

SOAP Note  
Template

**S: Subjective**

*Information the patient or patient representative told you*

Initials: <b>CR</b>						Age: <b>65</b>		Gender: Female	
Height	Weight	BP	HR	RR	Temp	SPO2	Pain Rating	Allergies (and r No known drug	
66"	130	136/ 80 right arm	88	16	98.6	96 room air	<input type="text"/>	Medication: NKDA Food: No known food allergies Environment: No known environment allerg	

**History of Present Illness (HPI)**

<b>Chief Complaint (CC)</b>	My back hurts really hurts	<i>CC is a the pat words - "bad he patient exampl and sor and wh</i>
<b>Onset</b>	Two days Acute	
<b>Location</b>	Lower back	
<b>Duration</b>	Two days	
<b>Characteristics</b>	Sharp pain	
<b>Aggravating Factors</b>	Pain is worse with walking, rolling over in bed, sleeping or bending.	
<b>Relieving Factors</b>	Denies any relieving factors	
<b>Treatment</b>	Denies any treatment at this time	

**Current Medications:** *Include dosage, frequency, length of time used and reason for use; also include OTC or homeopathic p*

Medication (Rx, OTC, or Homeopathic)	Dosage	Frequency	Length of Time Used	
Fluticasone/salmeterol 250/50 x	250/50	1 puff BID	1 + year	Asthma
HCTZ	12.5	DAILY	1 + year	HTN
Alendronate	70 mg	q Monday	1 + year	Osteop
Calcium with Vitamin D	Multivitamin	Daily	1 + year	osteop
Prednisone	60x 3 days; 30 x 3 days then continue reduction	Until complete	With asthma exacerbation	Asthm

**Past Medical History (PMHx)** – *Includes but not limited to immunization status (note date of last tetanus for all adults), past and surgeries. Depending on the CC, more info may be needed.*