

SOAP Notes for Therapy

Therapy Session Record
Confidential client record

Client Name

Date of Birth

Session Date

Time / Duration

Client ID

Session No.

Therapist

Format

Referral / Funding

Modality

S Subjective

Client's report, presenting concerns, mood, quotes, changes since last session

O Objective

Presentation, behaviour, affect, mental state, outcome measures (e.g. PHQ-9, GAD-7)

A Assessment

Clinical impression, progress towards goals, formulation, barriers

P Plan

Interventions used, homework, goals, onward referrals, next session

Risk Assessment

Self-harm, suicide, harm to others, safeguarding

☐ None identified ☐ Low ☐ Moderate ☐ High

Notes:

Signature

HCPC Registration No.

Date Signed