


## 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 \_\_\_\_\_

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 P \_\_\_\_\_




Date of Session \_\_\_\_\_ Time of Session \_\_\_\_\_ Length of Session \_\_\_\_\_

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 P \_\_\_\_\_



### Symbols Key:

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