SOAP Notes

Client _____

S (Subjective) Information on client symptoms given by either the client or the referring healthcare provider.
O (Objective) Derived from a client interview, health history, visual exam, range-of-motion testing, posture assessment, or palpatory results.
A (Assessment/Application) What kinds of treatment were used? What changes took place as a result of the treatment?
P (Plan Of Treatment/Progress) Under the auspices of medical massage, this category would include the treatment options given you by the referring physician.

Date of Session _____   Time of Session _____   Length of Session _____

S _____
O _____
_____
_____
A _____
P _____

Date of Session _____   Time of Session _____   Length of Session _____

S _____
O _____
_____
_____
A _____
P _____

Date of Session _____   Time of Session _____   Length of Session _____

S _____
O _____
_____
_____
A _____
P _____

Symbols Key:

Pain = ●   Left = L   Right = R   Inflammation = ⓘ   Increased, elevated = ↑

Decreased, depressed = ↓   Greater release = ☆   Cross-fiber friction = XFF   Range of Motion = ROM