Expanded Soap Note Template: Adult Gero I and II

Subjective:
CC: (why is pt really here? May need to modify from what was put on your schedule)

HPI: A ______y.o. female or male presents to clinic for ________.

   Acute Concern 1: (may or may not have new/acute concern)
      Onset:
      Location:
      Duration:
      Character:
      Aggregators:
      Relievers:
      Treatments:

   Chronic Disease 1 (OLDCARRT or pertinent information):

   Chronic Disease 2 (OLDCARRT or pertinent information):

Functional Assessment: (as applicable to cc's)
   Nutrition: 
   Elimination: 
   Emotion/Stressors (Coping):
   Work:
   Sleep:

   Falls:
   ADLs:

Medical History (Illnesses, Injuries, Hospitalizations):

Surgical History:

Family History:

Personal/Social History:
   Occupation:
   Lives with:
   Family: Married/Single/Divorced/Widowed/Partner
      Children:
      Support system:

Habits:
   Alcohol (Quantify):
   Tobacco:
   Illicit Drug Use (including marijuana) (Quantify):
   Caffeine:

Sexual/Reproductive:
   LMP:
   Sexual Activity: (Y/N; women, men, both; _____# of Partners)
   Potential for Pregnancy:
   Birth Control Method:
   Condom Use:
   H/O STI:

Immunizations:
   Influenza: (annually)
   Tdap: (once then Td Booster q 10yrs)
   MMR: (1 or 2 doses)
   Varicella: 
   PCV13: (once; age 65; give PPSV23 1 yr later)
   PPSV 23: (as above; see special indications CDC)
   Shingrix: (age>50; 2 doses 2-6months apart)
   Hep A
   Hep B:
   HPV:

Recent Travel:
Allergies (reaction):  
Recent Antibiotic Use: (if applicable to cc)  
Medications including Herbs, Supplements and OTC (ALL! - Dosage, frequency, indication):

**Review of Systems:**  
Constitutional:  
HEENT:  
Neck:  
CV:  
Pulm:  
Neuro:  
GI:  
GU:  
Repro:  
MSK:  
Skin:  
Psych: Depression (PHQ-9), suicidal thoughts, visual or auditory hallucinations  
Do you feel safe at home? Is anyone making you feel unsafe?

**Objective:**  

**Physical Exam** (relevant system plus the systems above and below the CC and any other relevant system)  
General: (statement identifying the patient's gender and a general description of his/her general appearance)  
HEENT:  
Neck:  
CV:  
Pulm:  
Neuro:  
GI:  
GU:  
Repro:  
MSK:  
Skin:

**Assessment:**  
**Acute Concern Most Likely Diagnosis:**  
Pertinent +-'s:  
Rationale: (Use literature, support with H&P, diagnostics)

1. Diff. Dx:  
Pertinent +-'s:  
Rationale: (Use literature, support with H&P, diagnostics)

2. Diff. Dx:  
Pertinent +-'s:  
Rationale: (Use literature, support with H&P, diagnostics)

**Chronic Disease 1:**  
Assessment/Rationale: controlled/uncontrolled; goals met? Risk factors? Contributing factors? Screening?  
Is treatment appropriate based on guidelines? (may not need differential diagnosis if this is a stable chronic dz)  
(Support with literature, guidelines, H&P, diagnostics)

**Chronic Disease 2:**  
Assessment/Rationale: controlled/uncontrolled; goals met? Risk factors? Contributing factors? Screening?  
Is treatment appropriate based on guidelines?  
(Support with literature, guidelines, H&P, diagnostics)
Plan: (may do a plan for each assessment problem or one plan for all problems)

Diagnostics:

Education:

Treatment:
   1. 
   2. 
   3. 

Healthcare Maintenance/Screening: (use Guidelines; only include if relevant)

Follow-up:

Referrals:

Goals of Care: