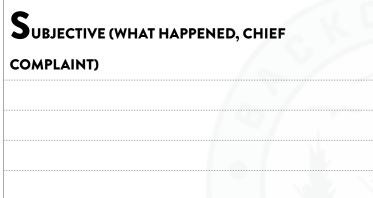
## **SOAP NOTE**

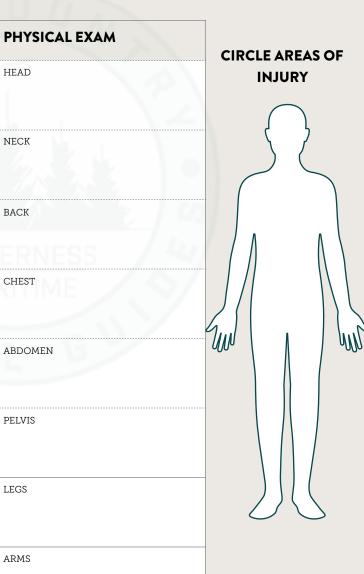


LOCATION:		GPS COORDINATES:		
PATIENT INFORMATION				
NAME				
SEX	AGE	DATE	TIME	
EMERGENCY CONTACT				
Subjective (What Hap	PENED, CHIEF	PHYSICAL FYAM		





FOCUSED SPINE ASSESSMENT				
	1) Person: Is the Patient Reliable, Alert and Oriented, without significant distracting injuries?			
	2) Body: Can the patient move and feel all extremities. Are they absent from numbness, tingling, radiating pain, or uncommon sensations?			
	3) Spine: Is the Spine free from pain? Does the patient voluntarily move?			



MEDICAL HISTORY- SAMPLE		PAIN ASSESSMENT- OPQRST			
SIGNS/ SYMPTOMS			ONSET- FAST OR SLOW?		
ALLERGIES			PROVOKES- WHAT MAKES IT BETTER OR WORSE		
MEDICATIONS			QUALITY- SHARP/ DULL/ STABBING/ RADIATING?		
PAST PERTINENT HISTORY		RADIATION- DOES THE PAIN RADIATE?			
LAST INS/OUTS		7	SEVERITY- ON A SCALE OF 1-10, HOW BAD IS THE PAIN?	1	
EVENTS PRIOR	3		TIME- WHEN DID IT START?		
		VITA	L SIGNS	101	
TIME	PULSE	RESP.	ВР	SKIN SIGNS	LOC
			L B		
	(WHAT ARE THE BLEMS)				
PLAN (ADDRE	ESS PROBLEMS)				
ANTICIPATED PROBLEMS					