

# Telehealth Saskatchewan Clinical Booking Form



SCHEDULING	<b>Appointment Date*</b> <span style="float: right;">* Mandatory Field</span> <b>Start Time (SK) *</b> <b>End Time (SK)*</b>			
	<b>Select Telehealth Site Closest to Patient*</b> Other Site			
	<b>Consultant*</b> <b>Consultant Specialty*</b>			
	<b>Consultant Telehealth Site*</b> Other Site			
	<b>Consultant Phone</b> <b>Fax</b>			
PATIENT INFO	<b>Patient Name*</b>		<b>Primary Phone*</b>	<b>Secondary Phone*</b>
	<b>DOB*</b>		<b>HSN</b>	
	<b>Address*</b>			
CLINIC REQUIREMENTS	<b>Alternate Contact</b>		<b>Relationship</b>	
	<b>Alternate Contact Phone</b>		<b>If Other</b>	
	<b>Talk Only</b>			
	<b>Assessments Required</b>			
	Assessment form specific to clinic attached			
	Vital Signs (BP/Pulse/O <sub>2</sub> /Temperature)			
	Weight			
	Height			
	Medication List			
	Other (list below)			
Additional Information Relevant to this Appointment (i.e: wheelchair, bed, infectious concerns, etc)				
OTHER	<b>Sender's Name*</b>		<b>Date*</b>	
	<b>Sender's Phone Number*</b>		<b>Sender's E-mail*</b>	