# Outpatient Osteopathic Cranial SOAP Note Form

**Patient's Name:**

**HPI/ROS:**

**PFSH/Meds:**

**Date:**

**Age:**

**Wt:**

**Ht:**

**H.C.:**

**B/P:**

**Pulse:**

**Respir:**

**Temp:**

**General symmetry and posture:**

### Exam Methods Used

<table>
<thead>
<tr>
<th>Region Evaluated</th>
<th>Severity</th>
<th>Somatic Dysfunction</th>
<th>Treatment</th>
<th>Response</th>
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<td>Circle Treat. Methods</td>
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<td></td>
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<td>MS / SNS / PNS / LYMHP / CV / RESP. / GI / FAS. / etc.</td>
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### Severity Scale:

1. No SD or background (BG) levels
2. Obvious TART (esp. R and T), +/− symptoms
3. More than BG levels, minor TART
4. Key lesions, symptomatic, R and T stands out

### SOMATIC DYSFUNCTION

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### PRE-TREATMENT PALPATORY EVALUATION

- First Visit
- Resolved
- Improved
- Unchanged
- Worse

### A

1. 
2. 
3. 
4. 

### P

OMT performed above:

- 1-2 areas
- 3-4 areas
- 5-6 areas
- 7-8 areas
- 9-10 areas

Meds:

Exercise:

Nutrition:

Minutes with patient:

Follow-up:

Units:

Signature of the examiner:

Designed: 03MX44MC.PCX SSI WAK VERSION 9.042799 

Designed to coordinate with Outpatient Osteopathic SOAP Note Form-1999