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**P3 SOAP Template 2019 – 2020**

***Subjective:***

* **Chief complaint (CC):**
* **History of present illness (HPI):**
* **Past medical history (PMH):**
* **Social history:**
* **Health literacy score:**
* **Family history:**
* **Surgical history:**
* **Preventative care history**
	+ **Screening:**
	+ **Immunizations:**
* **Allergies (Medication/Food):**
* **Medication behaviors**
* **Medications *(derived from the patient interview)*:**

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| **Medication** | **Indication** | **Dosage****Strength** | **Dose**  | **Route** | **Frequency** | **Duration** (start-stop dates if available) | **Medication Specific Adherence Barriers** |
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* **Review of systems (ROS):**
* **Pain scores:**
* **Home monitoring logs:**

***Objective:***

* **Vital signs/height and weight**
* **Physical exam**
* **Mental status exam**
* **Pertinent labs and other tests (Laboratory tests, POCT, Imaging, etc.)**
* **Medications (*derived from electronic medical or pharmacy records*)**

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| **Medication** | **Indication** | **Dosage****Strength** | **Dose**  | **Route** | **Frequency** |
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***List your Problem ID and Prioritize*** *(Prioritize in order of decreasing priority)****:***

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***Assessment for:* (Enter Problem ID Here)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Evaluate the problem***

***Drug therapy assessment***

***Preventative care options:***

***Non-pharmacologic*** ***options***:

***Plan for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Drug therapy plan:***

***Preventative care plan:***

***Non-pharmacologic plan:***

***Monitoring plan:***

* ***Efficacy***
* ***Safety/toxicity***

***Counseling & Education Plan:***

***Follow-up plan:***

**Student Pharmacist Name: ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**