SOAP Notes

<table>
<tr><th colspan="2">Subjective</th><th>Objective</th></tr>
<tr><td><u>SAMPLE</u> history
Signs & Symptoms
Allergies
Medications
Past History (Social, Family)
Last oral intake
Events leading to injury/illness</td><td><u>Symptom Assessment</u> (often for pain)
Frequency
Associated symptoms
Radiation
Character
Location
Duration
Exacerbating factors
Relieving factors</td><td>• Measurements (ex: age and weight)
• Vital signs (ex: heart rate, blood pressure, respiratory rate, temperature)
• Physical exam results (ex: bruising)
• Results from labs (ex: X-ray, MRI, blood analysis)</td></tr>
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Assessment	Plans
• Quick summary of the patient including main symptoms • Differential diagnosis, (a list of possible diagnoses in order of most likely to least likely) • Final Diagnosis	• Step-by-step plan for treatment and follow-up (patient instructions, procedures performed, medications given) • Additional tests to run (ordering labs, radiological work up, referrals)

Learning Questions	Owner	New Information