



TELEMEDICINE ASSESSMENT

Please send the completed form to the Fax number associated with the TOH system in NCompass (15 minutes prior to appointment)

Date (yyyy/mm/dd):	Time:	
Patient name	DOB	OHIP no
Nurse contact name	Phone	Fax
Pharmacy name	Phone 613-	Fax 613-
Laboratory name	Phone 613-	Fax
Family physician name	Phone 613-	Fax

BP	P	R	Oximeter	Height	Weight
Right arm Left arm			%	cm	kg

ALLERGIES	MEDICATIONS	Dose	Route	Frequency
1	1			
2	2			
3	3			
4	4			
5	5			
6	6			
7	7			
8	8			
9	9			
10	10			
11	11			
12	12			
13	13			
14	14			

Comments