

Telemedicine SOAP Note

Template by: Patient Better®

Preparation:

Date of Appointment: _____ Form Completed By: _____

Insurance: _____ Active Dates: _____ to _____

Referral Necessary: Y N Primary Physician: _____

Physician / Service Type: _____

Insurance Accepted/Cash: _____

The Telemedicine Appointment Provider's Information:

Seen By: _____ Representing: _____

Date: _____ Time From: _____ To: _____ Total: _____

Patient Vitals/Pre-work:

Performed By: _____ Relationship: _____

Time: _____ Date: _____

1. Blood Pressure: systolic _____ / diastolic _____
2. Heart Rate: _____
3. Temperature: _____
4. Weight: _____ Average Weight: _____ BMI: _____

Appointment Information:

Primary reason for appointment: _____

1. Chief Complaint / Concern

Primary Mention: _____

Location: _____

Duration: _____

Severity: _____

Secondary Mention: _____

2. Chief Complaint / Concern

Primary Mention: _____

Location: _____

Duration: _____

Severity: _____

Secondary Mention: _____

The Patient Better SOAP Note (Telemedicine)

Diagnosis: _____ ICD: _____ Date: _____

Diagnosis: _____ ICD: _____ Date: _____

Treatment Plan Overview: (Option(s), calculator, start treatment date(s), duration)

Follow-up: (Wait for clearance, follow treatment plan, contribute to outcome)

Clinic Support Staff: _____

Outcome Overview & Date:

Additional Notes:
