

## SOAP NOTES GUIDELINES

You are required to complete 2 SOAP notes to be reviewed by the Site/Campus Director for your feedback (non graded). These must be turned for inclusion in your rotation file.

**CC:** (Chief Complaint) This is required on every note or H&P. It is a one sentence or less description, preferably in the patient's own words, that states the reason for this patient encounter (i.e. "chest pain", " I have a cold", "fall with knee injury").

**S**ubjective data includes what the patient tells you during the interview. It should be documented in a brief but logical and complete fashion. It should include the patient identifiers such as age, race and gender. This should be followed by the current symptoms, interval history, relevant past medical and surgical history, relevant family and social history and pertinent review of systems. All documentation should be grammatically correct and in the form of complete sentences.

**O**bjective data includes the vital signs, physical examination relevant to the complaints, laboratory findings and radiology and pathology reports.

**A**ssessment is the diagnosis and should be as complete as possible given the current data. If the most specific diagnosis is 'cough' then that should be the first diagnosis but this should be followed by a differential diagnosis that should include the most likely etiologies for the cough. If the patient has other related or contributory illnesses like COPD or HTN then these should be listed as well.

**P**lan is the final portion of the SOAP note and should include further testing or evaluations planned, the therapeutic interventions, any educational materials given or discussed and the plan for a return visit. Any future evaluations, lab tests, radiology tests or immunizations should be listed. Do not write 'continue current medication' or 'refilled current medications' as this is inadequate for continuity of care. Specify each medication, the dose, the number given and the number of refills allowed. Lastly, document any referrals made and the reason for each referral.