

Telehealth Office Visit

This visit occurred using Telehealth technology including doxy.me.

The following methodologies were used for this visit: [«Phone»](#) [«Video»](#) [«Phone/Video»](#)

The patient was physically located at: [«Home»](#) [«Other;»](#)

The provider was physically located at: [«Home»](#) [«TheOffice»](#) [«Other;»](#)

The persons involved in the Telehealth service were: [«RFC»](#) [«Patient1»](#)

Date of Birth: ||PAT_DOB||

Vital Signs:

[«INSERT VITALS»](#)

[«PUSH VITALS»](#)

[«BMI Plan»](#)

[«SMOKING PACK YEARS»](#)

[«SUPER QUICK TEXT 1 »](#)

Subjective:

This [«*age*»](#) old [«*sex*»](#) presents [«*»](#) [«evaluation problem»](#) [«follow up problem»](#) †C1‡

Duration: [«DEL»](#) [«*»](#) †H4‡

Location: [«DEL»](#) [«*»](#) †H1‡

Quality: [«DEL»](#) [«*»](#) †H2‡

Severity: [«DEL»](#) [«*»](#) †H3‡

Onset: [«DEL»](#) [«*»](#) †H5‡

Frequency: [«DEL»](#) [«*»](#) †H5‡

Context: [«DEL»](#) [«*»](#) †H6‡

Alleviating factors: [«DEL»](#) [«*»](#) †H7‡

Aggravating factors: [«DEL»](#) [«*»](#) †H7‡

Treatments attempted: [«DEL»](#) [«none»](#) [«*»](#) †H7‡

Associated signs and symptoms: [«DEL»](#) [«*»](#) †H8‡

[«Additional Problem HPI»](#)

Review of Systems: «DELETE»

Constitutional: [«DEL»](#) [«ROSNEGGEN»](#) [«*»](#) †R1‡

Eyes: [«DEL»](#) [«ROSNEGEYE»](#) [«*»](#) †R2‡

Ears: [«DEL»](#) [«ROSNEGEARS»](#) [«*»](#) †R3‡

Nose/Mouth/Throat: [«DEL»](#) [«ROSNEGNMT»](#) [«*»](#) †R3‡

Cardiovascular: [«DEL»](#) [«ROSNEGCARDIO»](#) [«*»](#) †R4‡

Respiratory: [«DEL»](#) [«ROSNEGRESP»](#) [«*»](#) †R5‡

Gastrointestinal: [«DEL»](#) [«ROSNEGGI»](#) [«*»](#) †R6‡

Genitourinary: [«DEL»](#) [«ROSNEGURINE»](#) [«*»](#) †R7‡

Musculoskeletal: [«DEL»](#) [«ROSNEGMSK»](#) [«*»](#) †R8‡

Skin: [«DEL»](#) [«ROSNEGSKIN»](#) [«*»](#) †R9‡

Breast: [«DEL»](#) [«ROSNegBREAST»](#) [«*»](#) †R9‡

Neurological: [«DEL»](#) [«ROSNegNEURO»](#) [«*»](#) †R10‡

Hematologic/Lymphatic: [«DEL»](#) [«ROSNegHEMELYPH»](#) [«*»](#) †R13‡

Allergic/Immunologic: [«DEL»](#) [«ROSNegALLERGIC»](#) [«*»](#) †R14‡

Endocrine: [«DEL»](#) [«ROSNegENDO»](#) [«*»](#) †R12‡

Psychiatric: [«DEL» «ROSNEGPSYCH» «*» †R11‡](#)
[«Depression Screen»](#)

Past Medical History:

Insert Major Problems:

Insert Other Problems:

Specialists:

