SOAP NOTE

Patient Name:			Sex:	Age:
Subjective: What is the patie	nt's complaint?			
Dbjective: Vital Signs, Patier	nt Exam, SAMPLE History	y		
		VITAL SIGNS		
Time				
LOC - A&O x ?				
RR				
HR				
Skin - C, T, M				
SAMPLE History Signs and Symptoms:				
Allergies:				-
Medications:			\bigcirc	$\left\{ \cdot \right\}$
Past pertinent medical history	<u> </u>		\mathcal{M}	\rightarrow \subseteq
ast in and out:			$\begin{pmatrix} 1 & 1 \end{pmatrix}$	(, ,)
Events leading up to accident	<u>.</u>		//) (\\	//) (\\
		6	// \\ <u>`</u>	> 4/ \ \\
Assessment: (Problem List)		w	1 Y M	2 200 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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Plan: (Plan for each problem				
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Monitor - How often do you p	olan to monitor the patient	t?		
				
Rescue Plan				