

# Telemedicine Physical Assessment Checklist

Patient Name

Date of Birth

Consultation Date

Provider Name

## Checklist

Assessment Area	Yes	No	N/A	Comments
Patient identity verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient location confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consent for telemedicine obtained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Connection/audio/video clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Present illness/history taken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vital signs reviewed/reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient demonstrated self-exam (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Findings/supportive evidence documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follow-up plan discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Additional Notes