## WVU Nephrology Telemedicine Consultation Request Checklist

## Department Info.

|  |  |
| --- | --- |
| Individual Scheduling Consult:  |  |
| Referring Physician: |  |
| Patient Presenter: |  |

## Patient Info.

|  |  |
| --- | --- |
| Patient Name: |  |
| DOB or Age: |  | MR# |  |
| Reason for Consult:Have Lab Results and Vital Signs *(including weight, input and output of fluid)* available when calling |  |

## Consult Info.

|  |  |
| --- | --- |
| Physician Scheduled:  |  |
| Date Scheduled: |  | Time: |  |

## Please put a checkmark beside each document sent:

|  |  |
| --- | --- |
|  | Hospital Face Sheet (Required)  |
|  | Reason for hospitalization |
|  | Reason for consult |
|  | List of current Medications & Allergies |
|  | Admission H&P and other consult reports |
|  | Laboratory reports since admission (Required) |
|  | Signed MDTV Telemedicine Consent Form (Required) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Method of document transmission (Please Check one):**  |

|  |  |
| --- | --- |
|  | Email |
|  | Fax |

 |
| *Send to Both WVU & DMH Contacts listed below* |
| Janet BoordFax: 304.293.7373Phone: 304.293.2551Email: jaboord@hsc.wvu.edu | Pam SmithsonFax: 304.630.3066Phone: 304.637.3337Email: smithsonp@dhswv.com |

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| --- | --- |
|  | WVU |
|  | DMH |

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RN Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Required)