

# SOAP Note

Patient Name: \_\_\_\_\_

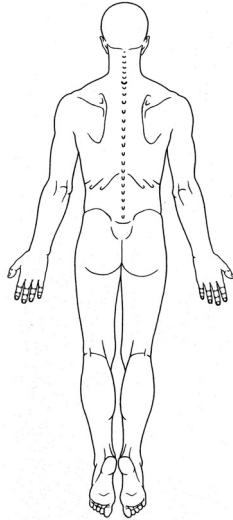
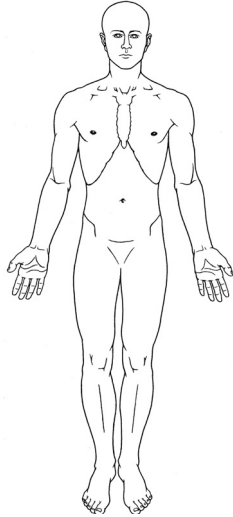
Date: \_\_\_\_\_ visit #: \_\_\_\_\_

**S** VAS: \_\_\_\_/10

improving,  no change,  worsening

CI's: \_\_\_\_\_

**O**



**A**

**P**

PTR: \_\_\_\_ days, \_\_\_\_ wks, \_\_\_\_ mth,  PRN

Home care (FID - frequency, intensity, duration):

Post Tx markers:

Student: \_\_\_\_\_

Instructor: \_\_\_\_\_

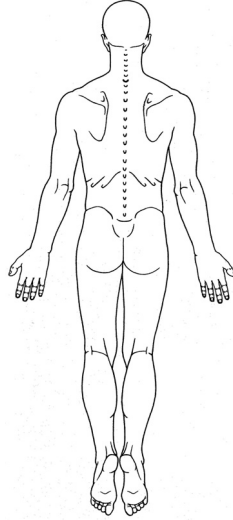
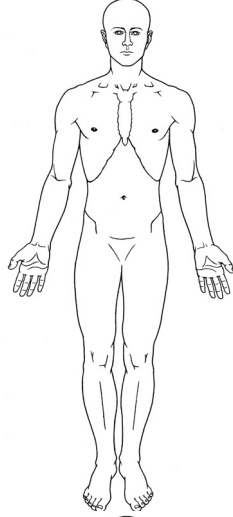
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Post Tx markers:

Student: \_\_\_\_\_

Instructor: \_\_\_\_\_

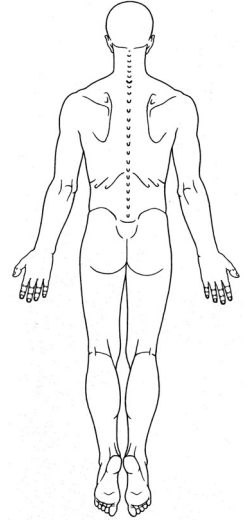
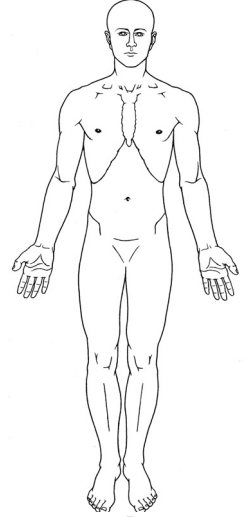
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Instructor: \_\_\_\_\_