Telemedicine Follow-Up Visit Documentation

Patient Name	
Date of Birth	_
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	J
Visit Date	
Visit Type	
	_
	_
Chief Complaint	_
	_
Interval History / Updates	_
	_
Telemedicine Assessment (Appearance, Interaction, etc.)	_
	_
Physical Exam Findings (if applicable)	_
	_
Recent Labs/Results	
	_
Assessment	
	_
Plan	
	_
Patient Education / Counseling	
Next Follow-Up	

	Provider (Name & Title)