

	Medical Student SOAP NOTE	DATE: PATIENT NAME:
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Chief Complaint

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Differential Diagnosis #1

1)	5)
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2)	6)
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3)	7)
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4)	8)
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History

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Differential Diagnosis #2

1)	5)
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2)	6)
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3)	7)
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4)	8)
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Physical Exam

Differential Diagnosis #3

1)

5)

2)

6)

3)

7)

4)

8)

Laboratory/Radiographic Data

Assessment and Plan of Care