

# Inpatient Osteopathic SOAP Note

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_ Sex: Male  Female   
 Age \_\_\_\_\_ \* Vital Signs (3 of 7) Wt. \_\_\_\_\_ Ht. \_\_\_\_\_ Temp. \_\_\_\_\_  
 Reg.  Pt. position for recording BP  
 Resp. \_\_\_\_\_ Pulse \_\_\_\_\_ Irreg.  Standing \_\_\_\_\_ Sitting \_\_\_\_\_ Lying \_\_\_\_\_

Office of:	
For office use only:	

**S** Patient's Pain Analog Scale:  Not done

\_\_\_\_\_

NO PAIN WORST POSSIBLE PAIN

**CC: HPI:** (Location, Quality, Severity, Duration, Timing, Context, Modifying factors, Associated Signs and Sx)

**PFSH: ROS:** (Constitutional, Eyes, Ears/Nose/Mouth/Throat, Cardiovascular, Respiratory, GI, GU, Musculoskeletal, Integumentary, Neurological, Psychiatric, Endocrine, Hematologic/Lymphatic, Allergic/Immunologic)

**Meds:**

**Level: HPI**

II	1-3 HPI
III	1-3 HPI
IV	4+ HPI
V	4+ HPI

**Level ROS**

II	None
III	1 ROS
IV	2-9 ROS
V	10+ ROS

**Level of PFSH**

II	None
III	None
IV	1 PFSH
V	2+ PFSH

Overall History = Average of HPI, ROS or PFSH:  **II** (1-3 HPI)  **III** (1-3 HPI, 1 ROS)  **IV** (4+ HPI, 2-9 ROS, 1 PFSH)  **V** (4+ HPI, 10+ ROS, 2+ PFSH)

**Q** See Musculoskeletal Exam on Page 2

**Level of GMS**

<input type="checkbox"/>	<b>II</b>	1-5 elements
<input type="checkbox"/>	<b>III</b>	6+ elements
<input type="checkbox"/>	<b>IV</b>	2+ from each of 6 areas OR 12+ elements in 2+ areas
<input type="checkbox"/>	<b>V</b>	2+ elements from each of 9 areas

**A**

Dx No.	Written Diagnosis	ICD Code	Dx No.	Written Diagnosis	ICD Code	Dx No.	Written Diagnosis	ICD Code
_____	_____	_____	_____	SD Head and Face	739.0	_____	SD Sacrum	739.4
_____	_____	_____	_____	SD Neck	739.1	_____	SD Pelvis	739.5
_____	_____	_____	_____	SD Thoracic	739.2	_____	SD Abd / Other	739.9
_____	_____	_____	_____	SD Ribs	739.8	_____	SD Upper Extremity	739.7
_____	_____	_____	_____	SD Lumbar	739.3	_____	SD Lower Extremity	739.6

**P**

Meds: \_\_\_\_\_ PT: \_\_\_\_\_  
 Exercise: \_\_\_\_\_ Other: \_\_\_\_\_  
 Nutrition: \_\_\_\_\_

Minutes spent with the patient:  10  15  25  40  60  >60 Follow-up:  1  2  3  4  5  6  7  8  9  10  11  12 Units:  D  W  M  Y  PRN

OMT performed as Above: 0 areas  1-2 areas  3-4 areas  5-6 areas  7-8 areas  9-10 areas

Signature of transcriber: \_\_\_\_\_ Signature of examiner: \_\_\_\_\_

