



SOAP NOTE

Patient Name: _____

Date: _____ **Age:** _____ **Sex:** _____

SUBJECTIVE: (Mechanism of injury (MOI), chief complaint (C/C))

OBJECTIVE: (Patient exam findings, Vital Signs, AMPLE History)

Vital Signs:

TIME: _____

LOC: _____

RR: _____

HR: _____

SKIN (CTM) _____

Patient Exam: Describe locations of pain, tenderness, injuries, Pertinent negatives

AMPLE:

Allergies:

Medications:

Pertinent Medical History:

Last Oral Intake:

Events leading to accident:

ASSESSMENT: (problem list)

1. _____
2. _____
3. _____
4. _____
5. _____

PLAN: (plan for each problem on list, evac route, bivouac location)

1. _____
2. _____
3. _____
4. _____
5. _____

Form completed by: _____