

# 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)

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

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Clinic Support Staff: \_\_\_\_\_

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Outcome Overview & Date:

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Additional Notes:

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