

Backup SOAP Note for Physical Therapists

INITIAL EVALUATION | 1 of 2 | Print or fill in an approved PDF reader.

Patient name

Second identifier / service date

Clinician / setting / patient location if remote

Referral / direct access; consent status; record-access limitations

S / HISTORY AND PRIORITIES

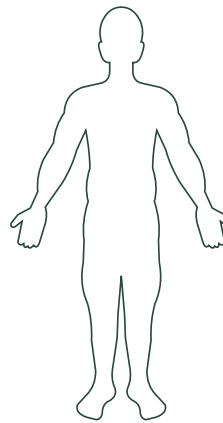
Onset / mechanism; symptoms and pain rating / context

Relevant history, medications / allergies and precautions

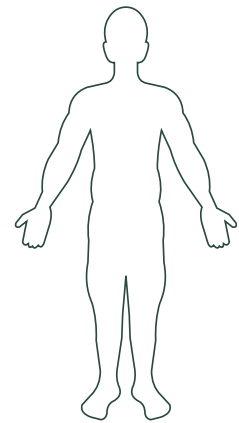
Function, meaningful limitations, goals and barriers

PAIN LOCATION

FRONT



BACK



Mark with pen or PDF annotation tool.

SAFETY / HIGHLIGHTS

Screen and document as indicated. Mark one response per row: Y = Yes, N = No, NA = Not assessed.

	Y	N	NA
Acute chest/breathing symptoms, sudden neurological change, or faintness	☐	☐	☐
New bladder/bowel or saddle symptoms; progressive weakness / sensory change	☐	☐	☐
Systemic illness/infection, clot concerns, significant trauma or bone fragility	☐	☐	☐
Cancer history with concerning change, unexplained weight loss or mass	☐	☐	☐
Prompts only, not a complete or validated screen. Clarify findings; negative responses do not exclude serious disease.			
Findings, pertinent negatives, further screening and action / referral urgency			

Establish safety before treatment, especially in direct access. Do not defer unresolved safety concerns.

Disposition: proceed / further assessment / hold or refer (explain above)

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INITIAL EVALUATION | 2 of 2 | Print or fill in an approved PDF reader.

Patient name

Second identifier / service date

O / SELECTED EXAMINATION

Relevant ROM, strength, neurological / functional findings, vitals and selected tests; units / side

Outcome measure / score; tests limited or deferred and follow-up

A / CLINICAL SYNTHESIS

Working impression / differential; key limitations, appropriateness for PT, skilled need and prognosis

P / GOALS AND CARE PLAN

Measurable functional goals: baseline, target and timeframe

Frequency / duration; interventions, reassessment, referral / communication and follow-up

Initial exercises / education (or reference an approved program):

Exercise / instruction	Dose / frequency	Cues / understanding

Education / shared plan / safety-net advice

Signature / credentials / completion date-time

EMR entry / scan: by, date-time, verification