



## SOAP NOTE

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**SUBJECTIVE:** (Mechanism of injury (MOI), chief complaint (C/C))

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**OBJECTIVE:** (Patient exam findings, Vital Signs, SAMPLE History)

Vital Signs:

Time:				
LOC:				
HR				
RR				
Skin (C/T/M)				

Patient Exam: Describe locations of pain, tenderness, injuries, Pertinent negatives

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**SAMPLE:**

Signs/Symptoms:

Allergies:

Medications:

Pertinent Medical History:

Last Oral Intake:

Events leading to accident:

**ASSESSMENT:** (problem list)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**PLAN:** (plan for each problem on list, evac route, bivouac location)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Form completed by: \_\_\_\_\_