

# 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.