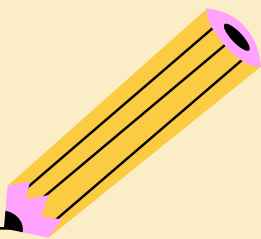


SOAP Note

Template



Client Name: _____ Date: _____
Session Type: _____ Clinician: _____
Diagnosis (if applicable): _____

S ubjective



O bjective

A ssessment



P lan

Clinician Signature: _____ Date: _____ *