

SOAP Note

Patient Name: _____

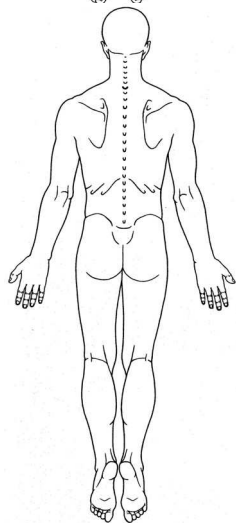
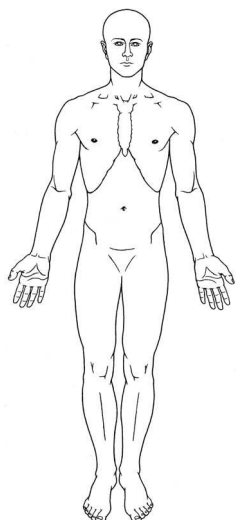
Date: _____ visit #: _____

S VAS: ____/10

☐ improving, ☐ no change, ☐ worsening

CI's: _____

O



A

P

PTR: ____ days, ____ wks, ____ mth, ☐ PRN

Home care (FID - frequency, intensity, duration):

Post Tx markers:

Student: _____

Instructor: _____

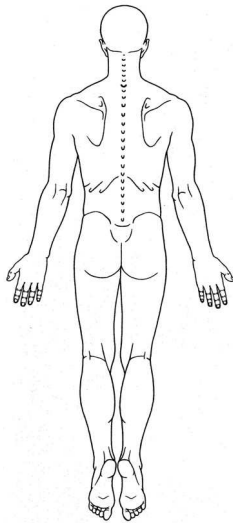
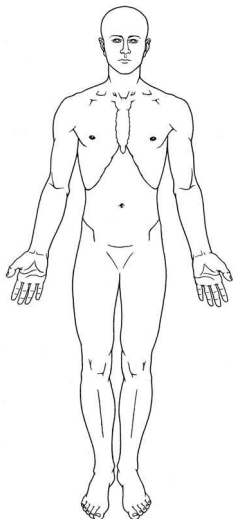
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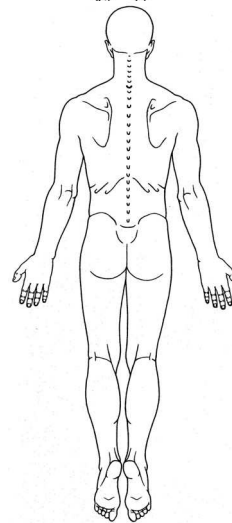
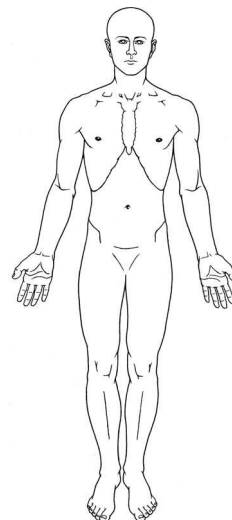
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