

Digital Encounter Documentation Format

Encounter Details

Date

Time

Provider Name

Patient Name/ID

Reason for Encounter

History

Subjective (History of Present Illness, Past Medical History, Family and Social History, Medications, Allergies)

Objective

Physical Exam Findings / Relevant Observations

Assessment

Summary / Impressions / Diagnosis

Plan

Treatment Plan / Interventions / Follow-up Instructions

Sign-Off

Provider Signature

Date Signed