** REQUEST FOR TELEHEALTH APPOINTMENT**

Please fax completed form to 709-752-6057 for processing

Any questions please contact 709-752-6019 / 6071

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| **APPOINTMENT INFORMATION** *revised 2016-05-04*   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | |  |  |  |  |  | | --- | --- | --- | |  |  |  |   Date of Consult Duration (minutes) Appointment Start Time |  | **Time Zone: □ NL □ Labrador** |   Appointment Type: □ New Patient **□** Follow-up □ Pre-op □ Post-op □ Case Conference □ Discharge Planning   |  |  |  | | --- | --- | --- | |  |  |  |   Requesting Health Care Provider (**Please Print**) Discipline Clinical / Program Area   |  |  |  | | --- | --- | --- | |  |  |  |   Video Request Contact Contact Phone # Email Address  Requested to attend with Patient: **□** RN **□** Physiotherapist **□** Occupational Therapist **□** Social Worker  **□** None Required □ Other   |  |  |  | | --- | --- | --- | |  | **Telehealth Locations** | **Contact Name and phone number** | | Health Care Provider Facility |  |  | | Patient Location/Facility |  |  | | Additional Sites (if applicable) |  |  |     **PATIENT INFORMATION (If more than 1 patient attach patient list)**   |  |  | | --- | --- | |  |  |   Name (First/Last)  **Please Print** Date of Birth DD/MM/YYYYY     |  |  |  | | --- | --- | --- | |  |  |  |   Place of Residence (Mandatory) Province Postal Code   |  |  |  |  | | --- | --- | --- | --- | | MCP # |  | Other: (please specify) |  |     **PROVIDER INFORMATION (complete if attending provider is OUTSIDE of Newfoundland and Labrador)**   |  |  | | --- | --- | |  |  |   NL Family/Referring Provider (First/Last Name) **Please Print**  Telephone (xxx) xxx-xxxx | |
| **ADDITIONAL RELEVANT INFORMATION**  **Please select requirements below:**    **\_\_\_\_\_\_ Height (cm)**  **\_\_\_\_\_\_ Hand held camera**  **\_\_\_\_\_\_ Weight (kg)**  **\_\_\_\_\_\_ Blood Pressure Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_ Vital Signs** | **Comments**  Please provide additional information as appropriate (escort or type of assists necessary, gait assessment, oxygen dependent, stretcher required for patient assessment, etc). |