SOAPNOTE

**Subjective:** age, sex, MOI/illness, C/C, HPI

Age/Sex: __________________________________________________________
MOI: Mechanism of Injury/Illness: _____________________________________
C/C: Chief Complaint = In the patient's own words: "_____________________
HPI: History of Present Illness = (Onset, Location, Duration, Frequency, Quality, Quantity, Exacerbations, Reliefs): ____________________________________________________________

**Objective:** vital signs, patient exam, AMPLE history

<table>
<thead>
<tr>
<th>TIME</th>
<th>LOC:</th>
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<tbody>
<tr>
<td>SKIN:</td>
<td>HR:</td>
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<tr>
<td>RR:</td>
<td>PUPILS:</td>
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<tr>
<td>BP:</td>
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Patient exam: locations of pain, tenderness, and injuries
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

AMPLE history:
Allergies: ____________________________________________________________
Medications: __________________________________________________________
Past pertinent medical history: ____________________________________________
Last in and out: _________________________________________________________
Events leading up to accident/illness: ______________________________________

**Assessment:** (problem list)
1. ______________________________________________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________
4. ______________________________________________________________________

**Plan:** (corresponding plan for each problem on the problem list; plan for getting to help)
1. ______________________________________________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________
4. ______________________________________________________________________
5. MONITOR— How often do you plan to monitor the patient?