

# SOAP NOTE



<b>LOCATION:</b>		<b>GPS COORDINATES:</b>	
<b>PATIENT INFORMATION</b>			
<b>NAME</b>			
<b>SEX</b>	<b>AGE</b>	<b>DATE</b>	<b>TIME</b>
<b>EMERGENCY CONTACT</b>			

**SUBJECTIVE (WHAT HAPPENED, CHIEF COMPLAINT)**

.....

.....

.....

**OBJECTIVE (ASSESSMENT FINDINGS)**

.....

.....

.....

**FOCUSED SPINE ASSESSMENT**

1) Person: Is the Patient Reliable, Alert and Oriented, without significant distracting injuries?
2) Body: Can the patient move and feel all extremities. Are they absent from numbness, tingling, radiating pain, or uncommon sensations?
3) Spine: Is the Spine free from pain? Does the patient voluntarily move?

**PHYSICAL EXAM**

HEAD

NECK

BACK

CHEST

ABDOMEN

PELVIS

LEGS

ARMS

**CIRCLE AREAS OF INJURY**

<b>MEDICAL HISTORY- SAMPLE</b>	
<b>SIGNS/ SYMPTOMS</b>	
<b>ALLERGIES</b>	
<b>MEDICATIONS</b>	
<b>PAST PERTINENT HISTORY</b>	
<b>LAST INS/OUTS</b>	
<b>EVENTS PRIOR</b>	

<b>PAIN ASSESSMENT- OPQRST</b>	
<b>ONSET- FAST OR SLOW?</b>	
<b>PROVOKES- WHAT MAKES IT BETTER OR WORSE</b>	
<b>QUALITY- SHARP/ DULL/ STABBING/ RADIATING?</b>	
<b>RADIATION- DOES THE PAIN RADIATE?</b>	
<b>SEVERITY- ON A SCALE OF 1-10, HOW BAD IS THE PAIN?</b>	
<b>TIME- WHEN DID IT START?</b>	

**VITAL SIGNS**

<b>TIME</b>	<b>PULSE</b>	<b>RESP.</b>	<b>BP</b>	<b>SKIN SIGNS</b>	<b>LOC</b>

<b>ASSESSMENT (WHAT ARE THE PROBLEMS)</b>	
<b>PLAN (ADDRESS PROBLEMS)</b>	
<b>ANTICIPATED PROBLEMS</b>	