



Clinic name

Address · Phone · Licence no.

Visit note (SOAP)

What the patient says, what you find, what you conclude, what you will do.

Patient name File no. Date of birth
Phone Date Doctor

S • Subjective

Complaint, in the patient's words

History of the complaint: onset
and course Relevant history

Current medications Allergies

O • Objective

BP	HR	Temp	Weight	Height	BMI

Examination findings

Investigations reviewed

A • Assessment

Diagnosis Differential

Severity ☐ Mild ☐ Moderate ☐ Severe

P • Plan

Treatment Prescription reference

Investigations ordered Referral to

Patient education given Follow-up date

Doctor's name and signature

Stamp

In Medicolize this document lives on the patient file: medicolize.com