

# Patient Better

## Patient-Prepared S.O.A.P. Note

First Name: \_\_\_\_\_

First time at this clinic: ☐ Yes ☐ No

Who/Where referred:

\_\_\_\_\_

Why I am here today:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previously diagnosed Chronic Conditions and date of diagnosis:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications and supplements that I took since last visit overview (name, dosage, and start-end date):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Some notable events that happened since my last appointment:

\_\_\_\_\_

\_\_\_\_\_

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Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Chief Complaints

Primary Mention:	
Start Date:	
Location	
Duration	
Severity	
Secondary Mention:	

Primary Mention:	
Start Date:	
Location	
Duration	
Severity	
Secondary Mention:	

Primary Mention:	
Start Date:	
Location	
Duration	
Severity	
Secondary Mention:	

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Start Date:	
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Duration	
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# ***Patient Better***

## ***Patient-Prepared S.O.A.P. Note***

Diagnosis: \_\_\_\_\_ ICD: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD: \_\_\_\_\_ Date: \_\_\_\_\_

**Treatment Plan Overview:** (Option(s), calculator, start treatment date(s), duration)

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**Follow-up:** (Wait for clearance, follow treatment plan, contribute to outcome)

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**Clinic Support Staff:** \_\_\_\_\_

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Outcome Overview, shared outcome, & Date:

**Additional Notes:** \_\_\_\_\_

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