UW
TELEHEALTH PROGRAM
Consult Request Form

To be completed by Referring Provider or Educator/Assistant/Site Coordinator. If possible, please fax the white Patient Information Request, UWMC Consent for Care, and UW Telemedicine Consent forms along with this form. Also, please include relevant patient history information, lab results, etc. which may be useful to the consultant prior to seeing the patient.

TODAY’S DATE: __________________________

NAME OF REFERRING PROVIDER: _______________________ LOCATION: ________________________

PATIENT’S NAME: _______________________ PATIENT’S SEX: M F PATIENT’S AGE: _______________

HAS THIS PATIENT BEEN SEEN VIA TELEMEDICINE PREVIOUSLY? YES NO

WHAT IS THE SPECIALTY AREA OF THE DESIRED CONSULTANT? (BE AS SPECIFIC AS POSSIBLE) IF YOU KNOW THE NAME OF THE CONSULTANT YOU WOULD LIKE TO TALK WITH, PLEASE WRITE IT HERE.

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE NATURE OF THE PROBLEM YOU WOULD LIKE THE CONSULTANT TO ADDRESS AND ANY SPECIFIC QUESTIONS YOU WOULD LIKE HIM/HER TO ANSWER.

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WILL THE PATIENT BE PRESENT DURING THE VIDEOCONFERENCE WITH THE CONSULTANT? ____________

WILL DIGITIZED IMAGES BE SENT FOR THE CONSULTANT TO VIEW? ____________

IF SO, WHAT TYPE OF IMAGES AND HOW MANY OF EACH? (list number)
SNAPSHOTS: __________ XRAYS: __________ MRIS: __________ CT SCANS: __________ OTHER: __________

WE WILL ATTEMPT TO SCHEDULE TIME WITH A CONSULTANT AT THE EARLIEST AVAILABLE TIME WITHIN THE NEXT 10 BUSINESS DAYS ONCE THIS FORM IS RECEIVED.

DOES THIS PATIENT NEED TO BE SEEN SOONER? ____________ IF SO, HOW SOON? ____________

PLEASE LIST TIMES IN THE NEXT 10 BUSINESS DAYS WHEN YOU (THE REFERRING PROVIDER/EDUCATOR) AND THE PATIENT (IF APPLICABLE) WOULD BE AVAILABLE TO VIDEOCONFERENCE WITH THE CONSULTANT.

THE FOLLOWING ARE TO BE COMPLETED AFTER THE CONSULTATION:

ELAPSED TIME OF THIS ENCOUNTER (in minutes) _______________________

WHO WAS PRESENT DURING THIS ENCOUNTER: ________________________

WHAT TYPE OF SESSION WAS THE ENCOUNTER? EDUCATIONAL __________ MEDICAL __________

FAX this form and the additional materials requested above to Sarah Dyck, Program Manager at: (206) 616-4990 Questions? Call (206) 685-3676