SOAP Note

Name __________________________ Date __________________________

Subjective  I have a (age, sex) whose chief complaint is (description of pain -- O, P, Q, R, S, T). Patient states (MOI/HPI).

Objective  Patient found (describe position). Patient exam reveals (describe injuries). Vital Signs at (time), S A M P L E

Patient Exam

Vital Signs

<table>
<thead>
<tr>
<th>TIME</th>
<th>LOC</th>
<th>HR</th>
<th>RR</th>
<th>SKIN</th>
<th>BP</th>
<th>P</th>
<th>T</th>
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</thead>
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History

- Symptoms
- Allergies
- Medications
- Pertinent Medical History
- Last intake/output
- Events leading to the incident/illness

Assessment (Problem list)

Plan (Plan for each problem on the assessment list)

Anticipated Problems