OT SOAP Note with Sample

Client's name: _____ Date of service: _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy Visit number: _____

Referring diagnosis: _____ Therapist and credentials: _____

WHAT MAKES A NOTE OCCUPATIONAL

Tie every measure to an occupation

A note that records only degrees and grades reads as a physical therapy note. Occupational therapy documentation connects the impairment to the activity it limits - dressing, feeding, handwriting, returning to work - and states the functional change.

S - SUBJECTIVE

Client and caregiver report: performance in daily occupations, barriers, priorities

Client-stated goal: _____ Home programme adherence: _____

Pain (0-10): _____ Fatigue (0-10): _____

O - OBJECTIVE

Occupation / task — Upper body dressing: Assist level:

Occupation / task — Upper body dressing: Adaptation used:

Occupation / task — Upper body dressing: Today's performance:

Occupation / task — Lower body dressing: Assist level:

Occupation / task — Lower body dressing: Adaptation used:

Occupation / task — Lower body dressing: Today's performance:

Occupation / task — Grooming: Assist level:

Occupation / task — Grooming: Adaptation used:

Occupation / task — Grooming: Today's performance:

Occupation / task — Feeding: Assist level:

Occupation / task — Feeding: Adaptation used:

Occupation / task — Feeding: Today's performance:

Occupation / task — Toileting: Assist level:

Occupation / task — Toileting: Adaptation used:

Occupation / task — Toileting: Today's performance:

Occupation / task — Meal preparation: Assist level:

Occupation / task — Meal preparation: Adaptation used:

Occupation / task — Meal preparation: Today's performance:

Occupation / task — Functional transfers: Assist level:

Occupation / task — Functional transfers: Adaptation used:

Occupation / task — Functional transfers: Today's performance:

Assist levels: independent, modified independent, supervision, minimal assist, moderate assist, maximal assist, dependent.

Impairment measure — Grip strength (kg): Today:

Impairment measure — Grip strength (kg): Previous:

Impairment measure — Grip strength (kg): Goal:

Impairment measure — Pinch strength (kg): Today:

Impairment measure — Pinch strength (kg): Previous:

Impairment measure — Pinch strength (kg): Goal:

Impairment measure — Active range of motion: Today:

Impairment measure — Active range of motion: Previous:

Impairment measure — Active range of motion: Goal:

Impairment measure — Coordination test: Today:

Impairment measure — Coordination test: Previous:

Impairment measure — Coordination test: Goal:

Impairment measure — Standardised outcome measure: Today:

Impairment measure — Standardised outcome measure: Previous:

Impairment measure — Standardised outcome measure: Goal:

Interventions delivered: _____ Treatment time (minutes): _____

Billing units: _____ Equipment issued: _____

A - ASSESSMENT

Clinical reasoning: what the findings mean for the client's occupational performance and progress toward goals

P - PLAN

Frequency, duration, next session focus, home programme, equipment and discharge planning

Frequency and duration: _____ Next session focus: _____

Re-assessment due: _____ dd / mm / yyyy

Therapist signature:

SAMPLE NOTE

Sample entry

S — Client reports she managed to put on her own socks twice this week using the sock aid, which she describes as the first time since her surgery. Reports shoulder pain 4 out of 10 when reaching overhead and that she still needs help washing her hair.

O — Lower body dressing with modified independence using a sock aid and long-handled reacher, up from minimal assist on 2 April. Upper body dressing independent. Grooming at supervision level for hair washing because of limited right shoulder flexion, measured at 118 degrees active, up from 105 degrees. Completed a simulated meal preparation task - retrieving items from a counter-height shelf - with modified independence in 11 minutes. Session included therapeutic activity 25 minutes and self-care retraining 20 minutes.

A — Client has progressed from minimal assist to modified independence in lower body dressing, meeting her short-term goal two weeks early. Shoulder flexion gains are now translating into overhead reach during grooming, though hair washing remains limited. The sock aid has been adopted into daily routine, which suggests good carryover.

P — Continue twice weekly for three weeks. Next session, trial a long-handled sponge and a handheld shower head for hair washing. Progress overhead reaching activity to shoulder-height shelf retrieval. Re-assessment due 30 April. Home programme updated and reviewed with the client.

Sources: General-purpose template. Follow AOTA documentation guidance, your state practice act, and your payer's requirements.