



PATIENT CONSENT FORM FOR TELE-OPHTHALMOLOGY

Local health professional:

Consultant: Dr Angus Turner (Ophthalmologist)

Consent to Tele-ophthalmology Consultation:

- I have been given clear written and verbal information about the Telehealth appointment.
- I have been advised that the clarity of the images obtained using videoconferencing is not as good as would be obtained in a face-to-face consultation. However, I have also been advised that the doctor will only use images that are judged to be of satisfactory quality.
- I have been advised that details of my consult will be recorded on a secure electronic medical record held by the eye specialist, and these may be used to audit Tele-ophthalmology consultations.
- I have been able to ask questions and all my questions have been answered to my satisfaction.

I,**hereby give my consent to the Tele-ophthalmology consultation involving my right / left eye and have had its possible consequences explained to me by my local health professional.**

Signed
Patient

Date

Witnessing health professional

Date