

Telehealth Consultation Notes

Date: **[Date]**

Patient Name: **[Patient Name]**

Patient ID: **[Patient ID]**

Referring Physician: **[Referring Physician Name]**

Consultant: **[Specialist Name]**

Reason for Referral

[Brief description of the reason for referral]

Clinical History

[Summary of relevant clinical history]

Telehealth Consultation Details

[Summary of the telehealth consultation, including observations, assessments, and advice given]

Plan

[Outline of plan moving forward, including any investigations, treatments, or follow-ups]

Additional Notes

[Any additional notes or comments]

Signature

[Referring Physician Name]

[Referring Physician Contact Information]