

### New Consult Proforma

**Proforma complies with MHCA, 2017 Sec 25 and the Mental Healthcare (Rights of Persons with Mental Illness) Rules, 2018 Rule 6(3), Form B**

Name.....

Photo ID card No ..... Date.....

Father's / Mother's Name.....

Age..... Gender.....

Advance Directive (Yes/No) .....

Address.....

.....

Patient's phone number.....

Email Id.....

Alternate phone number.....

Height..... Weight.....

LMP (if applicable) .....

**Location of Patient during the Consultation (address).....**

.....

.....

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

1..... Duration.....

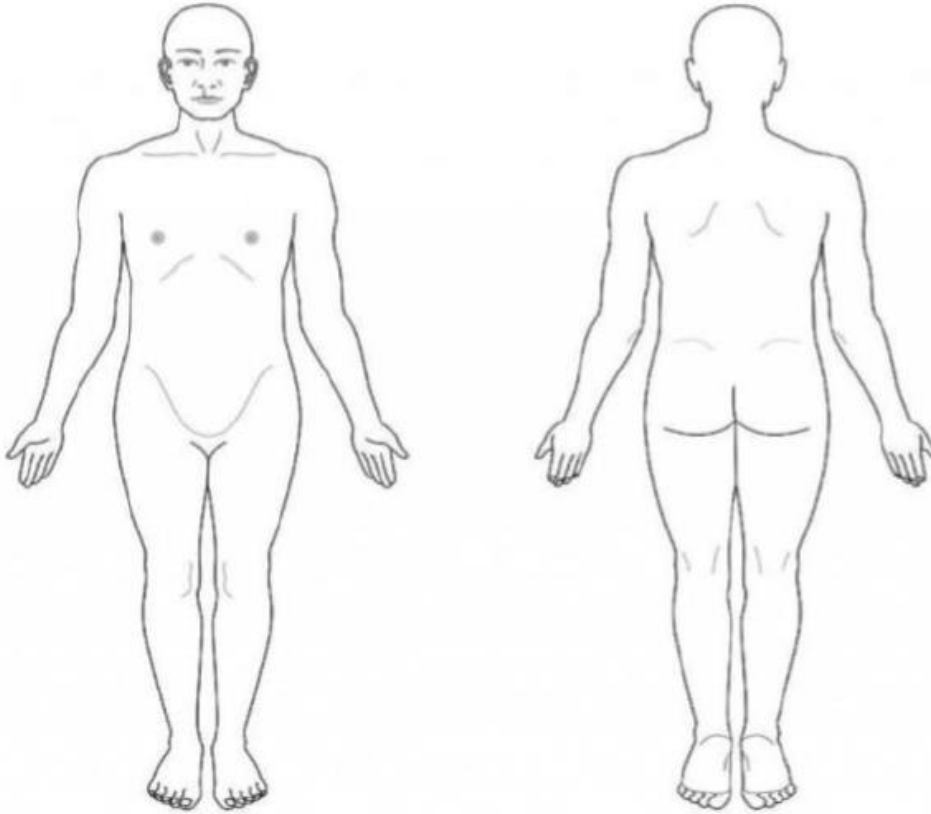
2..... Duration.....

3..... Duration .....

4..... Duration .....

## TELEPSYCHIATRY OPERATIONAL GUIDELINES

4. Please do mark, if there are any injuries/pain/symptoms to help the doctor understand and localize your problems on the diagram below (if required please add more pages for describing your problems/symptoms)



## **Consent Form**

Yes, I consent to avail consultation via telemedicine. I know the potential risks, consequences and benefits of telepsychiatry consultation. I will ask doctor or 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.

### **Note:**

1. Please do remember that online consultation time is fixed per session and similar to in-person consultation time.
  - a) The average online consultation time is approximately 45-60 minutes for new patients, patients who have been seen earlier than 6 months before the current consultation and for patients undergoing psychotherapy
  - b) Follow up consultation time is 20 - 30 minutes
2. The proforma filled at the time of registration, copy of all the investigations and a signed version of this consent form should be sent to the doctor and her secretary at least 3 days prior to the scheduled appointment.
3. All of the above documents and the clinical history recorded by Dr Alakananda Dutt on each visit will be stored in her personal webpage [alakanandadutt.org](http://alakanandadutt.org) which is encrypted and protected by password only known by the doctor concerned.
4. For confirmation of appointment the full details of the payment should be sent at least 3 days prior to the scheduled appointment to facilitate smooth delivery of services for all patients.
5. Presence of patient is advisable during the telemedicine consultation. This is as per the Telemedicine Practice Guidelines-2020 and Mental Healthcare Act, 2017
6. If the patient is not willing to come for telepsychiatry consultation, please follow Mental Healthcare Act, 2017 and request for in-person consult by the mental health care professionals for Mental Capacity Assessment

7. The Telemedicine Practice Guidelines have stated (Code 4.1.1.2) that the patient / patient's family member will be responsible for the accuracy of the information shared with the doctor.
8. Please read Telemedicine Practice Guidelines available online from MoHFW, New Delhi. (Available online at <https://www.mohfw.gov.in/pdf/Telemedicine.pdf>)
9. If symptoms are severe and/or severe side effects of medicines and/or emergency care is required, please do not wait for telemedicine consultation appointment. Please do in-person consultation at the nearest psychiatrist or registered medical practitioner at the earliest
10. Neither of the party (patient/patient's party or psychiatrist) will do audio or video recording, without prior explicit consent. Covert recordings (audio or video) are illegal since everyone being recorded must consent to be recorded. Explicit consent is must from all the parties.

**Patient's Signature:** ..... **Date:** .....

**Family member's Signature** ..... **Date**.....  
**Relation with Member**  
*(if applicable)*