

## **Instructions for Completing KTHN Telehealth Evaluation Form- CONSULTING CLINICIAN**

- 1) **Write in the time the consult starts and the time of stopping the consultation with the patient**
- 2) **Write in the Consultant's Site Location**
- 3) **Write in the Patient's/Referring Physician's Location (just write in the site name)**
- 4) **Write in the date of the consult yr (05) then XXXX is Month and date (0729) and the patient's first and last name initials**
- 5) **Write in Consultant's Name, specialty, room location**
- 6) **Complete questions 1 through 9**
- 7) **In question 2---The Primary Diagnosis box is for DERMATOLOGY patient's only**
- 8) **Whatever condition the current patient consult is for, also **circle other patient disease categories** that are in the patient's history.**
- 9) **Check the box for the age range of the patient**
- 10) **Add any additional comments about the patient consultation**

