

# Remote Diagnosis and Treatment Plan

## Patient Information

Name

Date of Birth

Gender

Contact Information

## Consultation Details

Date of Consultation

Presenting Complaint(s)

History of Present Illness

Medical & Surgical History

Medication / Allergies

## Remote Examination Findings

**Diagnosis**

**Treatment Plan**

Medications

Non-Pharmacologic Recommendations

Follow-up Plan

Referrals / Additional Tests

**Physician Details**

Name

License / Registration No.

Date