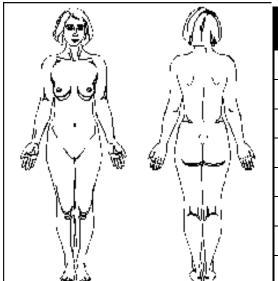
SOAP NOTE

DATE	PATIENT NAME	PATIENT NAME					
RESCUER							
SCENE							
S Symptoms	A Allergies						
	M Medications						
	P Past History						
	Last Meal						
	Events						
	OBJECTIVE						
EXAM:							



VITAL SIGNS								
Time	Pulse	Resp.	B/P	Skin	Temp.	AVPU		

Mark Injury Areas							
ASSESSMENT AND TREATMENT PLAN							
A = Assessment Plan	A' = Anticipated Problems	P= Treatment Plan					
	ADDITIONAL NOTES						
	ABBITTENAL NOTES						