

# Pediatric Telehealth Visit Documentation

Patient Name

Date of Birth

Date of Visit

Parent/Guardian Name

Reason for Visit

## History

History of Present Illness

Past Medical History

Medications

Allergies

Immunization Status

## Review of Systems

## Telehealth Assessment

General Appearance

Physical Exam (as observed virtually)

**Assessment / Impression**

**Plan**

**Follow-up / Instructions**