



Beth Shelly PT
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E – Visit note

Name _____ Visit date _____

Patient was initially seen in the office _____ and _____ additional times in the office.

Last visit in the office was on _____. Patient is unable to attend in clinic PT due to the Corona Virus and need to remain physically distant. The patient contacted me on _____ to inquire About remote PT. The patient verbally consented to an E – Visit as described by Medicare and has / will sign and specific consent for telehealth PT treatment. Today’s visit was conducted using _____ technology. Patient’s symptoms and concerns at this time. _____

Assessment of patient’s current condition through telehealth method. _____

Training and suggestions given to manage current condition until treatment can be given in the office.

Clinical decisions _____

Patient was advised to contact me by phone or secure email if future E visits are needed.

Total E visit minutes over the past 7 days _____ G2063

Signature _____ Date _____

Elizabeth R Shelly PT, DPT, WCS, BCB-PMD