

APSU Writing Center
SOAP Note Taking Method

SOAP (Subjective/Objective/Assessment/Plan) Notes

- SOAP notes are a structured documentation method used in healthcare settings (e.g., clinics, hospitals, therapy practices) to record patient encounters in a clear, consistent, and organized format. This framework promotes continuity of care, clinical reasoning, and effective communication among providers.

Subjective (S) Patient Report

- This section captures information reported directly by the patient or caregiver.
- It includes:
 - Chief complaint
 - Symptoms described in the patient's own words
 - Patient-reported feelings, concerns, or changes
 - Relevant medical or social history updates
 - Direct quotes when appropriate
- **Example:** I've been having more difficulty concentrating at school this week.

Objective (O) Measurable Data

- This section contains observable, measurable, and factual data collected by the clinician.
- It includes:
 - Quantifiable performance data
 - Results from assessments, screenings, or standardized tests
 - Vital signs
 - Observable behaviors
 - Specific accuracy percentages or performance metrics
- **Example:** Hortensia produced the target sound /r/ with 60% accuracy across 20 structured trials.

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Assessment (A) Clinical Interpretation

- This section provides the clinician's professional interpretation of the subjective and objective data.
- It includes:
 - Clinical impressions
 - Progress toward goals
 - Response to treatment
 - Comparison of previous sessions
 - Identification of patterns, strengths, or barriers
 - Updated diagnosis (if applicable)
- **Example:** Jay's accuracy decreased compared to last session (75% → 60%). Reduced performance is likely related to decreased sustained attention during structured tasks.

Plan (P) Next Steps

- This section outlines next steps in treatment and follow-up actions.
- It includes:
 - Treatment focus for the next session
 - Modifications to the treatment plan
 - Home program recommendations
 - Referrals (if needed)
 - Timeline for reassessment
- **Example:** Next session will target word-initial bilabial stops (/p/, /b/) in structured sentence tasks. Attention-support strategies will be incorporated.

Client Name:

Date of Service:

OBJECTIVES	
SUBJECTIVE	
OBJECTIVE	
ASSESSMENT	
PLAN	
<input type="checkbox"/>	Continue current plan
<input type="checkbox"/>	Objective met
Revise plan:	
STUDENT CLINICAL SIGNATURE:	DATE:
CLINICAL SUPERVISOR SIGNATURE:	DATE:



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References

Graduate Writing Center (2022). *SOAP Notes: A Writer's Guide*. University of Vermont.

[https://www.uvm.edu/sites/default/files/Graduate-Writing-Center/GWC%20Guides/Genres/ SOAP_Notes_101.pdf](https://www.uvm.edu/sites/default/files/Graduate-Writing-Center/GWC%20Guides/Genres/SOAP_Notes_101.pdf)

The University of New Mexico (2022). Template for Clinical SOAP Note Format.

https://fcm.unm.edu/education/images/docs/template_clin_soap_note.pdf

Miklasova, A. (2024, September 25). *How to write a SOAP note - including real-life examples*.

UpHeal. <https://www.upheal.io/documentation/soap-note-example>