



Timothy A. O'Connor, M.D.
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CONSENT TO PARTICIPATE IN TELEHEALTH

Telehealth is healthcare provided by any means other than a face-to-face visit. In telehealth services, medical and mental health information is used for diagnosis, consultation, treatment, therapy, follow-up, and education. Health information is exchanged interactively from one site to another through electronic communications. Telephone consultation, videoconferencing, transmission of still images, e-health technologies, patient portals, and remote patient monitoring are all considered telehealth services.

Patient name: _____ **Date of birth:** _____

1. **PURPOSE.** The purpose of this form is to obtain your consent for a telehealth visit with one of our healthcare providers. I understand that due to the state of the current national emergency crisis, telehealth is offered by Ventura County Radiation Oncology Centers Medical Group, Inc. to appropriate patients in an effort to comply with federal and state mandates of isolation and social distancing as an effort to provide protection to everyone.
2. **NATURE OF TELEHEALTH.** Telehealth involves the use of audio, video or other electronic communications to interact with you, consult with your healthcare provider and/or review your medical information for the purpose of diagnosis, therapy, follow-up and/or education. During your telehealth visit, details of your medical history and personal health information may be discussed with other health professionals through the use of interactive video, audio and telecommunications technology. Additionally, a physical examination of you may take place and video, audio, and/or photo recordings may be taken.
3. **RISKS, BENEFITS AND ALTERNATIVES.** The benefits of telehealth include having access to medical specialists and additional medical information and education without having to travel outside of your local health care community. A potential risk of telehealth is that because of your specific medical condition, or due to technical problems, a face-to-face consultation still may be necessary after the telehealth appointment. Additionally, in rare circumstances, security protocols could fail causing a breach of patient privacy. The alternative to telemedicine consultation is a face-to-face visit with a physician.

4. **MEDICAL INFORMATION AND RECORDS.** All laws concerning patient access to medical records and copies of medical records apply to telemedicine. Dissemination of any patient identifiable images or information from the telehealth consultation to researchers or other entities shall not occur without your consent.
5. **CONFIDENTIALITY.** All existing confidentiality protections under federal and California law apply to information used or disclosed during your telehealth visit. I understand that it is my obligation to ensure that any virtual assistant artificial intelligence devices, including but not limited to Alexa or Echo, will be disabled or will not be in the location where information can be heard.
6. **RIGHTS.** You may withhold or withdraw your consent to a telehealth visit at any time before and/or during the visit without affecting your right to future care or treatment.

 Signature of patient or patient's representative

 Date

 Date of birth

 Print patient or legal representative name

 Relationship to patient

 Witness signature

 Date



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REVIEW OF SYSTEMS:

Do you currently have? (If yes, check appropriate boxes)

Check here if no current symptoms Height _____ Weight _____

EYES

- Double Vision
- Eye Pain

ENMT

- Decrease Hearing
- Hearing Aids
- Ear Pain
- Nose Bleeds
- Dry Mouth
- Hoarseness
- Oral Ulcers
- Sore Throat

CARDIOVASCULAR

- Chest Pain
- Leg Pains with Walking
- Leg Swelling
- Palpitations
- Shortness of Breath

RESPIRATORY

- Decreased Exercise Tolerance
- Difficulty Breathing
- Coughing Up Blood
- Sputum Production

GASTROINTESTINAL

- Abdominal Pain
- Constipation
- Diarrhea
- Nausea
- Vomiting
- Trouble Swallowing
- Rectal Bleeding

GENITOURINARY

- Painful Urination
- Increase Frequency
- Lack of Bladder Control
- Blood in Urine
- Vaginal Discharge
- Menstrual Irregularities

MUSCULOSKELETAL

- Muscle Weakness
- Muscle Aches/Pains

INTEGUMENTARY

(SKIN/BREAST)

- New skin lesion
- Rash
- Breast Mass
- Breast Pain
- Nipple Discharge

NEUROLOGIC

- Dizziness/Vertigo
- Headaches
- Numbness/Tingling

PSYCHIATRIC

- Anxiety
- Depression

ENDOCRINE

- Increased Sweating
- Hair Changes

HEMATOLOGY

- Easy Bruising
- Enlarged Lymph Nodes
- Prolonged Bleeding
- Anemia

CONSTITUTIONAL

- Fatigue
- Weight Gain > 10 pounds
- Weight Gain < 10 pounds
- Poor Appetite
- Diet Restrictions
- Pain Scale 0-10 _____
Location _____

IMMUNIZATION HISTORY:

Have you received a Influenza (flu) vaccine? Yes Date _____ Have you received Pneumonia vaccine? Yes Date _____
 No Personal reasons _____ Medical reasons _____ No Personal reasons _____ Medical reasons _____

Print Name: _____ Patient Signature: _____ Date: _____

DOB: _____



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REVISION DE SISTEMAS:

¿Tiene usted actualmente? (Si la respuesta es sí, marque las casillas apropiadas)

Marque aquí si no hay síntomas actuales Estatura _____ Peso _____

OJOS

- Doble Vision
- Dolor de ojo

ENMT

- Disminución de la audición
- Audifonos
- Dolor de oído
- Sangrado de la nariz
- Boca seca
- Ronquera
- Las úlceras orales
- Dolor de garanta

CARDIOVASCULAR

- Dolor de pecho
- Los dolores en las piernas al caminar
- Hinchazón de las piernas
- Palpitaciones
- Falta de aliento

RESPIRATORIO

- Disminución del ejercicio
- Respiración dificultosa
- Tosiendo sangre
- Producción de esputo

HISTORIAL DE VACUNACIÓN:

¿Ha recibido una vacuna contra la influenza (gripe)?

Sí Fecha _____

No Por razones personales _____ Por razones médicas _____

¿Ha recibido la vacuna contra la neumonía?

Sí Fecha _____

No Por razones personales _____ Por razones médicas _____

GASTROINTESTINAL

- Dolor abdominal
- Estreñimiento
- Diarrea
- Nauseas
- Vómitos
- Dificultad al tragar
- Sangrado rectal

GENITOURINARIAS

- Dolor al orinar
- Aumento de frecuencia
- La falta de control de la vejiga
- Flujo vaginal
- Irregularidades menstruales
- Sangre en la orina

MUSCULOESQUELÉTICO

- Debilidad muscular
- Dolores musculares/Dolores

INTEGUMENTARIO

(PIEL/MAMA)

- Lesión de la piel nueva
- Erupción
- Masa de mama
- Dolor en los senos
- Secreción del pezón
- Cambios en la piel

NEUROLOGICO

- Perdida del control intestinal
- Mareos/vértigo
- Dolor de cabeza
- Entumecimiento/Hormigueo

PSIQUIÁTRICO

- Ansiedad
- Depresión

ENDOCRINO

- Aumento de sudor
- Aumento de micción
- Cambios en el cabello

HEMATOLGIA

- Moretone con facilidad
- Linfático agrandado
- Sangrado prolongado
- Anemia

CONSTITUCIONAL

- Fatiga
- El aumento de peso > 10 libras
- La perdida de peso < 10 libras
- Poco apetito
- Restricciones de dieta
- Escala de dolor 0-10 _____
Ubicación _____

Nombre: _____ Firma del paciente: _____ Fecha: _____

Fecha de nacimiento: _____