

Chart: Test Patient

Objective

Test Patient Client Number: 1175 Hope, BC ▼ test@bcphysio.org
March 25, 2020 Added by: Jeremy McAllister BScPT
Alternate Contact Number in Case of Virtual Visit Connection Failure
604-111-1111
Local Emergency Contact (Family / Friend / Caregiver)
604-222-2222
Local First Responder Contact Number
604-333-3333
Verification of Identities ☑ Patient identified by date of birth ☑ Clinician identified Informed consent script If you have not obtained written consent:
Advise the patient: - this visit is being delivered through telecommunication technologies - there may be limitations that virtual care imposes on physiotherapy treatment, such as the inability to provide hands-on evaluation and treatment if applicable there are inherent risks in delivering services via virtual care technologies including risks to privacy of information Safeguards are in place to mitigate these risks (what these are will depend on your policy / procedure / virtual care tool) - advise what the alternative treatment options are (i.e. if in-person care is available) - advise you will not be recording any aspect of this transmission. If this is required, a full description of that process will be given and separate consent will be obtained.
Confirmation of Consent (Check all that apply) Informed consent for physiotherapy through virtual / telehealth delivery was obtained Standard informed consent was obtained for the therapy plan to be carried out in the virtual visit Consent obtained for recording of photo / video / audio Consent obtained for the participation of another caregiver / family member (details below) Subjective

Analysis			
Plan			
Signed By	<i>></i>		

Jeremy McAllister BScPT License #03974 Signed on Wednesday March 25, 2020 at 2:11pm