

Sample Telehealth Documentation Template

Patient:
DOB:
Provider:

MRN:
Date:

Originating Site: XYZ Clinic
Distant Site: Patient's Home (list where patient is located during telemedicine visit)
PCP:

Chief Complaint

History of Present Illness

This visit was conducted with use of interactive audio and video telecommunication system with real time communication between the patient and the provider. Patient consent for virtual visit obtained on (DD/MM/YYYY).

ROS: (to the extent obtainable)

PFHS: (if applicable)

Exam: (to the extent obtainable)

Assessment and Plan

Time (Document time if appropriate – some CPT codes are billed based on time and is required to be documented).