

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