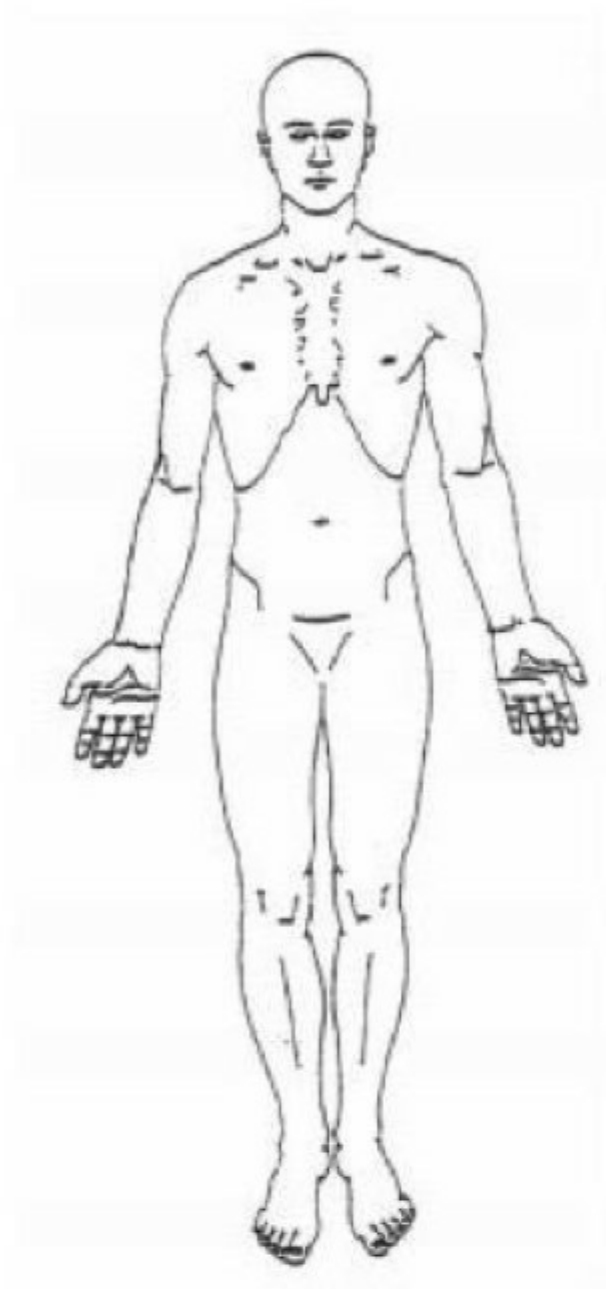


SOAP Notes

Client Name _____

Date _____

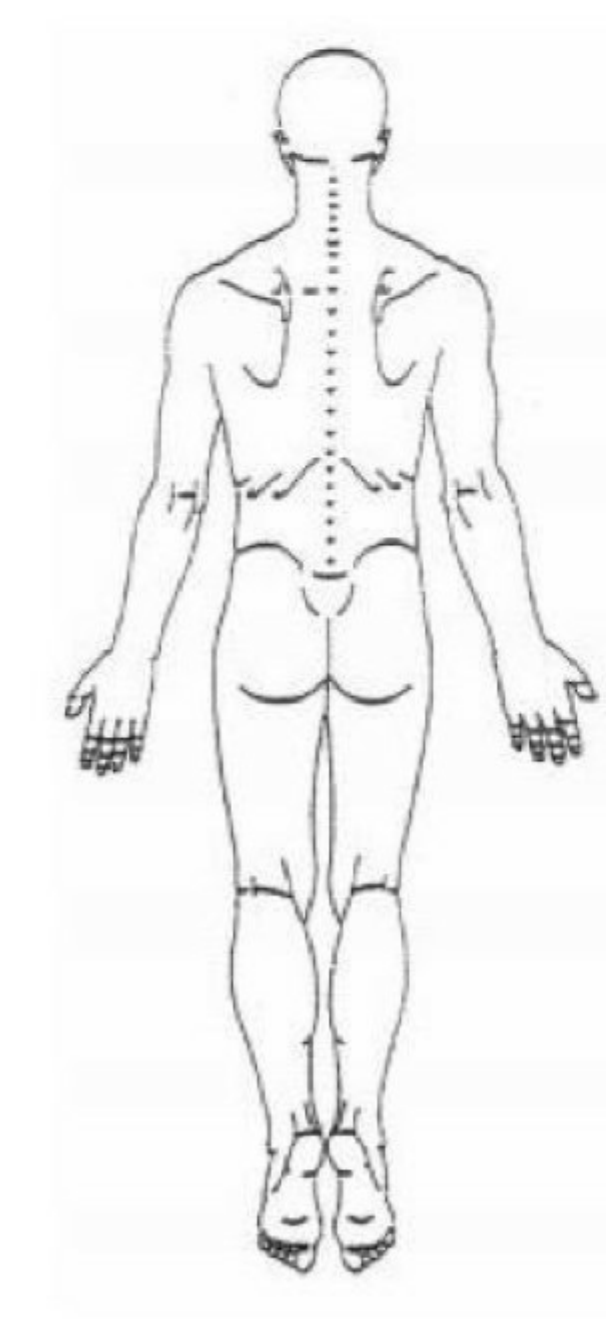


Subjective Symptoms: Onset / Location / Intensity / Frequency / Aggravating Factors

Objective Findings: Visual / Palpable / Test Results

Assessment Goals: Long Term / Short Term

Plan: Future Treatment / Frequency / Self-Care



Signature _____