



Telemedicine Assessment Form - Dr. Jo-Anne Clarke/Dr. James Chau

Please complete the information and fax to **705-688-7720** prior to the start of the telemedicine consult (PLEASE PRINT):

Date: _____ Patient name: _____

Health Card & VC: _____ DOB: _____

Tel: _____ Alt Tel: _____

Address: _____

BP: _____ Pulse: _____ Wt: _____ Height: _____

List of medications:

Medication & Dosage

Medication & Dosage

Predominant Concerns (from patient or family):

Patient's pharmacy: _____ Fax number: _____

Telemedicine coordinator/nurse: _____

Patient site phone: _____ Fax: _____