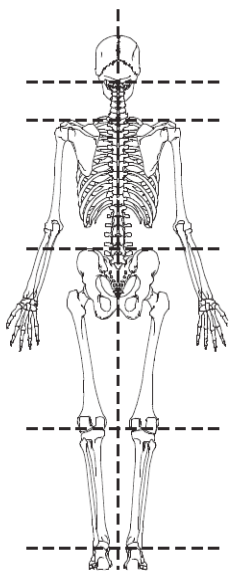
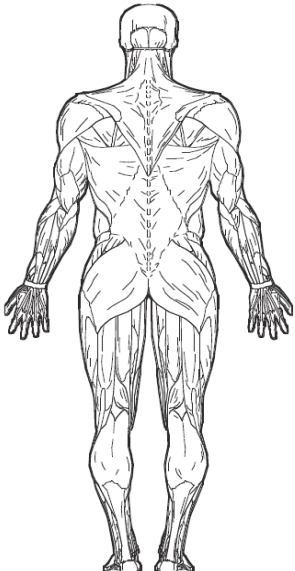


# TREATMENT VISIT SOAP NOTE

Date \_\_\_\_\_ Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

<b>SUBJ</b>	Chief Complaint																																												
	Changes																																												
<b>OBJECTIVE</b>	<b>PAIN</b>																																												
	Location																																												
	Quality	Aching Burning Stabbing Numbness Pins/needles																																											
	Severity	0 1 2 3 4 5 6 7 8 9 10																																											
	Duration/Timing																																												
	Aggravating/Relieving																																												
	<b>ASYMMETRY</b>		<b>RANGE OF MOTION</b>																																										
	C0		Using arrows (↑ ↓ ← →) mark the misaligned vertebrae																																										
	C1																																												
	C2																																												
	C3																																												
	C4		T1																																										
	C5		T2																																										
	C6		T3																																										
	C7		T4																																										
L1	T5																																												
L2	T6																																												
L3	T7																																												
L4	T8																																												
L5	T9																																												
SAC	T10																																												
L-IL	T11																																												
R-IL	T12																																												
	Using arrows (↑↓), mark postural asymmetry																																												
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 150px;">Cervical</th> <th style="width: 50px;">Normal</th> <th style="width: 50px;">Pain</th> </tr> </thead> <tbody> <tr><td>Flexion</td><td>50</td><td></td></tr> <tr><td>Extension</td><td>60</td><td></td></tr> <tr><td>Left Lat Flex</td><td>45</td><td></td></tr> <tr><td>Right Lat Flex</td><td>45</td><td></td></tr> <tr><td>Left Rotation</td><td>80</td><td></td></tr> <tr><td>Right Rotation</td><td>80</td><td></td></tr> <tr><td><b>Lumbar</b></td><td><b>Normal</b></td><td></td></tr> <tr><td>Flexion</td><td>60</td><td></td></tr> <tr><td>Extension</td><td>25</td><td></td></tr> <tr><td>Left Lat Flex</td><td>25</td><td></td></tr> <tr><td>Right Lat Flex</td><td>25</td><td></td></tr> <tr><td>Left Rotation</td><td>30</td><td></td></tr> <tr><td>Right Rotation</td><td>30</td><td></td></tr> </tbody> </table>		Cervical	Normal	Pain	Flexion	50		Extension	60		Left Lat Flex	45		Right Lat Flex	45		Left Rotation	80		Right Rotation	80		<b>Lumbar</b>	<b>Normal</b>		Flexion	60		Extension	25		Left Lat Flex	25		Right Lat Flex	25		Left Rotation	30		Right Rotation	30	
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		Mark tissue abnormalities TP, LG, TN, SK, FS <i>TP=Trigger Points, LG=Ligaments (swollen or tender)                      TN=Tendons, SK=skin, FS-Fascial Restrictions</i>																																											
	Other Neuro-Musculo-Skeletal Findings																																												
<b>ASSESSMENT</b>	Progress (Subjective & Objective)																																												
	Patient Response																																												
	Goals (Percent complete)																																												
	Complications																																												
	Phase of care																																												
	Diagnosis																																												
<b>PLAN</b>	Visit # ___ of # ___																																												
	Treatment Given																																												
	Updated Goals																																												
	Home Instructions																																												
	Next Evaluation																																												