

# SOAP NOTE

**Subjective:** (Age, Sex, MOI, NOI, Chief Complaint) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Objective:** Vital signs, patient exam, AMPLE history

VITAL SIGNS				
Time				
RR & Effort				
HR and Effort				
LOC - A&O x ?				
Skin - C, T, M				

**Patient Exam:** Describe the location of pain, tenderness and injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signs/Symptoms** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Past pertinent medical history:** \_\_\_\_\_

**Last in and out:** \_\_\_\_\_

**Events leading up to accident:** \_\_\_\_\_  
\_\_\_\_\_

**Assessment:** (Problem List)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plan:** (Plan for each problem on the problem list)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Monitor** - How often do you plan to monitor the patient? \_\_\_\_\_

**Rescue Plan:** \_\_\_\_\_

