

Patient: Jane Test  
Account Number: 123456  
DOB 01/01/01 Age: Sex:  
Phone: 123-456-7890  
Address: 1234 Anytown Street

Provider: Dr. Pitt  
Date: 03/23/2020

**Key Elements Chief Complaint: Cough**

**Type of Visit: Telehealth Visit Via Video synchronous communication**

**Consent Obtained verbally**

**Provider Location: Office**

**Patient Location: Home**

**Time Spent: Telehealth visit began at 9:30 a.m. and ended at 9:45 a.m.**

**(can be included here or at end of Note)**

**Best Practice Template**

Patient is on a telecommunication system for a telehealth visit for cough and chest congestion with symptoms for approximately 3 days indicates cough and congestion have gotten worse, history of allergies and bronchitis.

c/o: Cough

Denies: Shortness of Breath

Denies: Fever

ROS: (10)

History: (PFSH)

Medications: listed

Objective:

Vitals documented with mention of self-reported)

Examination: General Examination (only those evidenced during telehealth visit)

Assessment: DX Code

Plan- documented treatment plan

Start Prescription....200mg.....

Notes:

Recommendations: Provided guidance on hand washing techniques, social distancing, rest, increase fluid intake, reduce fever with acetaminophen.

Follow up: Instructed to call within 72 hours or if sooner if fever does not reduce, stiff neck, chest pain, shortness of breath, or stiff neck.