

RAPID DEPLOYMENT: GETTING STARTED WITH TELEHEALTH

Pre-visit Form (PALTC-ED Telehealth)

- 1) Patient Name (First, Last):
- 2) Site name:
- 3) What is your role (person answering this questionnaire)?
 - Physician
 - Nurse
 - Other healthcare provider:
 - Patient
- 4) How old is the patient?
 - Under 65 years old
 - Aged 65 – 74
 - Aged 75-84
 - Aged 85 or older
- 5) What is the biological sex of the patient?
 - Male
 - Female
- 6) Does the patient have any of the following conditions or comorbidities (check all that apply)?

Heart disease	Cancer
Diabetes	Other (write-in):
Chronic respiratory disease	
High blood pressure	
- 7) Highest temperature measured for the patient in the past 24 hours? °F
- 8) Highest resting heart rate measured for the patient in the past 24 hours? BPM
- 9) Lowest Oxygenation Percentage recorded for the patient in the past 24 hours? %
- 10) Was the Oxygenation Percentage measurement taken while the patient was on supplemental oxygen?
 - Yes. Please indicate how much oxygen the patient was receiving at the time of the O2 Sat measurement:
 - No
 - Don't Know

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- 11) Please indicate the symptoms exhibited by the patient in the past 24 hours (check all that apply):

Short of breath and/or difficulty
breathing
Chest pain
Coughing
Vomiting
Diarrhea
Fatigue

Weakness
Confusion or disorientation
Dehydration
Patient “sounds” sick
Others (write-in):

- 12) Has there been a recent change in the patient's baseline mental status?

Yes. Please describe recent changes in patient's mental status:

No

Don't Know

- 13) Has there been a recent change in the patient's activity level or daily functioning?

Yes. Please describe recent changes in patient's activity level or daily functioning:

No

Don't Know

- 14) What is the reason for the consult?

- 15) Has the patient (or caregiver, if patient cannot consent) agreed to having a video visit with a provider? *Note: If a video visit is arranged, the provider will orally confirm the patient's consent to a video visit at the start of the visit.*

Yes

No

Unsure

- 16) Is there anything else you would like to share with the provider prior to the visit?