

Remote Consultation Progress Note

Patient Name

Date of Consultation

Consultation Type

e.g., Video/Phone

Provider Name

Patient ID / MRN

Presenting Problem / Reason for Consultation

Subjective (Patient's Report/Symptoms)

Objective (Observations/Vitals/Findings)

Assessment (Clinical Impression/Diagnosis)

Plan / Recommendations

Follow-up / Next Steps

Consultation Duration

e.g., 20 minutes

Date & Time Completed