

# Chiropractic Daily Visit Note (SOAP)

Template by Cervica · cervicaehr.com · Structure supports Medicare PART documentation. Adapt to your practice and payer requirements.

PATIENTDOBDATE OF SERVICEVISIT # IN PLAN

## S · Subjective

CHIEF COMPLAINT AND TODAY'S STATUS IN THE PATIENT'S WORDS (LOCATION, SEVERITY 0 TO 10, CHANGE SINCE LAST VISIT)

Since last visit: ☐ Improved   ☐ Unchanged   ☐ Worse   Compliance with home instructions: ☐ Yes   ☐ Partial   ☐ No

## O · Objective (per region treated today)

| Region          | Segment(s) | P · Pain / tenderness | A · Asymmetry | R · ROM abnormality | T · Tissue / tone change |
|-----------------|------------|-----------------------|---------------|---------------------|--------------------------|
| Cervical        |            |                       |               |                     |                          |
| Thoracic        |            |                       |               |                     |                          |
| Lumbar          |            |                       |               |                     |                          |
| Sacral / Pelvic |            |                       |               |                     |                          |
| Extraspinal     |            |                       |               |                     |                          |

OTHER OBJECTIVE FINDINGS (ORTHOPEDIC OR NEUROLOGIC TESTS, OUTCOME SCORE IF COLLECTED TODAY)

## A · Assessment

DIAGNOSES (ICD-10, SUPPORTING REGIONS TREATED)

Response to care plan: ☐ Progressing toward goals   ☐ Plateau, plan adjusted   ☐ Re-exam scheduled   ☐ Discharge planned

## P · Plan

| Service    | CPT | Regions / minutes | Detail (technique, settings, side) |
|------------|-----|-------------------|------------------------------------|
| Spinal CMT |     |                   |                                    |
| Therapy 1  |     |                   |                                    |
| Therapy 2  |     |                   |                                    |

HOME INSTRUCTIONS / NEXT VISIT

PROVIDER SIGNATURE / CREDENTIALS / DATE