

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 palpation results.

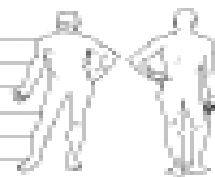
A (Assessment/Application) What kinds of treatment were used? What changes took place as a result of the treatment?

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 _____

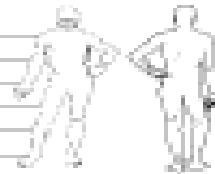
A _____
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Date of Session _____ Time of Session _____ Length of Session _____

S _____
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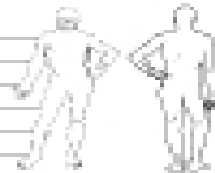
A _____
P _____



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S _____
O _____

A _____
P _____



Symbols Key:

Pain = * Left = L Right = R Inflammation = I Increased, elevated = ↑
Decreased, depressed = ↓ Greater release = > Cross-fiber friction = CFF Range of Motion = ROM