Title Page

Session Date

Patient Name

Occupational Therapist Name

Location

Occupational Therapy SOAP Note

Subjective Information

In this section, write down the patient's health concerns, past and present medical history, symptoms, and other vital information. Photos can also be attached as supporting evidence.

Primary Concern(s)

Patient History

Review of Symptoms

Other Notes

Supporting Photos/Documents (Optional)

Objective Information

In this section, note all quantifiable data about the patient's physical and functional state, including the following:

- Vital signs
- Findings from physical examinations
- Laboratory results
- Imaging results
- Other diagnostic information

Physical and Functional Condition

Other Notes

Supporting Photos/Documents (Optional)

Assessment

In this section, give your professional opinion about the patient's condition considering the subjective and objective data provided by the patient. This can include a summary of the patient's diagnosis, recovery progress, and areas for improvement.

Problem or Diagnosis

Differential Diagnosis

Other Notes

Plan

In this section, specify the goals for the patient and the steps required to achieve them. This can include exercises, rehabilitation programs, interventions, or referrals to other healthcare professionals.

Treatment Plan

Completion

Name and Signature of Occupational Therapist