

# SOAP Note

Name \_\_\_\_\_ Date \_\_\_\_\_

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

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

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## Vital Signs

TIME	_____	_____	_____	_____
LOC	_____	_____	_____	_____
HR	_____	_____	_____	_____
RR	_____	_____	_____	_____
SKIN	_____	_____	_____	_____
BP	_____	_____	_____	_____
P	_____	_____	_____	_____
T	_____	_____	_____	_____

## History

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

**A**ssessment *(Problem list)*

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**P**lan *(Plan for each problem on the assessment list)*

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Anticipated Problems

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