

Backup SOAP Note for Physical Therapists

FOLLOW-UP / DAILY VISIT | 1 of 1 | Print or fill in an approved PDF reader.

Patient name / second identifier

Service date / visit #

Clinician / setting / patient location if remote

Time in / out; access limitations

S / SUBJECTIVE AND SAFETY UPDATE

Symptoms, function, response since last visit, HEP adherence / barriers

Safety update: new concerns, precautions / medical changes, screening findings and action

O / FINDINGS AND TREATMENT

Relevant measures (units / side), functional findings or outcome measure

Exercise / intervention	Dose / sets / reps	Cues / response	Minutes	Code / provider

Timed Code Treatment Minutes

Total Treatment Time (minutes)

Other contributors / credentials

A / ASSESSMENT

Response, progress toward goals, clinical reasoning and skilled need.

P / PLAN

Progression, HEP / education changes, referral / communication and follow-up.

Signature / credentials / completion date-time

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