SOAP Note Sample

The following is an example of a targeted history written in SOAP format. Please note the distinction between (S)ubjective and (O)bjective findings - and which data belongs in which heading. Note difference between the data in HPI and then data in ROS.

S: >ID: 56 yo widowed white woman who works as a waitress in general good health.

CC: "Burning feeling in stomach"

HPI (history of present illness): Burning in stomach that started 2 mos. ago. Discomfort occurs mainly at night. Associated with nausea and bloating. Denies vomiting. Tums and Mylanta help occasionally. Burning takes all night to go away other times, making it hard to sleep. Denies indigestion. Has had indigestion and it is not the same feeling. Spicy food makes discomfort worse. Denies recent travel, recent infection, regurgance of food, diarrhea, rectal bleeding, black stools, or chest pain. Continues with same bowel habits. No recent weight changes.

PMH: Chole, in '89, C. section in '76 & '78, & plastic surgery for ear tear from fall in '93.

FH: mother died @ 71 - MI father died @ 76 - lung Ca sister 59 – Type 1 DM & HTN sister 61 - HTN brother 57 – Type 2 DM

Habits: Denies smoking, drinking, drug use, exercises 3x/week

Medications: None (prescription or OTC).

Allergies: NKDA, no environmental, food,

ROS:

GI: Has brown, soft, formed stool once per day. Denies vomiting, indigestion, belching, pain, appetite changes, jaundice, swelling, tenderness, diarrhea, constipation, flatulation, rectal pain, hemorrhoids, rectal

bleeding, Denies changes in bowel habits, infections, difficulty swallowing or chewing, or recent travel.

O: Physical Exam:

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Jane W. Ball, Joyce E. Dains, John A. Flynn, Barry S. Solomon, Rosalyn W. Stewart

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Examination - E-Book Jane W. Ball, Joyce E. Dains, John A. Flynn, Barry S. Solomon, Rosalyn W. Stewart, 2014-02-01 Seidel's Guide to Physical Examination is a comprehensive textbook of physical examination history taking and health assessment with a unique emphasis on differential diagnosis and variations across the lifespan The book conveys a uniquely compassionate patient centered approach to physical examination with a strong evidence based foundation Evidence Based Practice in Physical Examination boxes supply you with current data on the most effective techniques for delivering quality patient care Clinical Pearls lend insights and clinical expertise to help you develop clinical judgment skills Functional Assessment boxes present a more holistic approach to patient care that extends beyond the physical exam to patients functional ability Staying Well boxes focus you on patient wellness and health promotion Risk Factor boxes provide

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