Inpatient Osteopathic SOAP Note

Patient's Name __________________________ Date _____ Sex: Male ☐ Female ☐
Age ______ * Vital Signs (3 of 7) Wt. ______ Ht. ______ Temp. ______
Reg. ☐  Pt. position for recording BP
Resp. ___ Pulse ___ Irreg. ☐ Standing _____ Sitting _____ Lying _____

Patient's Pain Analog Scale: ☐ Not done

CC: HPI: (Location, Quality, Severity, Duration, Timing, Context, Modifying factors, Associated Signs and Sx)
PFSH: ROS: (Constitutional, Eyes, Ears/Nose/Mouth/Throat, Cardiovascular, Respiratory, GL, GU, Musculoskeletal, Integumentary, Neurological, Psychiatric, Endocrine, Hematologic/Lymphatic, Allergic/Immunologic)

Meds:

Overall History = Average of HPI, ROS or PFSH: ☐ II (1-3 HPI) ☐ III (1-3 ROS, 1 PFSH) ☐ IV (4+ HPI, 3-9 ROS, 1 PFSH) ☐ V (4+ HPI, 10+ ROS, 2+ PFSH)

See Musculoskeletal Exam on Page 2

A

Dx No. Written Diagnosis ICD Code

B

Meds:

PT:

Exercise:

Nutrition:

Minutes spent with the patient: 10 15 20 25 30 60 >60 Follow-up: 1 2 3 4 5 6 7 8 9 10 11 12 Units: D W M Y PRN

OMT performed as Above: 0 areas ☐ 1-2 areas ☐ 3-4 areas ☐ 5-6 areas ☐ 7-8 areas ☐ 9-10 areas ☐

Signature of transcriber: __________________________ Signature of examiner: __________________________

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### Inpatient Osteopathic SOAP Note

#### Patient Information
- **Name:** [Redacted]
- **Date:** [Redacted]
- **Sex:** Male

#### Vital Signs
- **Age:** [Redacted]
- **Wt.:** [Redacted]
- **Ht.:** [Redacted]
- **Temp.:** [Redacted]
- **Resp.:** [Redacted]
- **Pulse:** [Redacted]
- **Reg.:** [Redacted]
- **Irrg.:** [Redacted]
- **Pt. position for recording BP:**
  - Standing: [Redacted]
  - Sitting: [Redacted]
  - Lying: [Redacted]

#### Gait and Station:
- **Body Type:** Endo. [ ] Meso. [ ] Ecto. [ ]
- **Posture:** Excl. [ ] Fair [ ] Poor [ ]
- **Gait:** Symmetrical [ ] Asymmetrical [ ]

#### Ant./Post. Spinal Curves:
- Cervical Lordosis: I [ ] N [ ] D [ ]
- Thoracic Kyphosis: I [ ] N [ ] D [ ]
- Lumbar Lordosis: I [ ] N [ ] D [ ]

#### Scoliosis (Lateral Spinal Curves):
- None [ ] Sitting [ ]
- Functional [ ] Standing [ ]
- Mild [ ] Prone/Supine [ ]
- Moderate [ ] Unable to Examine [ ]
- Severe [ ]

#### Short leg?
- Right: 1/8 [ ] 1/4 [ ] 1/2 [ ]
- Equal [ ] Left: 1/8 [ ] 1/4 [ ] 1/2 [ ]

#### Skinfold:
- Head / neck [ ] L. upper extremity [ ] L. lower extremity [ ]
- Trunk [ ] R. upper extremity [ ] R. lower extremity [ ]

#### Reflexes:
- **Biceps:** L [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ]
- **Patella:** L [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ]
- **Triceps:** L [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ]
- **Achilles:** L [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ]
- **Babinski:** L up [ ] down [ ]
- **Radialis:** R up [ ] down [ ]

#### Examin Method Used
- **Severity Scale:**
  - 0 = No SD or background (BG) levels
  - 1 = More than 2 levels, minor TART
  - 2 = Obvious TART (esp. R and T), +/- symptoms
- **OMT:**
  - A = ART / BLY / CRT / CST / DVR / PRT / NSVLA
  - IND / INJ / LAS / MFR / SEY / VIS
- **Treatment Method:**
  - R = RY / CRT / DSR / DVR / PRT / NSVLA
  - IND / INJ / LAS / MFR / STY / VIS

#### Exam Method Used
- **Severity Scale:**
  - 0 = No SD or background (BG) levels
  - 1 = More than 2 levels, minor TART
  - 2 = Obvious TART (esp. R and T), +/- symptoms
- **OMT:**
  - A = ART / BLY / CRT / CST / DVR / PRT / NSVLA
  - IND / INJ / LAS / MFR / SEY / VIS
  - R = RY / CRT / DSR / DVR / PRT / NSVLA
  - IND / INJ / LAS / MFR / STY / VIS

#### Physician's evaluation of patient prior to treatment:
- First visit [ ] Resolved [ ] Improved [ ] Unchanged [ ] Worse [ ]