



## TELEMEDICINE ASSESSMENT

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

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