SOAP NOTE

Patient Name: _____ **Sex:**_____ **Age:** _____

Subjective: What is the patient's complaint?

_____

_____

Objective: Vital Signs, Patient Exam, SAMPLE History

VITAL SIGNS				
Time				
LOC - A&O x ?				
RR				
HR				
Skin - C, T, M				

SAMPLE History

Signs and Symptoms:_____

Allergies: _____

Medications: _____

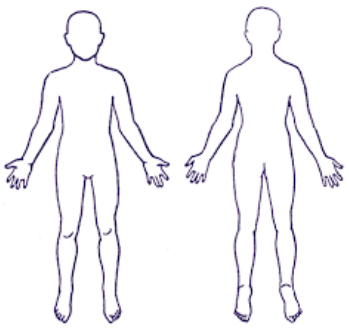
Past pertinent medical history:_____

Last in and out:

_____

_____

Events leading up to the accident:_____



Assessment: (Problem List)

_____

_____

_____

Plan: (Plan for each problem on the problem list)

_____

_____

_____

Monitor - How often do you plan to monitor the patient? _____

_____

Rescue Plan_____

_____

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