SOAP note: primary care

Patient: [name or ID]

Date:

Visit type: [acute, chronic disease follow-up, annual review, telehealth]

S: Subjective

Reason for visit: [in the patient's own words]

History of the problem: [onset, course, severity, what helps or worsens it]

Chronic conditions: [symptoms, home readings, how the patient is managing]

Medication review: [what the patient takes, missed doses, side effects]

Allergies: [substance and reaction]

Lifestyle: [smoking, alcohol, activity, diet, as relevant]

Review of systems: [pertinent positives and negatives]

O: Objective

Vital signs: [BP, heart rate, temperature, respiratory rate, SpO2, weight]

Examination: [only the systems you examined]

Results reviewed: [labs, imaging, with dates]

Screening due: [what is due, offered or declined]

A: Assessment

Problem 1: [diagnosis or impression, change since last visit, reasoning]

Problem 2:

Problem 3:

P: Plan

Problem 1: [tests, medication changes, referrals]

Problem 2:

Problem 3:

Preventive care: [vaccines, screening, advice given]

Follow-up: [when, and what will be reviewed]

Return precautions:

Sign-off

Signed: [name, credentials, date and time]