

SOAP NOTE

Patient Name: _____

Date: _____ Age: _____ Sex: _____

SUBJECTIVE: (Mechanism of injury (MOI), chief complaint (C/C))

OBJECTIVE: (Patient exam findings, Vital Signs, SAMPLE History)
Vital Signs:

Time:				
LOC:				
HT				
RR				
Skin (C/T/M)				

Patient Exam: Describe locations of pain, tenderness, injuries, Pertinent negatives

SAMPLE:

Signs/Symptoms:

Allergies:

Medications:

Pertinent Medical History:

Last Oral Intake:

Events leading to accident:

ASSESSMENT: (problem list)

1. _____
2. _____
3. _____
4. _____
5. _____

PLAN: (plan for each problem on list, evac route, bivouac location)

1. _____
2. _____
3. _____
4. _____
5. _____

Form completed by: _____