Acupuncture SOAP Note

Dx-Chart
dx-chart.com

Patient: _____ Date of service: _____

File no.: _____ Visit type: _____

Licensed acupuncturist: _____ License no.: _____

S - Subjective

Chief complaint: (where, when it began and why, pain 0 to 10, quality, worse or better with) _____

History of present illness: _____

Function: (what it limits, and how much) _____

Response to care: (follow-up) _____

Safety: (anticoagulants, pacemaker or implant, bleeding disorder, needle aversion) _____

O - Objective

Vital signs: _____

Tenderness: _____

Range of motion: _____

Tongue: (body and coat) _____

Pulse: (overall, then Cun, Guan or Chi) _____

Palpation with Gloves on, Door was 25% opened, not completely closed.

A - Assessment

TCM diagnosis: _____

Eight Principles: (Exterior or Interior, Heat or Cold, Excess or Deficient, Yang or Yin) _____

Etiology: _____

ICD-10: (code and description) _____

Western diagnosis: _____

P - Plan

Treatment principle: _____

Treatments: (points with sides, and anything else given) _____

Method: _____

Needles: (count and length) _____

Additional therapies: _____

Herbal medicine: _____

Codes: (each CPT code with its face-to-face minutes) _____

Home care: _____

CNT is used in every Tx.

Licensed acupuncturist | License no. | Date signed