

LAC Department of Health Services Virtual Care Screening Tool

1. Are you willing to participate in virtual care services with a Health Provider/Practitioner?
 - a. Yes
 - b. No
2. Do you have internet access at home?
 - a. Yes
 - b. No
3. Does your device (i.e. tablet, smartphone, IPAD, computer) have a camera to support video calls?
 - a. Yes
 - b. No

Questions number 1-3 must be yes. If yes, please proceed to question 4.

4. How confident do you feel about doing the following tasks without any help?
 - a. Navigating the LAC DHS my wellness portal?
 - 1- Not at all Confident
 - 2- Somewhat Confident
 - 3- Confident
 - 4- Very Confident
 - b. If you're not confident, do you have someone available to help with video calls?
(question B only applies question to A 1-2)
Yes
No
5. a. Following a Virtual Care text link on your cell phone to the Zoom app?
 - 1- Not at all Confident
 - 2- Somewhat Confident
 - 3- Confident
 - 4- Very Confident
 - b. If you're not confident, do you have someone available to help you?
Yes
No