A videoconference consultation uses an audio and visual connection between the doctor and the patient/parent by way of a specialised high speed telephone line. This reduces the need for some patients to travel great distances and improves their access to some specialty services. Whilst this technology is gaining increasing acceptance internationally, it is still not considered by many observers to be as satisfactory as a face-to-face consultation, where the doctor can physically examine the patient. Therefore the doctor may request for a direct follow up to be arranged.

Likewise the Hospital is also prepared to organise a further face-to-face consultation in Sydney at a mutually agreeable time if there is any dissatisfaction from your viewpoint with this videoconference process. Please do not hesitate to contact your referring Practitioner if you wish this to be arranged.

We are required to inform you about a number of issues

These are:

1. The program is voluntary.
2. Before the video consultation begins you must give your consent in writing. If you are under age, or can’t fill out the form, your parent/guardian will be asked to give written consent for you.
3. If you need to use an interpreter, one will be arranged for you.
4. You will be told the role and identity of other people who may need to take part in the consultation. You will be introduced to all health practitioners taking part.
5. You may withdraw partially or completely from the consultation at any time. You may also end the consultation at any time.
6. If the health practitioners have any doubts about the effectiveness of the session, they will arrange for a face-to-face interview for you as soon as possible.
7. Your rights to confidentiality and privacy will be respected.
8. There will NOT be any video or audio recording of the session.
SYDNEY CHILDREN’S HOSPITAL
VIDEOCONFERENCE CONSULTATION

PATIENT AGREEMENT

When consent given by parent/legal guardian

I, ................................................................. the parent(s)/guardian of
................................................................. Agree to participate in a
videoconference consultation between myself and

.................................................................
(names of persons accompanying the patient)

and

.................................................................
(Consultant/Registrar)
on ........../ ........../ ........... using a videoconference link.

When consent given by patient

I, .................................................................

Agree to participate in a videoconference consultation between myself and

.................................................................
(name of persons accompanying the patient)

and

.................................................................
(Consultant/Registrar)
on ........../ ........../ ........... using a videoconference link.

I have read and understand the information on the rear of this form and I am aware that I may terminate this consultation at any time.

Signature ................................................. Witness .................................................

Name ........................................................ Name ..................................................

If Interpreter Used

Interpreter Name ..........................................................
PATIENT DEMOGRAPHIC FORM

Patient Demographic Details (for Department of Health data collection)

Surname: ........................................  Given Name: ........................................

Hospital: ........................................  MRN: ........................................

At the time of consult, was the patient: □ admitted □ non-admitted

If non-admitted, was the patient at a: □ A&E □ Outpatient clinic □ Other

Sex of patient: □ Male □ Female  DOB: ........................................

Patient’s usual place of residence:

Suburb: ........................................  Postcode: ........................................

Aboriginality: □ Non-Aboriginal □ Aboriginal □ Torres Strait Islander
□ Unknown

Details of Consult

Has the patient used videoconferencing before? □ Yes □ No

If yes, was the Telehealth consultation used for:
□ Initial consultation
□ Second opinion
□ Ongoing management
□ Other ........................................

Why did this patient use telehealth?
□ Ease of access
□ Emergency
□ Medical reason
□ Other ........................................