Allergy: [«DEL»](#) ||CE<Allergy>||
Cardiology: [«DEL»](#) ||CE<Cardiology>||
Chiropractic: [«DEL»](#) ||CE<Chiropractic>||
Dermatology: [«DEL»](#) ||CE<Dermatology>||
Endocrinology: [«DEL»](#) ||CE<Endocrinology>||
Gastroenterology: [«DEL»](#) ||CE<Gastroenterology>||
Gynecology: [«DEL»](#) ||CE<Gynecology>||
Hematology: [«DEL»](#) ||CE<Hematology>||
Nephrology: [«DEL»](#) ||CE<Nephrology>||
Neurology: [«DEL»](#) ||CE<Neurology>||
Neurosurgery: [«DEL»](#) ||CE<Neurosurgery>||
Oncology: [«DEL»](#) ||CE<Oncology>||
Ophthalmology: [«DEL»](#) ||CE<Ophthalmology>||
Orthopedic: [«DEL»](#) ||CE<Orthopedic>||
Otolaryngology: [«DEL»](#) ||CE<Otolaryngology>||
Physical Therapy: [«DEL»](#) ||CE<Physical Therapy>||
Podiatry: [«DEL»](#) ||CE<Podiatry>||
Psychiatry: [«DEL»](#) ||CE<Psychiatry>||
Pulmonary: [«DEL»](#) ||CE<Pulmonology>||
Rheumatology: [«DEL»](#) ||CE<Rheumatology>||
Surgery: [«DEL»](#) ||CE<Surgery>||
Urology: [«DEL»](#) ||CE<Urology>||
Other: [«DEL»](#) ||CE<Other>||

Social History:

[«NEW SOCIAL HISTORY»](#)

Family History:

Insert Family History 2:

Insert Family History:

Current Medications:

.ICM2: [†P1‡](#)

[«Medication Understanding»](#)

[«Reconciled current and discharge medications»](#)

[«No medications were prescribed or ordered upon discharge»](#)

Reviewed medications with the patient / family, the possible side effects of the medication and any barriers to taking medication(s) as prescribed.

No OTC medications, herbal therapies or supplements unless documented in the CURRENT MEDICATION section of the Progress Note.

Medication Allergies:

Insert Allergies: [†P1‡](#)

Objective:

General: [«DEL» «General» «*» †O1‡](#)

Skin: <> <<Skin>> <<*>> †O9‡
Hair: <> <<Hair>> <<*>>
Nails: <> <<Nails>> <<*>>
Head: <> <<Head>> <<*>> †E1‡
Eyes: <> <<Eyes>> <<*>> †O2‡
Ears: <> <<Ears>> <<*>> †O3‡
Sinuses: <> <<NT>> <<*>> †O3‡
Nose: <> <<Nose>> <<*>> †O3‡
Mouth: <> <<Mouth>> <<*>> †O3‡
Teeth/gums: <> <<Teeth>> <<*>> †O3‡
Throat: <> <<Throat>> <<*>> †O3‡
Neck: <> <<Neck>> <<*>> †E2‡
Chest: <> <<NLinsp>> <<*>> †O8‡
Cor: <> <<HeartBrief>> <<*>> †O4‡
Breasts: <> <<Breasts>> <<*>> †PB1‡
Lungs: <> <<Lungs>> <<*>> †O5‡
Abdomen: <> <<AbdomenBrief>> <<*>> †E4‡
Back: <> <<Back>> <<*>> †E6‡
|||IF PAT_SEX = "FEMALE" {GU: <> <<GUFem>> <<*>> †O7‡} ELSE{GU: <> <<GUMale>> <<*>> †O7‡}||
|||IF PAT_SEX = "FEMALE" {Rectal: <> <<RectalFem>> <<*>> †E5‡} ELSE{Rectal: <> <<RectalMale>> <<*>> †E5‡}||
Extremities: <> <<Extremitie>> <<*>> †O8‡
Feet: <> <<Feet>>
Musculoskeletal: <> <<Musculoske>> <<*>> †O8‡
Lymphatics: <> <<Lymphatics>> <<*>> †O12‡
Neurologic: <> <<NeuroBrief>> <<*>> †O10‡
Psychiatric: <> <<Psych>> <<*>> †O11‡

