

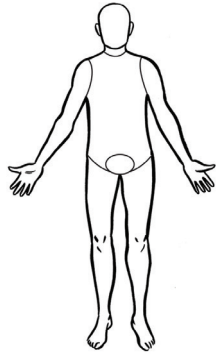
# SOAP NOTE

Name	Age	Emergency Contact	Contact Number
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## Subjective Assessment

<b>Signs and Symptoms</b> In the case of pain, ask about: <ul style="list-style-type: none"> <li>• Onset</li> <li>• Provoke</li> <li>• Quality</li> <li>• Region or Radiate</li> <li>• Severity</li> <li>• Time</li> </ul>
<b>Allergies</b>
<b>Medications</b>
<b>Past Medical History</b>
<b>Last Meal</b>
<b>Events Leading up to the Emergency</b>

## Objective Assessment

<b>Time</b> Time of Each Assessment				
<b>Indicate Level of Consciousness</b> Alert, Verbal, Painful, Unresponsive				
<b>Describe Breathing</b>				
<b>Describe Circulation</b> Colour, Temperature				
<b>Describe Skin</b> Sensation, Moisture				
<b>Describe findings of Head-to-Toe Check</b>				

## Assessment Summary

Summarize the situation and the issues that may arise as a result of the initial problem.

## Plan

Plan for each problem on the problem list; this should include care and transportation. How often do you plan to monitor the ill or injured person?

