

Telehealth Follow-Up Visit Note

Patient Name: _____

DOB: _____

Date of Visit: _____

Provider: _____

Visit Type

- Telehealth Follow-Up

Chief Complaint

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History of Present Illness

Review of Systems

Past Medical/Surgical History

Medications

Allergies

Physical Exam (via Telehealth)

Assessment

Plan

Follow-Up Instructions

Telehealth Consent

Patient verbalized understanding of and consent for telehealth services.