23 ALF Assisting Residents with Self Administration of Medication
- HCA 14 Communication Skills and Interpersonal Relations
- M1 01 Coumadin Management in the Assisted Living Facility (DVD only)
- HNA 4 Emotional Needs of Residents (DVD or Video Cassette)
- HCS 16 Foot Assessment and Care
- HNA 35 Fall Prevention (DVD or Video Cassette)
- GT 21 Falls in Assisted Living (DVD only)
- HNA 25 Bowel & Bladder Retraining (DVD or Video Cassette)
- HNA 37 Fire Safety (DVD or Video Cassette)
- HNA 39 Improving Your Observation and Documentation Skills (DVD or Video Cassette)
- HCS 23 Nurse's Role in Education
- HCA 19 Optimizing Mobility in Older Adults (DVD or Video Cassette)
- PE 3B Osteoporosis: What Every Woman Needs to Know
- M2 0 2 Reducing Medication Errors: Introduction & Using the MAR (DVD only)
- HCP 10 Rehabilitation Nursing: Shaping Client Outcomes
- HHA 4 Rehabilitation Nursing Skills
- HNA 34 Safety in the Workplace
- GT 15 Understanding Diabetes (DVD only)
- HCP 26 Wound Management/Staging Pressure Areas (DVD Only)

If videos are currently unavailable, you will be placed on a waitlist and videos will be sent to you upon their return.

Please fill in the information below:

Facility Name			
Name	Position		
Address	City	State	Zip Code
Phone Number	Fax Number		
Email Address			

HealthCap RMS
Attention: Risk Mgmt Videos
201 S. Main Street, Suite 200
Ann Arbor, Michigan 48104

Phone Number: (734) 996-2700
 Fax Number: (734) 996-1261

RiskManagement@HealthCapUSA.com

Rental Agreement:

"I agree to return the video rented from HealthCap RMS within two weeks of the date of receipt. I agree to be held liable for any damage to the videos and/or accompanying materials, and in the event that a video and/or materials are lost, stolen, or damaged, I agree to reimburse HealthCap RMS for the value of such items."

Signature _____ Date ____/____/____