Treatment note (SOAP)

Patient | Date

Practitioner | Appointment

Subjective

What the patient tells you.

Presenting complaint and history

Pain today

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

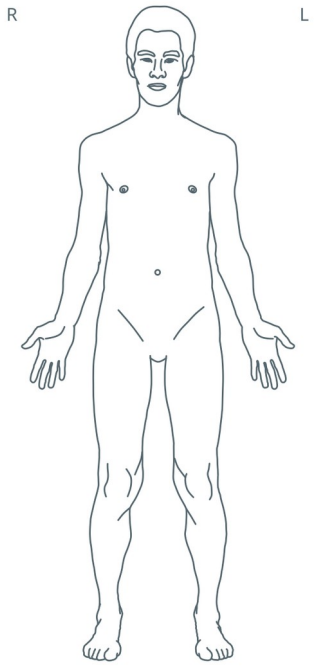
Changes since the last visit

Objective

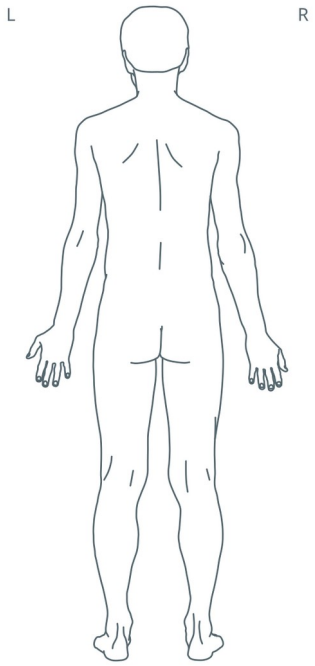
What you observe, test and measure.

Observation and assessment findings

Areas assessed or treated, front
Mark and label: Pain, Tender point, Treated area.



Areas assessed or treated, back
Mark and label: Pain, Tender point, Treated area.



Assessment

Clinical impression

Plan

Treatment given today

Consent

Treatment explained, including what it involves and its risks. Patient had the chance to ask questions and gave verbal consent to proceed.

Cross out or add to the wording as needed.

Advice and home care

Next appointment or review

Template from praxbook.co.uk. Adapt it to your own practice, training and insurer's requirements before use.