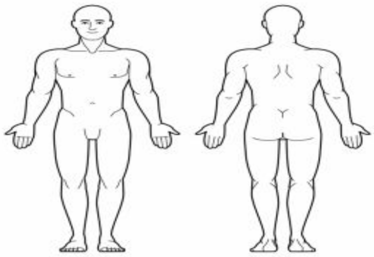
SOAP Notes Patient Name ______________________________



Inflammation ★ Rotation ↶ or ↷ Long ⟷

Tender Point ● Trigger Point ✖ Elevation ⬆

Subjective ______________________________

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Objective ______________________________

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Assessment ______________________________

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Plan ______________________________

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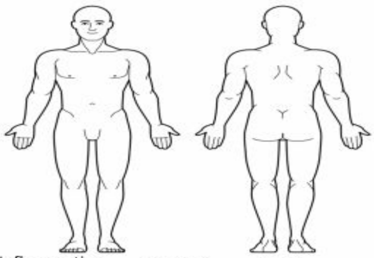
Signature ______________________ *Date* __________



Inflammation ★ Rotation ↶ or ↷ Long ⟷

Tender Point ● Trigger Point ✖ Elevation ⬆

Subjective ______________________________

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Objective ______________________________

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Assessment ______________________________

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Plan ______________________________

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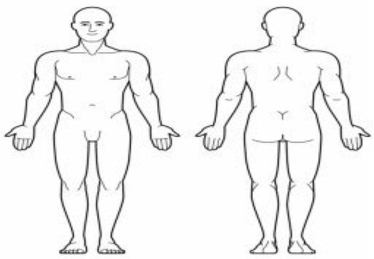
Signature ______________________ *Date* __________



Inflammation ★ Rotation ↶ or ↷ Long ⟷

Tender Point ● Trigger Point ✖ Elevation ⬆

Subjective ______________________________

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Objective ______________________________

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Assessment ______________________________

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Plan ______________________________

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Signature ______________________ *Date* __________