

Instructions for Registered Medical Practitioners (RMP)

Kindly Select the Type of Consultation You prefer



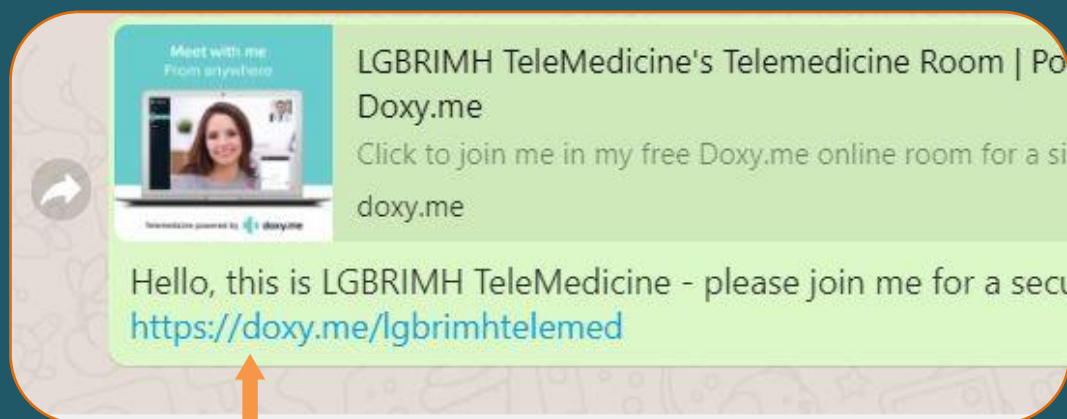
A. Consultation with Patient



B. Consultation without Patient

Information for RMP Consultation:

1. Kindly select the type of consultation at the right upper corner of the form.
2. Fill up the duly signed Proforma and send it to our telemedicine center contact number for registration of the patient.
3. **Prescription** through Tele-Consultation would be generated **only for Type A** consultations, at the discretion of the Tele-Consultant.
4. No prescriptions would be generated through Tele-Consultation for Type B.
5. **Explicit consent** from patient is **mandatory for all Type A consultations.**
6. Once the proforma is received, you will be provided an Appointment time for the Next Day.
7. A WhatsApp message will be sent to you at the time of appointment. Click the link mentioned in the message and follow the instructions. A sample of the message to be received is given below:



Click the Link and Follow the instructions



Proforma for RMP Consult

Select the type of Consultation

A

B

Name of RMP:		Name of Patient:	
Registration No.	Age:	Age:	Gender:
General Practitioner / Specialist (tick whichever is applicable)		Identification Mark:	
Specialty:		Father's Name:	
Place of Work:		Guardian Name:	
Any formal training in Psychiatry?	Yes	No	Relationship with Patient
If Yes: Please describe the Duration, Mode and Place			Address:
Phone No:		Phone No.	
Email id:		Email id:	
Chief Complaints with Duration		Brief History	
Past Medical and Surgical History			
BMI:	Pulse:	BP:	
Significant Physical Examination Findings		Substance Use History	
		Current Medications (if any)	

I, _____ hereby give my Informed consent to Dr. _____
for Tele-Consultation in mental health care for **myself / my ward**. I understand that I have the right to withhold or
withdraw my consent to the use of telemedicine during the care at any time without affecting my right to future care.

মই _____ ইয়াৰ দ্বাৰাই মোৰ / মোৰ বোগীৰ বাবে চিকিৎসক ডাঃ _____
দেৱক মানসিক স্বাস্থ্যবিধিৰ বাবে টেলিকনচাল্টেচনৰ (ভিডিঅ চিকিৎসা পৰামৰ্শালী) অনুমতি প্ৰদান কৰিছো। এইটো মোৰ বাবে জ্ঞাত মই
ভৱিষ্যতৰ চিকিৎসা বিধি পৰামৰ্শত অসুবিধা নোহোৱাকৈ যিকোনো সময়তে টেলিমেডিচিনৰ অনুমতি প্ৰত্যাহাৰ কৰিব পাৰো।

Signature of RMP (with date)

Signature of Patient / Guardian (with date)