Outpatient Osteopathic SOAP Note Form

Office of:

Patient's Name: _____ Sex: Male ☐ Female ☐ For office use only:

Date: _____ Age: _____

Vital Signs: B/P _____ Pulse _____ Respir. _____ Temp. _____ Wt. _____ Ht. _____

S

CC: _____

HPI: _____

Level:
2 1-3 HPI
3 1-3 HPI, 1 ROS
4 4+ HPI, 2-9 ROS, 1 PFSH
5 4+ HPI, 10+ ROS, 2+ PFSH

ROS/PFSH: _____

Meds: _____

O

Level of GMS
2 • 1-5 elements
3 • 6+ elements
4 • 2+ from each of 6 areas (or) 12+ elements in 2+ areas
5 • 2+ elements from each of 9 areas

Methods Used to Examine T ☐ A ☐ R ☐ passive ☐ active ☐ T ☐

Severity Scale: 0 No SD or background (BG) levels 1 More than BG levels, minor TART 2 Obvious TART (esp. R and T), +/- symptoms 3 Key lesions, symptomatic, R and T stands out

Region Evaluated	Severity 0	1	2	3	Somatic Dysfunctions and Other Systems (MS / SNS / PNS / LYM. / CV / RESP. / GI / FAS. / etc.)	OMT Yes	No	Treatment Method (Circle Treatment Methods Used)	Response R	I	U	W
Head	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Cervical	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Thoracic T1-4	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
T5-9	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
T10-12	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Lumbar	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Sacrum/Pelvis	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Pelvis/Innom.	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Extremity lower R	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Extremity lower L	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Extremity upper R	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Extremity upper L	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Ribs	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Abd./Other	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐

Physician's evaluation of patient prior to treatment: First Visit ☐ Resolved ☐ Improved ☐ Unchanged ☐ Worse ☐

A

1. _____ 3. _____

2. _____ 4. _____

P

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

Meds: _____ PT: _____

Exercise: _____ Other: _____

Nutrition: _____

Medical Decisions:
2 Minimal decisions
3 Limited decisions
4 Moderate decisions
5 Excessive decisions (based on # of options, compexity of records, risk of significant complications.)

Minutes spent with patient: ☐ 10 ☐ 15 ☐ 25 ☐ 40 ☐ 60 ☐ >60

Follow-up: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 8 ☐ 11 ☐ 12

Units: ☐ Days ☐ Wk. ☐ Mo. ☐ Yr. ☐ PRN

Signature of the examiner: _____

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