

## Ot Soap Note Documentation

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~~Crafting the Ideal OT Note - OT Potential~~

~~Occupational Therapy SOAP Notes Format. SOAP is an easy-to-remember acronym representing the four key components that this note-taking framework is based on. Here's what the acronym stands for. Subjective. SOAP notes lead off with the subjective information you gather from the patient at the start of the session.~~

~~SOAP Notes for Occupational Therapy~~

~~Occupational and Physical Therapy SOAP Note. A well crafted therapy soap note will include the following: Subjective. What is the patient's pain level today? Describe the patient's functional ability or limitations. Are there examples of improvement or continued difficulty? Include patient quotes on how they're feeling. Sample Subjective for a daily note:~~

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~~How to Write a SOAP Note The Soap Note Template. The basic format for a SOAP note is as follows: Subjective (S): Objective (O): Assessment (A): Plan (P): Many times this is not laid out in this manner through our documentation systems and we get a big 'ol blank box to write our daily note in.~~

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