

SOAP Notes for Acupuncture

Name: _____ Date of birth: _____

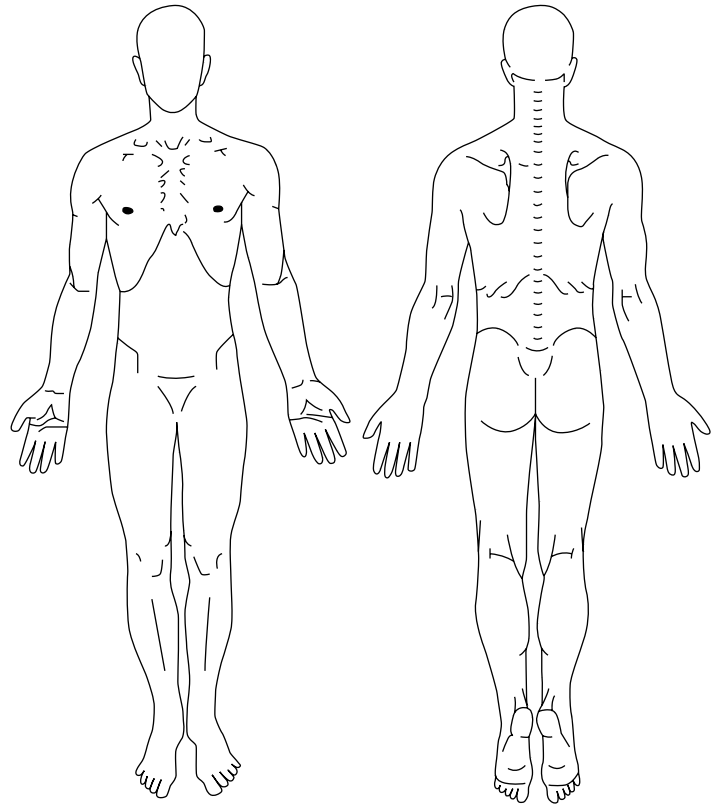
Gender: _____ Date: _____

Subjective

Objective

Assessment

Plan



✕ Adhesion

↻ Rotation

○ Pain

● Tender joint

≡ Hypertonicity

≈ Spasm

○ Inflammation

⊖ Trigger point

/ Elevation

Additional notes

Practitioner's name: _____ Signature: _____