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| **S****O****A/P** | **Subjective:**  **Objective:**  **A/P # 1:** Provide problem list (listed from highest to lowest priority), include supportive evidence from S/O for each problem. Also, include treatment goals for each problem: **A**ssessment: **Plan:** Provide detailed recommendations for each problem. You must include rationale for recommendation, monitoring parameters, and follow-up. Also, you must include evidence based guidelines and/or other resources used in the plan**:****P**lan: **A/P # 2****A**ssessment**:** **P**lan: **A/P # 3****A**ssessment**:** **P**lan: **A/P # 4****A**ssessment**:** **P**lan:  |