**SOAP NOTE TEMPLATE**

Day, Date

PNC Name

**Patient Code:**

ICD 9 Code/s:

Site of visit

Complaint/Reason patient stated for visit:

Pt. Visit: (New or Follow-Up)

**Subjective:**

**Objective:**

|  |
| --- |
| Age, height, weight, gender, BMI, BF |
| Lab Results: |
| Estimated caloric needs:BMR male: TEE: |

Medications:

Supplements:

**Assessment/Diagnosis:**

PES

Problem: ………. (as related to…)

Etiology: ……… (as evidenced by…)

Signs/Symptoms: BMI of (E.g.) and diet history

Day, Date

PNC Name

**Plan:**

Patient agrees to try to: (E.g.)

* Return for follow-up appointment
* Fill out dietary journal
* Add a snack composed of a fruit/veggie with a fat/dairy
* Continue commitment to exercise