



UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

CARDIAC TELEHEALTH
TELESANTE CARDIAQUE
F / T 613.761.4158

REFERRAL FORM
VIDEO CONFERENCE

Fill out Section 1 (S1) and Section 2 (S2) and FAX TO 613-761-4158. THANK YOU.

S1	Your name:		Extension:		E-mail:	
Title of session / presentation:						
Type of session : Educational : <input type="checkbox"/> Administrative : <input type="checkbox"/> Other: <input type="checkbox"/> Specify :						
Date: dd/mm/yyyy		/	/	Start:	End:	Test connection? (add 15 min.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Room reserved :		Foustanelas center <input type="checkbox"/>	Multimedia <input type="checkbox"/>	Boardroom <input type="checkbox"/>	H-4410 <input type="checkbox"/>	** Make sure room is confirmed before sending this request.
Speaker(s) / Presenter(s) :						
S2	<p>Please read carefully and choose one category (A, B, C or D) that applies to you best and complete the required information. If you have any questions please contact the Cardiac Telehealth department at 1-4520 or at cardiac_telehealth@ottawaheart.ca.</p>					
A	<p>UOHI is hosting this session and wants to invite other sites (non-specific) to attend through VC. Please select who you would like us to invite to your session: this is called an "open" connection.</p>					
OTN (all of Ontario) <input type="checkbox"/>			OTN East (Eastern Ontario) <input type="checkbox"/>			
B	<p>UOHI wants to attend an open session through VC. Please provide as much information as possible: you will be contacted if we require more details. ** Also note that to join these events, Telehealth coordinators at the host site must register the event with the Ontario Telemedicine Network. If you are not sure if this is done, please contact the Telehealth coordinator or your contact at the host site and verify before sending the request.</p>					
Where is the session/presentation taking place? i.e. where is the speaker located? Include city / Centre / Organization						
Telehealth Coordinator, IT or other contact:			Tel:		E-mail :	
C	<p>UOHI wants to connect with one specific site only (one on one). Contacts are very important. If this is an administrative meeting and there is no "host" the other site's information is still required.</p>					
Where is the session/presentation taking place? i.e. where is the speaker located? Include city / Centre / Organization						
IT or Telehealth Coordinator at other site:			Tel:		E-mail:	
Other contact & title at other site :			Tel:		E-mail:	
D	<p>UOHI wants to connect with two or more specific sites. This is a "closed" connection which means only those invited are able to join. If you are hosting the session, we need the contact information for all sites joining: If you are one of the invited sites, the hosting site needs to register their event with OTN and you only need to fill in the host's contact information.</p> <p>Are you <input type="checkbox"/> HOSTING <input type="checkbox"/> ATTENDING</p>					
Site 1 :		Contact:	Tel:		E-mail:	
Site 2:		Contact:	Tel:		E-mail:	
Site 3:		Contact:	Tel:		E-mail:	
** If you have more than 3 sites joining please attach a separate sheet or simply print a second form and fill this section only. Thank you.						