

## Assessment Form

Provider: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Patient verbally consents to use of telemedicine today? Y N

List any allergies: \_\_\_\_\_

### General Patient Information

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Are there insurance

changes?\*

Yes  No

\*If changes please send current info

Date of Visit \_\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_

PCP: \_\_\_\_\_

Fax Recommendations/Orders to: \_\_\_\_\_

Facility or Name of Consult Unit to Dial: \_\_\_\_\_

Polycom

TytoCare

Current Tobacco Use?  Yes  No

Have you fallen in the past 3 months?  Yes  No

Have you had the Flu Shot?  Yes  No

Do you feel safe at home?  Yes  No

Have you traveled outside the country in the last 30 days?  Yes  No If yes, where: \_\_\_\_\_

Wound Consult? Yes No If yes, please complete additional Wound Assessment & Documentation Form and fax.

### General Physical Assessment

Vitals: HT: \_\_\_\_\_ WT: \_\_\_\_\_ Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_ Resp Rate: \_\_\_\_\_ SaO<sub>2</sub>: \_\_\_\_\_

Ear/Nose/Mouth/Throat: Scar or Lesions  Yes  No Difficulty Hearing:  Yes  No

Eyes: Pupils react to light:  Yes  No Conjunctivae/Lids-Clear  Yes  No

Respiratory Effort: Normal:  Yes  No Labored:  Yes  No

Lung Sounds: Clear:  Yes  No Wheezy:  Yes  No

Cardiovascular: Irregular Rhythm:  Yes  No Leg Edema:  Yes  No

GI Abdomen: Bowel Sounds Normal/Active:  Yes  No Presence of Pain:  Yes  No

Back: Tenderness to palpation of spine:  Yes  No Deformity of spine:  Yes  No

Skin: Rashes or Lesions:  Yes  No Warm/Dry:  Yes  No

Musculoskeletal: Off Balance:  Yes  No Nail Infection:  Yes  No Nail Cyanosis (blue):  Yes  No

Neuro/Psychiatric Status: Awake/Alert:  Yes  No Orientation to Person/Place/Time:  Yes  No

Pain Score 1-10 Score: \_\_\_\_\_

### Current Medications:

See Attached Sheet

See EMR

Medication and Allergies Verified? Y N

Y

N

Consult Nurse Initials: \_\_\_\_\_

### NOTES:

### Patient History:

### Present for Consult:

### Consult RN Signature: