



Integrated SOAP Note

Patient Name:

Patient's DOB:

Your Name:

Date of visit:

S History

CC:

HPI with pertinent associated symptoms integrated here:

PMHX:

Trauma Hx:

Surgical HX:

Medications:

Allergies:

Family hx:

Social Hx:

O Physical Examination *(note all areas of PE are listed here – you would only fill in the areas examined that were consistent with the chief complaint and helped you with your diagnosis/differential dx; please DELETE this wording when you submit the note)*

Vital signs:

General:

HEENT:

Neck:

Cardiovascular:

Respiratory:

Breast:

Abdomen:

GU:

Rectal:

Neuro:

Musculoskeletal:

Skin:

Osteopathic Structural Findings

Region Evaluated	Severity (0,1,2,3; leave blank if area not examined)	Somatic Dysfunction TART findings; Segmental Dysfunction
Head		
Cervical		
Thoracic		
Lumbar		
Sacrum		
Innominate/Pelvis		
Lower Extremities		
Upper Extremities		
Ribs/Diaphragm		
Abdomen/Other		

A Assessment/Plan

Summary statement with Primary or Working diagnosis with associated somatic dysfunction:

Differential Dx(do not use rule out) for working dx (list 2 reasons why each is less likely/not working dx)

- 1.
- 2.
- 3.

6 point Plan for working dx

Meds:

Labs:

Imaging:

OMM – use these abbreviations to indicate which treatment you will use : ST ART LAR ME OCF MFR BLT
FPR SCS VIS HVLA FDM BD DIR IND

Education:

Follow-up:

(2) Somatic dysfunction of XX(diagnosis #2) – list any other areas of somatic dysfunction here

6 point plan for somatic dysfunction dx – include your ABCs (Autonomics/Biomechanics/Circulation and Screening) here if not listed in the OMM plan above

Diagnosis #3/Plan #3 if applicable (chronic diseases, if present and addressed during the visit would go here)
Include 6 point plan for diagnosis #3

Your name, OMS1 or 2 – list your name again here as a “signature” signing off on the completion of the note