

SOAP Notes

Subjective:

Signs & Symptoms*

Allergies

Medications

Past medical history
Social: *alcohol, smoke, drug use, marital status, children, occupation, sexual history, living situation, etc.*
Family: *conditions & diseases run in the family*

Last oral intake

Events leading to injury or illness

*Frequency

*Associated Symptoms

*Radiation

*Character

*Onset

*Location

*Duration

*Exacerbating Factors

*Relieving Factors

Objective:

Measurements

Vital Signs

Physical Exam Results

Lab Results

Assessment:

Summary

Diagnosis

Differential Diagnosis List

Plan:

Plan steps