

SOAP Notes Structure:

Subjective- Chief complaint, history of present illness, history, review of systems, current medications, allergies

Objective- Vital signs, physical exam findings, laboratory data, imaging results, other diagnostic data, review of other clinicals

Assessment- Problem, condition, diagnosis (ICD-10 Codes)

Plan- Details for additional testing, work-up, delivery, surgery, services



Example Of Soap Note Documentation

Annelies Wilder-Smith



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