

Practitioner/Clinic Name: \_\_\_\_\_

## SOAP Notes

Contact Information: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Ins. ID#: \_\_\_\_\_

**S:** (Subjective) Client reported status—goals for session, symptoms, functional limitations; Physician's diagnosis or description of condition

**O:** (Objective) Practitioner reported findings—posture, movement, palpation; and massage/bodywork application—what you did, where you did it, for how long

**A:** (Assessment/Application) Client's response to treatment—less pain, more movement, etc.; quantify results using either a numerical scale, 0-10, or a value scale, Mild (L) moderate (M) or Severe (S)

**P:** (Plan) Recommendations for self-care and plan for future care

**S:** \_\_\_\_\_

**O:** \_\_\_\_\_

**A:** \_\_\_\_\_

**P:** \_\_\_\_\_

Date: \_\_\_\_\_ Duration: \_\_\_\_\_



**S:** \_\_\_\_\_

**O:** \_\_\_\_\_

**A:** \_\_\_\_\_

**P:** \_\_\_\_\_

Date: \_\_\_\_\_ Duration: \_\_\_\_\_



**S:** \_\_\_\_\_

**O:** \_\_\_\_\_

**A:** \_\_\_\_\_

**P:** \_\_\_\_\_

Date: \_\_\_\_\_ Duration: \_\_\_\_\_



**S:** \_\_\_\_\_

**O:** \_\_\_\_\_

**A:** \_\_\_\_\_

**P:** \_\_\_\_\_

Date: \_\_\_\_\_ Duration: \_\_\_\_\_



**Key: Symbols for figures**

Pain O  
Stiffness/tension ≡  
Spasm ≈  
Adhesion/Scar tissue X  
Inflammation O  
Elevation or depression /  
Rotated ↶ or ↷

**Key: Abbreviations**

R = right  
L = left  
BL = bilateral  
ROM = range of motion  
XFF = cross fiber friction  
P = pain  
M = massage  
HA = headache  
< = less than  
> = greater than