

Practitioner/Clinic Name: \_\_\_\_\_

# SOAP Notes

Contact Information: \_\_\_\_\_

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Ins. ID#: \_\_\_\_\_

**S:** (Subjective) Client reported status—goals for session, symptoms, functional limitations; Physician’s diagnosis or description of condition

**O:** (Objective) Practitioner reported findings—posture, movement, palpation; and massage/bodywork application— what you did, where you did it, for how long

**A:** (Assessment/Application) Client’s response to treatment—less pain, more movement, etc.; quantify results using either a numerical scale, 0-10, or a value scale, Mild (L) moderate (M) or Severe (S)

**P:** (Plan) Recommendations for self-care and plan for future care

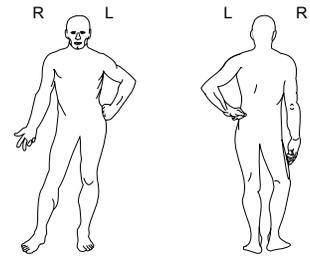
**S:** \_\_\_\_\_

**O:** \_\_\_\_\_

**A:** \_\_\_\_\_

**P:** \_\_\_\_\_

Date: \_\_\_\_\_ Duration: \_\_\_\_\_



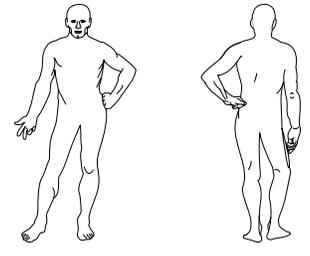
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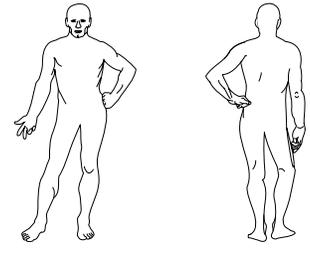
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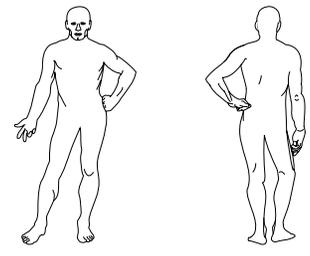
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Date: \_\_\_\_\_ Duration: \_\_\_\_\_



**Key: Symbols for figures**

- Pain O
- Stiffness/tension ≡
- Spasm ≈
- Adhesion/Scar tissue X
- Inflammation O
- Elevation or depression /
- Rotated ↶ or ↷

**Key: Abbreviations**

- R = right
- L = left
- BL = bilateral
- ROM = range of motion
- XFF = cross fiber friction
- P = pain
- M = massage
- HA = headache
- < = less than
- > = greater than

