The Ottawa Hospital | L'Hôpital d'Ottawa

TELEMEDICINE ASSESSMENT

Hepatitis C Clinic
Please FAX to 613-739-6666
(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	Fax
Family physician name	Phone	Fax
Presence of: Skin issues ❑ Yes ❑ No **If you answered yes, please have handheld camera ready.**		

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

NOT TO BE INCLUDED IN HEALTH RECORDS

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