{LOGO}
{Name, Credentials}
{Title}
{Address}
{Phone}
{Email}

SOAP Notes

Subjective and Objective Assessment and Planning

Client: _____ Date of Service: _____ Time: _____

Services Rendered	Progress	Current Medications
☐ Initial Evaluation ☐ Psychotherapy ☐ Family Psychotherapy with Client ☐ Family Psychotherapy w/o Client ☐ Multi-Family Psychotherapy ☐ Group Psychotherapy ☐ Crisis Psychotherapy ☐ Other:	☐ Exceptional ☐ Steady ☐ Slow ☐ Regressing ☐ Stable ☐ Maintaining ☐ Discharge Plan:	Med: Dose: Med: Dose: Med: Dose:

Treatment goal addressed: _____

Appearance	Speech	Mood/Affect	Behavior	Cognitions
☐ WNL* ☐ Unkempt ☐ Dirty ☐ Meticulous ☐ Other:	☐ WNL ☐ Pressured ☐ Mute ☐ Impaired ☐ Slow ☐ Other:	☐ WNL ☐ Flat ☐ Depressed ☐ Manic ☐ Anxious ☐ Fearful ☐ Irritable ☐ Angry ☐ Labile ☐ Incongruent ☐ Other:	☐ WNL ☐ Guarded ☐ Withdrawn ☐ Defensive ☐ Oppositional ☐ Hostile ☐ Manipulative ☐ Impaired ☐ Threatening ☐ Impulsive ☐ Tearful ☐ Tired ☐ Other:	☐ WNL ☐ Loose Associations ☐ Scattered ☐ Blocked ☐ Obsessive ☐ Paranoid ☐ Psychotic ☐ Other:

*Within Normal Limits

Clinical Impressions: _____

_____

_____

{LOGO}
{Name, Credentials}
{Title}
{Address}
{Phone}
{Email}

_____

_____

Behavioral Observations: _____

_____

_____

_____

_____

Assessment: _____

_____

_____

_____

_____

Plan: _____

_____

_____

_____

_____

Danger to self or others? _____

If yes, describe danger and intervention: _____

_____

_____

_____

_____

Rescheduled for Day: _____ Date: _____ Time: _____

☐ Client will call or email to reschedule

Fee charged: $_____ Payment: $_____ ☐ Check ☐ Cash ☐ Credit Card ☐ Bill insurance

Therapist Signature: _____ Credentials: _____

{LOGO}
{Name, Credentials}
{Title}
{Address}
{Phone}
{Email}

Title: _____

Date: _____