



**CONPH NSG6020 Subjective, Objective, Assessment, Plan (SOAP) Notes**

<b>Student Name:</b>		<b>Course:</b>	
<b>Patient Name: (Initials ONLY)</b>		<b>Date:</b>	<b>Time:</b>
<b>Ethnicity:</b>		<b>Age:</b>	<b>Sex:</b>
<b>SUBJECTIVE (must complete this section)</b>			
<b>CC:</b>			
<b>HPI:</b>			
<b>Medications:</b>			
<b>Previous Medical History:</b>			
<b>Allergies:</b>			
<b>Medication Intolerances:</b>			
<b>Chronic Illnesses/Major traumas:</b>			
<b>Hospitalizations/Surgeries:</b>			
<b>FAMILY HISTORY (must complete this section)</b>			
<b>M:</b>			
<b>MGM:</b>			
<b>MGF:</b>			
<b>F:</b>			
<b>PGM:</b>			
<b>PGF:</b>			
<b>Social History:</b>			
<b>REVIEW OF SYSTEMS (must complete this section)</b>			
<b>General:</b>		<b>Cardiovascular:</b>	
<b>Skin:</b>		<b>Respiratory:</b>	
<b>Eyes:</b>		<b>Gastrointestinal:</b>	
<b>Ears:</b>		<b>Genitourinary/Gynecological:</b>	
<b>Nose/Mouth/Throat:</b>		<b>Musculoskeletal:</b>	
<b>Breast:</b>		<b>Neurological:</b>	
<b>Heme/Lymph/Endo:</b>		<b>Psychiatric:</b>	
<b>OBJECTIVE (Document PERTINENT systems only. Minimum 3)</b>			
<b>Weight:</b>	<b>Height:</b>	<b>BMI:</b>	<b>BP:</b>
			<b>Temp:</b>
			<b>Pulse:</b>
			<b>Resp:</b>
<b>General Appearance:</b>			
<b>Skin:</b>			
<b>HEENT:</b>			
<b>Cardiovascular:</b>			
<b>Respiratory:</b>			
<b>Gastrointestinal:</b>			
<b>Breast:</b>			
<b>Genitourinary:</b>			
<b>Musculoskeletal:</b>			
<b>Neurological:</b>			
<b>Psychiatric:</b>			
<b>Lab Tests:</b>			
<b>Special Tests:</b>			
<b>DIAGNOSIS</b>			
<b>Differential Diagnoses</b>		<b>Diagnosis</b>	
<ul style="list-style-type: none"> <li>• 1- Diagnosis, (ICD 10 code):</li> <li>• 1- Diagnosis, (ICD 10 code):</li> </ul>		<ul style="list-style-type: none"> <li>• 1- Presumptive diagnosis (ICD 10 code):</li> </ul>	
<b>Plan/Therapeutics:</b>			
<b>Diagnostics:</b>			
<b>Education:</b>			