

# SOAP Notes Session Summary

Provider / Clinician's Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Duration: \_\_\_\_\_

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**Subjective:** Client reported status

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**Objective:** Practitioner reported findings

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**Assessment:** Client's response to sessions or treatment

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**Plan:** Recommendations for future care

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Date of Service: \_\_\_\_\_

S: \_\_\_\_\_

O: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

Date of Service: \_\_\_\_\_

S: \_\_\_\_\_

O: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

Date of Service: \_\_\_\_\_

S: \_\_\_\_\_

O: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

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S: \_\_\_\_\_

O: \_\_\_\_\_

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