## **SOAP** Note

Provider / Clinician's Name \_\_\_\_\_\_ Client Name \_\_\_\_\_\_ Date of Service: \_\_\_\_\_\_ Duration: \_\_\_\_\_\_

**Subjective:** The client expresses personal feelings and perspectives.

**Objective:** Observable facts and clinical findings are recorded.

Assessment: The therapist evaluates the client's condition and progress.

Plan: Strategies and next steps for treatment are outlined.