Atrium Virtual Care Referral Form

Date_____ Time_____

Location: _____

Steps to Follow for Setting Up a Virtual Care Visit			
1) Complete section A:			
2) Call parent to offer Virtual visit, verify consent on file, advise parent that they can also attend the visit virtual via text or email link. If no consent on file parent may fill one out prior to the visit. Telepresenter can send via DocuSign	Explain: **"An AH Levine Children's doctor or assistant will be calling you from 844-563-5268. Please answer their call so they can send you an invite to participate in the visit, share findings, and treatment with you."**		
3) Contact Telepresenter for scheduling, **Preferred contact is the What's App or Group Text.** (**NO App** or text reply within 5 minutes go to #4) 4) **Call per Telepresenter Schedule**: Kelly Lowe 980-395-0175 Patsy A Fisher-704-472-2448 Maritza Brooks 704-466-9332	Please give this form to Telepresenter when they come to conduct visit.	Per facility protocol staff may stay with child during visit	A copy of this form will be given to the facility contact for any follow up needs

A. Completed by Requestor:

1. Child Name: _____ DOB: _____
2. Child complaint/triggers/relieving factors/duration _____use back if needed
3. Parent Name/Phone #_____Virtually attend visit- **YES/NO**

B. Pertinent Information completed by RN/HT/TP:

4. Temperature: _____°F Child's Weight: _____ BP: _____ HR: _____ RR: _____ SPO2: _____
5. Was parent/guardian aware of complaint? _____
6. How long has this problem/complaint been present? _____
7. What treatment or medication has been given for this complaint? _____
8. Has child been to the doctor recently to treat this condition? If yes, when? _____
9. PCP-_____
10. Child's allergies to medications: _____
11. Child's current medications: _____
12. What pharmacy does parent/guardian prefer to use if medication is needed for treatment? _____

Findings/Treatment/Disposition: (To be completed by Telepresenter for records)

Diagnosis-

Plan-

Follow up-

RTC or SHS Treating Provider: Telepresenter Initial:

2/2022