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 ________________________________________________________________

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