**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:**

**S**igns**/**Symptoms**:**

**A**llergies:

**M**edications:

**P**ertinent Medical History:

**L**ast Oral Intake:

**E**vents leading to accident:

**ASSESSMENT:** (problem list)1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PLAN:** (plan for each problem on list, evac route, bivouac location)1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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