

**Originator Form**

**Telemedicine Consultation Evaluation**

TO BE COMPLETED PRIOR TO CONSULTATION

PLEASE PRINT LEGIBLY

Location (site) of patient: \_\_\_\_\_ Date of telemedicine consultation: \_\_\_\_\_

Location (site) of consultant seeing the patient: \_\_\_\_\_

Originator's name or I.D. #: \_\_\_\_\_  
(the primary care provider seeking this consultation)

- Physician       Nurse
- PA                 Nurse Practitioner
- Other: \_\_\_\_\_

Name or I.D. # of care provider  
accompanying patient during telemedicine  
consultation: \_\_\_\_\_

- Physician       Nurse
- PA                 Nurse Practitioner
- Other: \_\_\_\_\_

Consultant's name or I.D.#: \_\_\_\_\_

Consultant's specialty: \_\_\_\_\_

Patient Identification Number: \_\_\_\_\_

Patient date of birth: \_\_\_\_\_

Patient status: 1.       Inpatient     Outpatient     Home visit     Nursing Home  
    Other \_\_\_\_\_

2.       New medical condition       Follow-up

Payor(s):  
(check all that apply)

- None (self-pay)       Commercial health insurance       Champus
- Medicare               HMO                                       Other
- Medicaid               Workers Compensation

*The following information should come from the primary care provider (or his/her designate) who made the initial referral to the telemedicine clinic. PLEASE PRINT LEGIBLY!*

Reason for referring the patient to the consultant: (check all that apply)

- Establish or help with diagnosis only
- Establish or help with treatment plan only
- Establish or help with both diagnosis and treatment plan
- Ongoing management of this case
- Patient education
- Provider education
- Other: \_\_\_\_\_

Specific question or issue prompting consultation:

\_\_\_\_\_

How would this patient have been managed without a telemedicine consultation?

- Treated based on my opinion at the time
- No treatment, but additional studies would be done here, on-site
- Referred to: (check one only)
  - Local hospital emergency room       Regional specialist
  - Regional hospital emergency room       Tertiary-care center specialist
  - Tertiary-care center emergency room       Other: \_\_\_\_\_

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**Telemedicine Consultation Evaluation**

**TO BE COMPLETED BY THE CARE PROVIDER (PHYSICIAN, NURSE, P.A., ETC...) WHO ACCOMPANIES THE PATIENT IN THE TELECONSULTATION**

Your name or I.D. #: \_\_\_\_\_  
 (care provider accompanying patient in the teleconsultation)

QUESTIONS <i>(please circle the most appropriate number)</i>								
DEFINITIONS: <ul style="list-style-type: none"> <li>• Consultant = doctor or medical professional on the video screen.</li> <li>• Telemedicine consultation = a consultation between the medical professional and the patient using the video screen.</li> </ul>	STRONGLY DISAGREE				STRONGLY AGREE			
	Example: I felt well when I woke up this morning.	1	2	3	4	5	6	7
1) I could talk about anything with the consultant.	1	2	3	4	5	6	7	
2) During the consultation, I was nervous about using the telemedicine equipment.	1	2	3	4	5	6	7	
3) The consultant was able to address the real concern(s) of this patient today.	1	2	3	4	5	6	7	
4) My ability to care for this patient was improved by this consultation. <input type="checkbox"/> not applicable	1	2	3	4	5	6	7	
5) The consultant was able to obtain pertinent physical exam information About the patient. <input type="checkbox"/> not applicable	1	2	3	4	5	6	7	
6) My abilities as a health care provider were well utilized during the consultation.	1	2	3	4	5	6	7	
7) The consultation would have been better if it had been performed in person (with the patient and consultant together in the same room).	1	2	3	4	5	6	7	
8) Telemedicine improved this patient's access to medical care.	1	2	3	4	5	6	7	
9) The telemedicine equipment worked well today.	1	2	3	4	5	6	7	
10) The patient was satisfied with this telemedicine consultation.	1	2	3	4	5	6	7	
11) Overall, I was satisfied with today's consultation.	1	2	3	4	5	6	7	

ANY PROBLEMS, COMMENTS, OR SUGGESTIONS ON HOW WE CAN IMPROVE THE TELEMEDICINE CONSULTATION ARE WELCOME HERE OR ON THE NEXT PAGE.

**THANK YOU!**