



Code Lavender Request Form

Date Requested _____

Start Time _____

1. Person Requesting Code Lavender: (Unit Director, Manager, Supervisor)

Name: _____ Phone Number: _____

2. Department/Unit Involved:

3. Reason for Request:

Those Most Affected: (Shift(s), Days vs. Nights)

4. Estimated Number of People in Department/Unit:

5. What Services Would Most Benefit Your Department/Unit?

- Cart with comforting snacks, beverages, etc.
- Large Basket (Not a full cart set-up) for smaller areas
- Individual Code Lavender basket (not for group)
- Six-Program Customizable Massage Cushion
- Yoga or Reiki Therapy
- Palliative Care
- Post-Traumatic Stress Management
- Other -

6. Please Tell Us the Location of Room (in or near unit) for Setup:

7. Duration of Event (in Hours up to 72 hours):

Please fill out and send to employee wellness@summahealth.org. Once received we will contact you to confirm.