Hormone therapy SOAP note

Follow-up note for testosterone replacement therapy (TRT), menopausal hormone therapy (HRT) and other hormone therapy visits.

Review this form with your medical director and legal counsel before use.
This form contains fields only. It gives no target lab ranges, dosing or treatment advice.

Practice name _____ **Clinician** _____

Patient name _____ **Date of birth** _____

Visit date _____ **Visit type** ☐ In person ☐ Telehealth

Therapy type ☐ TRT ☐ Menopausal HRT ☐ Other: _____ **Note type** ☐ Initial ☐ Follow-up

S: Subjective

Reason for visit

Patient-reported symptoms since last visit

Adherence and missed doses

Side effects reported

Changes in medications, supplements and health history

Patient questions

Menopausal HRT only

Bleeding pattern change

Route tolerance

Goals discussed

O: Objective

Blood pressure _____ **Heart rate** _____ **Weight** _____

Exam notes

Lab review table (the practice defines which labs it tracks)

Lab	Date drawn	Date reviewed	Result	Prior result	Direction	Source lab
					☐ Up ☐ Down ☐ Unchanged	
					☐ Up ☐ Down ☐ Unchanged	
					☐ Up ☐ Down ☐ Unchanged	
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					☐ Up ☐ Down ☐ Unchanged	
					☐ Up ☐ Down ☐ Unchanged	

Pending labs

Blood pressure noted at this visit _____

Symptom check

Check	Symptoms present	Notes
Venous thromboembolism symptoms	☐ Yes ☐ No	
Sleep-apnea symptoms	☐ Yes ☐ No	

A: Assessment

Response to therapy (clinician's words)

Side effects assessed

Labs reviewed and clinician interpretation

Risks and benefits discussed ☐ Yes ☐ No Notes: _____

Periodic reevaluation of continued therapy documented ☐ Yes ☐ No Date: _____

Clinical impression

P: Plan

Dose-change block

☐ No change to dose, route or product at this visit

Previous dose	New dose	Reason	Route or product	Effective date	Next labs due

Product type ☐ FDA-approved product ☐ Compounded preparation

Compounded drugs are not FDA-approved.

Next labs due (date and which labs)

Referrals

Patient education given

Follow-up date _____

Clinician signature _____ **Credentials** _____ **Date** _____

Hormone therapy SOAP note template from pabau.com. Fields only. No target ranges, intervals, thresholds or doses are given on this form.