

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 palpatory 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 _____

S _____

O _____

A _____

P _____

Date of Session _____ Time of Session _____ Length of Session _____

S _____

O _____

A _____

P _____

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S _____

O _____

A _____

P _____

Symbols Key:
 Pain = ● Left = L Right = R Inflammation = ① Increased, elevated = ↑
 Decreased, depressed = ↓ Greater release = ☆ Cross-fiber friction = XFF Range of Motion = ROM