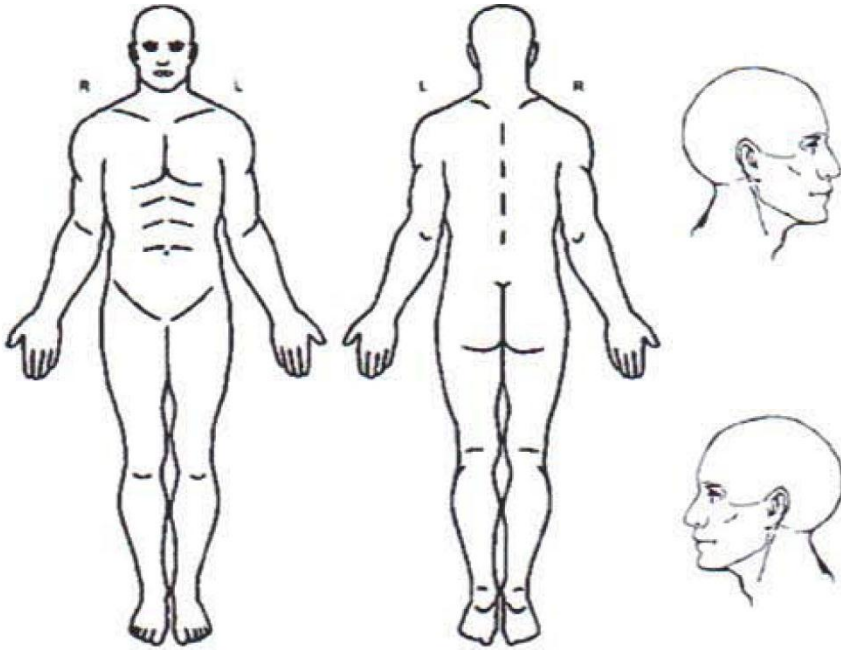




Patient Chart Number: \_\_\_\_\_

Date: \_\_\_\_\_

SOAP CHART



- (P)** = Pain
- (S)** = Swelling
- (B)** = Bruise
- (W)** = Weakness
- (∴)** = Rash/Irritation
- (C)** = Cut
- (H)** = Burn

Pain Scale [0-10]  
0=no pain  
10=highest pain

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Current Meds: \_\_\_\_\_

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp. Rate: \_\_\_\_\_ Temp. \_\_\_\_\_

Subjective: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assessment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_