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**Template for Patient Information to assist in the Telemedicine Consultation**

Patient Name

Date of Birth

Contact phone number

**Medical History**

Drug Allergies: Y or N If Yes, …………………………………………………………

Prescribed Medication: Y or N

if Yes………………………………………………………………………………………………………………………………………

Relevant Medical Conditions (Please fill in relevant condition)

Heart disease ………………………………………. Lung disease …………………………………………………

Thyroid disorder………………….. Diabetes………………………………. Osteoporosis……………………………

Gastrointestinal disorder (e.g. reflux; crohn’s disease) …………………………………

Artificial joints (including heart valve replacements) …………………………………………

Smoker Y or N if Yes, number of cigarettes daily ……………….. years smoked……………

Alcohol Y or N if Yes, …………………………… glasses per day

**History of Complaint**

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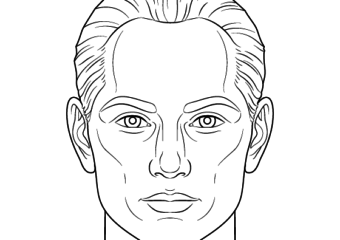
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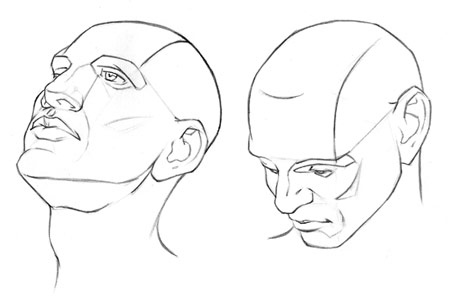
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**Examination**



**Highlight the areas where pain or area of interest for discussion**



**Radiology relevant to the case can be uploaded**

**Clinical Photographs relevant to the case can be uploaded**