SOAP CASE NOTES GUIDE

The SOAP case note style can be used to document meetings with your client in a consistent manner. It may not be applicable for all clients or all sessions but it can be useful in guiding you when you write your case notes.

SOAP notes can provide consistent documentation to monitor the client's progress and to gain a holistic view of each session with the client.

SOAP: S (Subjective), O (Objective), A (Assessment), P (Plan)

All case notes start with the date and time of the session as well as the signature of the CCP staff.

S (Subjective)

This is information that the client has directly related to you. This includes opinion-based information from the client including their goals, concerns, feelings, perceptions of their own problems.

O (Objective)

This information that is fact-based, verifiable and quantifiable. This can be direct observations of the client. This might include things like the client's appearance, body language and other obvious behaviour.

A (Assessment)

Analyze the client's behaviour and problems. You may combine the knowledge gained through the first two sections in order to speculate potential problem areas. This section should include evidence as to why the conclusions have been drawn, for example, using what the client said.

P (Plan)

The final stage includes the plan for the client's treatment including goals, tasks the client should do, need for referrals, need for another appointment, etc.

This method should keep the use of direct quotes to a minimum. Instead you should