

PEDIATRIC FILLABLE SOAP NOTE TEMPLATE

STUDENT NAME:	DATE OF ASSIGNMENT:
Patient Initials:	Date of Encounter:
Sex:	Age/DOB/Place of Birth:
SUBJECTIVE	
Historian: Present Concerns/CC:	
<i>Reason given by the patient for seeking medical care "in quotes"</i>	
Child Profile: (Sexual History (If appropriate); ADLs (age appropriate); Safety Practices; Changes in daycare/school/after-school care; Sports/physical activity; Developmental Hx)	
HPI: <i>(must include all components - OLD CARTS)</i>	
Medications: <i>(List with reason for meds)</i>	
PMH:	
Allergies:	
Medication Intolerances:	
Chronic Illnesses/Major traumas:	
Hospitalizations/Surgeries:	
Immunizations:	

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Family History <i>(please identify all immediate family)</i>	
Social History <i>(Education level, occupational history, current living situation/partner/marital status, substance use/abuse, ETOH, tobacco, and marijuana. Safety status)</i>	
Review of Systems (ROS)	
General	Cardiovascular
Skin	Respiratory
Eyes	Gastrointestinal
Ears	Genitourinary/Gynecological
Nose/Mouth/Throat	Musculoskeletal
Breast	Neurological
Heme/Lymph/Endo	Psychiatric

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OBJECTIVE (plot height/weight/head circumference along with noting percentiles) <i>Attach growth chart</i>		
Weight	Temp	BP
Height	Pulse	Resp
OBJECTIVE (Physical Examination)		
General Appearance and parent-child interaction		
Skin		
HEENT		
Cardiovascular		
Respiratory		
Gastrointestinal		
Breast		
Genitourinary		
Musculoskeletal		

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Neurological
Psychiatric
In-house Lab Tests – document tests (results or pending)
Pediatric/Adolescent Assessment Tools (Ages & Stages, etc) with results and rationale For adolescents (HEADSSSVG Assessment)

ASSESSMENT (Diagnosis – 3 Differentials and Primary)

- Include at least three differential diagnoses with ICD-10 codes. (Includes Primary dx and 2 differentials)
- **Document Evidence based Rationale for ROS and each differential with pertinent positives and negatives**
- Primary diagnosis
 - ✓ Is #1 on list of differentials
 - ✓ Evidence for primary diagnosis should be supported in the Subjective and Objective exams.

1)

2)

3)

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PLAN including education

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- Plan: Treatment plan should be for the Primary Diagnosis and based on EB literature.
- Include ***EB rationale*** for all aspects of your treatment plan:
 - ✓ Vaccines administered this visit
 - ✓ Vaccine administration forms given
 - ✓ Medication-amounts and mg/kg for medications
 - ✓ Laboratory tests ordered
 - ✓ Diagnostic tests ordered
 - ✓ Patient education including preventive care and anticipatory guidance
 - ✓ Non-medication treatments

Follow-up appointment with detailed plan of f/u

***ALL references must be Evidence Based (EB)**