SOAP Note for Counseling

PATIENT INFORMATION

Patient name: _____ **Date of birth:** _____ dd / mm / yyyy

Session date: _____ dd / mm / yyyy

Observed/reported changes in condition:

Stressors/extraordinary events:

◯ None ◯ No significant change from last update ◯ Update (specify below)

If you selected "Update," please provide more details:

CLIENT CONDITION

Appearance:

- ☐ Poor hygiene
- ☐ Appropriate
- ☐ Fastidious
- ☐ Unkempt
- ☐ Other
- ☐ Inappropriate
- ☐ Neat
- ☐ Apprehensive
- ☐ Disheveled

If you selected "Other," please provide more details:

Behavior:

- ☐ Cooperative
- ☐ Aggressive
- ☐ Agitated
- ☐ Impulsive
- ☐ Dramatic
- ☐ Other
- ☐ Guarded
- ☐ Passive
- ☐ Unusual/bizarre
- ☐ Fearful
- ☐ Abrasive

If you selected "Other," please provide more details:

Stream of thought:

- [ ] Clear/coherent
- [ ] Fragmented
- [ ] Disordered
- [ ] Tangential
- [ ] Other

If you selected "Other," please provide more details:

Abnormalities of thought content:

- [ ] None
- [ ] Concrete thinking
- [ ] Ideation
- [ ] Overvalued ideas
- [ ] Poverty of thought
- [ ] Other
- [ ] Phobias
- [ ] Paranoid
- [ ] Delusions
- [ ] Ideas of reference
- [ ] Obsessions

If you selected "Other," please provide more details:

Mood:

- [ ] Euthymia
- [ ] Euphoria
- [ ] Apprehensive
- [ ] Depressed
- [ ] Apathetic
- [ ] Elevated
- [ ] Angry/irritable
- [ ] Anxious
- [ ] Dysphoria
- [ ] Other

If you selected "Other," please provide more details:

Notes: