## 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 Boord Fax: 304.293.7373  Phone: 304.293.2551  Email: [jaboord@hsc.wvu.edu](mailto:jaboord@hsc.wvu.edu) | Pam Smithson Fax: 304.630.3066  Phone: 304.637.3337 Email: [smithsonp@dhswv.com](mailto:smithsonp@dhswv.com) | |  |  | | --- | --- | |  | WVU | |  | DMH | |

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