



TELEMEDICINE ASSESSMENT PAU

Please FAX (15 minutes prior to appointment) to:

General Campus 613-737-8825

Civic Campus 613-761-5350

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
Does patient have: Pacemaker <input type="checkbox"/> Yes <input type="checkbox"/> No Sleep apnea <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No If patient is diabetic please take capillary blood glucose:			

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

NOT TO BE INCLUDED IN HEALTH RECORDS