



# ASHA HOSPITAL

INSTITUTE OF MEDICAL PSYCHOLOGY  
COUNSELLING & PSYCHOTHERAPY

## REQUIREMENTS FOR VIDEO CONSULTATIONS

A patient can request the consultant doctor for video consultation only if they fulfil the following criteria:

1. **FIRST CONSULTATION WILL NEVER BE A VIDEO CONSULTATION**
2. Only after a detailed evaluation during the first consultation, decision of video consultation will be taken up depending on various clinical and social criteria.
3. Existing patients and their relatives can avail the facility of video consultation after discussing with their consultant psychiatrist.
4. Those who apply for video consultation should possess appropriate devices through which the consultation can take place
5. The patient and the relative have to be available for the video consultation though the interview will be taken for both of them separately, and also combined if required.
6. **NO VIDEO RECORDING** during the video consultation is allowed.
7. **Continuation of Video Consultations will be completely at the discretion of the doctor. Based on the assessment of clinical condition, doctor can insist on In Person Consultation and evaluation at any time, in the best interest of the patient.**

### Procedure and guidelines for Video Consultation

1. Those patients who are requesting for a video consultation have to register in our website <https://ashahospital.org/>
2. Payment of fees have to be made on the website for consultation. You need to log on to the website of Asha Hospital at the allotted time of your consultation.
3. Video consultation will be for 10 minutes, Kindly observe the time in the interest of your fellow patients. Kindly be precise and to the point while consulting the doctor to utilise the best of your time.
4. Please be online for the video consultation at least 5 minutes prior to the scheduled appointment time
5. Utmost priority is given to provide consultations on time, but we cannot promise the initiation of the video consultation exactly at the scheduled appointment, considering various unavoidable factors in the clinical practice. We try our best to be on time
6. Patient and his/her relatives are requested to perform the video consultation in a well lit spacious room, so that the patient can be clearly visible to the doctor on the computer screen. Kindly respect the solemnity and the medical decorum of the video consultation during the video session.

Please Note:

**No telephonic consultations**



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## TELE CONSULT PROFORMA – TO BE FILLED BY PATIENT

Name

Date

Father's/Mother's Name

Age

Gender

Address

Phone number

MR no.

**Reason for consultation/ current symptoms and duration**

**Upload Latest/ last prescription**

IMPACT

## **Telepsychiatry/Teletherapy consent form**

### **Filling this proforma will facilitate**

To understand what information and history is required for effective consultation. Adequate and reliable information that is required for arriving at a provisional /definitive diagnosis and planning treatment and management

This proforma will be retained in the patient's file in the hospital along with a copy of all the investigations and a copy of the prescription

### **Information to the patient and patient's family members**

Presence of patient is advisable during the telemedicine consultation. This is as per the TelemedicinePracticeGuidelines-2020 and Mental HealthcareAct,2017

If the patient is not willing to come for telepsychiatry consultation, please follow Mental Healthcare Act, 2017 (Available online at <https://www.mohfw.gov.in/pdf/Telemedicine.pdf>) and request for in-person consult by the mental health care professionals for Mental Capacity Assessment

The Telemedicine Practice Guidelines have stated (Code4.1.1.2) that the patient/ patient's family member will be responsible for the accuracy of the information shared with the doctor.

If symptoms are severe and/ or severe side effects of medicines and/ or emergency care is required, please do not wait for tele medicine consultation appointment. Please do in-person consultation at the nearest psychiatrist or registered medical practitioner at the earliest.

### **Consent**

#### **By proceeding with meeting the doctor–**

I consent to avail consultation via telemedicine. I know the potential risks, consequences and benefits of telepsychiatry consultation. I will ask doctor/ pharmacist, if I do not understand any of the information provided in the prescription. I will stop prescribed medicines in case of any adverse reaction /side effects. I will contact the psychiatrist immediately or go to the nearest registered medical practitioner for in-person consult.

**Signature of the patient**

**Signature of LAR**