EKG: <> <<*>>
Rapid Strep: <> <<*>>
Rapid Influenza: <> <<*>>

Assessment:

|||IF BODY_MASS_INDEX <= "19.9" {<<Z68.1>>} |||IF BODY_MASS_INDEX > "20" AND BODY_MASS_INDEX <= "20.9" {<<Z68.20>>} |||IF BODY_MASS_INDEX > "21" AND BODY_MASS_INDEX <= "21.9" {<<Z68.21>>} |||IF BODY_MASS_INDEX > "22" AND BODY_MASS_INDEX <= "22.9" {<<Z68.22>>} |||IF BODY_MASS_INDEX > "23" AND BODY_MASS_INDEX <= "23.9" {<<Z68.23>>} |||IF BODY_MASS_INDEX > "24" AND BODY_MASS_INDEX <= "24.9" {<<Z68.24>>} |||IF BODY_MASS_INDEX > "25" AND BODY_MASS_INDEX <= "25.9" {<<Z68.25>>} |||IF BODY_MASS_INDEX > "26" AND BODY_MASS_INDEX <= "26.9" {<<Z68.26>>} |||IF BODY_MASS_INDEX > "27" AND BODY_MASS_INDEX <= "27.9" {<<Z68.27>>} |||IF BODY_MASS_INDEX > "28" AND BODY_MASS_INDEX <= "28.9" {<<Z68.28>>} |||IF BODY_MASS_INDEX > "29" AND BODY_MASS_INDEX <= "29.9" {<<Z68.29>>} |||IF BODY_MASS_INDEX > "30" AND BODY_MASS_INDEX <= "30.9" {<<Z68.30>>} |||IF BODY_MASS_INDEX > "31" AND BODY_MASS_INDEX <= "31.9" {<<Z68.31>>} |||IF BODY_MASS_INDEX > "32" AND BODY_MASS_INDEX <= "32.9" {<<Z68.32>>} |||IF BODY_MASS_INDEX > "33" AND BODY_MASS_INDEX <= "33.9" {<<Z68.33>>} |||IF BODY_MASS_INDEX > "34" AND BODY_MASS_INDEX <= "34.9" {<<Z68.34>>} |||IF BODY_MASS_INDEX > "35" AND BODY_MASS_INDEX <= "35.9" {<<Z68.35>>} |||IF BODY_MASS_INDEX > "36" AND BODY_MASS_INDEX <= "36.9" {<<Z68.36>>} |||IF BODY_MASS_INDEX > "37" AND BODY_MASS_INDEX <= "37.9" {<<Z68.37>>} |||IF BODY_MASS_INDEX > "38" AND BODY_MASS_INDEX <= "38.9" {<<Z68.38>>} |||IF BODY_MASS_INDEX > "39" AND BODY_MASS_INDEX <= "39.9" {<<Z68.39>>} |||IF BODY_MASS_INDEX > "40" AND BODY_MASS_INDEX <= "44.9" {<<Z68.41>>} |||IF BODY_MASS_INDEX > "45" AND BODY_MASS_INDEX <= "49.9" {<<Z68.42>>} |||IF BODY_MASS_INDEX > "50" AND BODY_MASS_INDEX <= "59.9" {<<Z68.43>>} |||IF BODY_MASS_INDEX > "60" AND BODY_MASS_INDEX <= "69.9" {<<Z68.44>>} |||IF BODY_MASS_INDEX >= "70" {<<Z68.45>>} |||

Plan:

<<*>>
<<Patient Education>>
<<Patient Instructions>>
<<RFC PR...>>

[«Check Labs»](#) [«Reviewed Labs»](#) [«Recheck Labs»](#)

[«Continue Current Medications»](#)

[«Patient Education»](#)

[«LIFESTYLE»](#)

[«No Statin Therapy»](#)

[«Beta Blocker for LVSD»](#)

[«ACE/ARB»](#)

[«HEALTH MAINTENANCE PLAN»](#)

[«Reassurance/Observation»](#)

[«Ext_Referral»](#)

[«PCMH CAREPLAN»](#)

The visit lasted [«Length0...»](#) using audio, video, or audio & video technology.

Follow-up: [«DEL»](#) [«F/U...»](#) [«PRN»](#)

[«10 min»](#) [«15 min»](#) [«20 min»](#) [«25 min»](#) [«30 min»](#) [«40 min»](#) [«45 min»](#) [«60 min»](#)

[«ePrescribe»](#)

[«Consultation»](#)

[«SUPER QUICK TEXT 2»](#)