|  |  |
| --- | --- |
| **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: |