

# PRIMARY CARE SOAP NOTE

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Professor: \_\_\_\_\_

## PATIENT INFORMATION:

**NAME:**

\_\_\_\_\_

**AGE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**CC:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SUBJECTIVE:

**HPI:** \_\_\_\_\_

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# PRIMARY CARE SOAP NOTE

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## ALLERGIES:

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## CURRENT MEDICATIONS

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## PMHX:

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## FAMH:

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## SOCHX:

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# PRIMARY CARE SOAP NOTE

## REVIEW OF SYSTEMS:

**CONSTITUTIONAL:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HEENT:

**HEAD:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EYES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EARS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOSE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THROAT:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESPIRATORY:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PRIMARY CARE SOAP NOTE

**CARDIOVASCULAR** \_\_\_\_\_

**GASTROINTESTINAL:**

**GENITOURINARY:**

**MUSCULOSKELETAL:** \_\_\_\_\_

**NEUROLOGIC:** \_\_\_\_\_













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