DocScrib SOAP Note Template

AI-Powered Documentation for Clinicians ¦ https://docscrib.com

1. Patient Information

Patient Name .....

Date of Birth .....

Age ..... Sex .....

Date of Visit .....

2. Subjective

Chief Complaint .....

History of Present Illness .....

Past Medical History .....

Family and Social History .....

Review of Systems:

• General	• Cardiovascular
• Skin	• Gastrointestinal
• Head	• Genitourinary
• Eyes	• Musculoskeletal
• Ears	• Neurological
• Nose	• Psychiatric
• Throat	• Endocrine
• Neck	• Hematologic/Lymphatic
• Respiratory	• Allergic/Immunologic

3. Objective

Vital Signs ..... General Appearance .....

Blood Pressure ..... HEENT .....

Heart Rate ..... Neck .....

Respiratory Rate ..... Cardiovascular .....

Temperature ..... Respiratory .....

Oxygen Saturation ..... Other .....

Diagnostic Tests and Imaging (if available) .....

4. Assessment

Primary Diagnoses .....

Differential Diagnoses .....

Justification .....

5. Plan

Medications and Dosages .....

Lifestyle Modifications .....

Diagnostic Tests and Imaging (if necessary) .....

Recommended Follow-up .....

Full Name & Title:	
Clinic Address:	
Contact Number:	

Fax Number:	
Email:	
Signature:	
Date:	