

# Video Conferencing / Telemedicine Survey Tool - 01/14/2009

Clinic: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Currently providing Video Conferencing (VC) or Telemedicine (TM) Services \_\_\_\_\_

If currently providing VC or TM services please list services \_\_\_\_\_  
\_\_\_\_\_

Urban \_\_\_ Rural \_\_\_

1. What Video Conferencing Services would your clinic find valuable for your program/community?

a. Telemedicine

- i. Endocrinology \_\_\_\_\_
- ii. Nutrition \_\_\_\_\_
- iii. Psychiatry \_\_\_\_\_
- iv. Retinal Screening \_\_\_\_\_
- v. Pain Management \_\_\_\_\_
- vi. Hepatitis C Treatment \_\_\_\_\_
- vii. Home Health Care \_\_\_\_\_
- viii. Other Specialty Care? \_\_\_\_\_  
\_\_\_\_\_

b. Administrative meetings

- i. Directors Meetings \_\_\_\_\_
- ii. IHS sponsored meetings \_\_\_\_\_
- iii. CRIHB sponsored meetings \_\_\_\_\_
- iv. Inter-Clinic meetings \_\_\_\_\_

c. Distance Learning

- i. CME \_\_\_\_\_
- ii. Annual Training ie. Infection Control, Sexual Harassment, CPR etc.  
(please note any suggestions for classes that you may have) \_\_\_\_\_