

Grader: _____ Student: _____ Group: _____

Date of Encounter: _____

100

SOAP Note Grading Rubric for Clinical Encounters

SUBJECTIVE	Score	Weight	Value
HPI is appropriate to the case (onset of symptoms, location, duration, character, alleviating/aggravating factors, radiation, temporal) and 10-12 relevant questions for associated manifestations or symptoms listed in HPI instead of ROS.	0 3 4 5	2	
Relevant PMH, Trauma Hx, PSH, SH and FH is included ("reviewed, no changes" is acceptable – be sure to list anything relevant to CC/HPI here)	0 3 4 5	1	
Meds should list all including OTC– generic name, dose, mode of delivery (PO, IV, IM...), frequency, indication and Allergies (drugs/foods/latex) with reaction	0 3 4 5	1	
	SUBTOTAL		/20

OBJECTIVE	Score	Weight	Value
Vital signs (BP, pulse, resp, temp, pain, weight, height, BMI) and General impression (e.g. distress level, A&O, nourished/developed or body habitus)	0 3 4 5	1	
Appropriate physical exam All systems examined should correspond to Primary/Working dx and Differential dx	0 3 4 5	2	
Osteopathic structural exam – regions examined all correspond to Primary/Working dx and Diff dx, all components of TART are listed for regions examined	0 3 4 5	2	
	SUBTOTAL		/25

ASSESSMENT / PLAN	Score	Weight	Value
Summary Statement: includes name, age, gender, PMH, presenting with chief complaint with duration	0 3 4 5	1	
Appropriately supported primary/working diagnosis + ≥3 Differential Diagnoses for medical diagnoses all supported by at least 4 items from history and physical exam.	0 3 4 5	2	
Somatic dysfunction is listed as at least one of the assessments.	0 3 4 5	1	
6 point plan for all assessments: Labs, Imaging/Studies, Meds, OMM, Pt Ed, Follow-up. ("not applicable" may be acceptable)	0 3 4 5	2	
ABCs (Autonomics, Biomechanics, Circulation and Screening) are listed as part of OMM plan along with what regions/segments are to be treated	0 3 4 5	2	
Follow up from last visit prior problem mentioned as an assessment, status updated (resolved, ongoing, etc), new plan if applicable	0 3 4 5	1	
	SUBTOTAL		/45

FORMATTING/OVERALL FLOW TO NOTE	Score	Weight	Value
Note typed, information (SOAP) correctly categorized, data organization easy to follow and makes sense	0 3 4 5	1	
Does this note adequately reflect the encounter and inform the next physician of the plan for future visits?	0 3 4 5	1	
	SUBTOTAL		/10

0- Not acceptable

3- Needs Improvement

4- Competent

5- Masters

Incomplete or Inaccurate

Some components listed; <80% relevant data present

Accurate with >80% relevant data present

Concise, comprehensive with all info included AND no extraneous info listed