NEURO BOOTCAMP | NOTE A

Session note

SOAP style

Subjective

Patient's report in their words; what they said matters most today:

_____

Objective

Measures, scores and testing conditions; interventions, dose, intensity and patient response:

_____

Assessment

Progress toward each goal and the reasoning for it:

_____

Plan

Next session focus, frequency and what would change the plan:

_____

Precautions observed and action taken

What was seen, the decision made, who was told and when:

_____

Name the measure with its score and testing conditions. Describe the response, not only the label. Record dose and intensity. Link each choice to a goal. Record the sign, the decision and who was told.

Your reasoning

_____

_____

Signature: _____ Date: _____

Education only. Not a medical record and not a substitute for facility policy.

Plan of care and progress note

Diagnosis as given by the physician: _____

Goals

Goal	Baseline	Current status	Target date

Interventions and frequency, with the reason for each: _____

_____

Progress since the last report: measures and what the change means for the patient:

_____

Changes to the plan and the reason: _____

Estimated duration: _____

Your reasoning

_____

_____

Physician or prescriber certification or signature, where required: _____

Signature: _____ Date: _____

Medicare therapy documentation: CMS Medicare Benefit Policy Manual, Chapter 15, Section 220.3 (read the current text). Physician certification and signature rules vary by setting.

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Precaution and plan-change note

Date: _____ Time: _____

What changed

Sign or symptom observed and when it started:

_____

_____

What you did

Continued, modified, stopped or referred, and why:

_____

_____

Communication

Who you told, how and when:

_____

Plan for the next session

_____

Your reasoning

_____

_____

Signature: _____ Date: _____

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