Standard SOAP Note Template

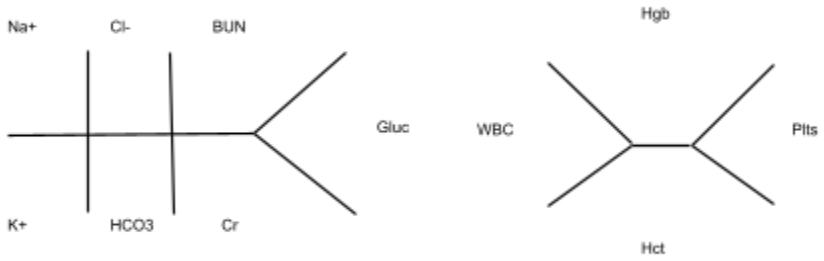
Name	MRN	Date
Subj		
CC		

HPI		ROS
Onset: Duration: Location: Characteristics: Aggravating/Alleviating Factors: Radiation: Timing: Severity:		Gen: Skin: HEENT: CV: Resp: Abd: GU: MSK: Neuro: Psych:

Obj					
Temp	HR	BP	RR	O2 Sat	BMI

Exam		
	Gen: HEENT: CV: Resp:	Abd: MSK: Neuro: Psych:

Labs



Imaging/Micro

A&P		
Primary diagnosis		
Differential diagnosis		
Labs/Imaging	Meds/Treatment	Follow-up