General Dermatology Note Template

Patient Name: _____ **Date of Visit:** _____

Provider: _____

Visit Type: New visit / Follow-up / Telehealth / Procedure follow-up

Chief Complaint:

_____

Subjective

The patient presents with concern for [skin condition or lesion] located on [body area].

Symptoms began [duration] ago and have been [stable / worsening/improving / intermittent].

Patient reports [itching / pain / burning / bleeding / scaling / drainage / tenderness / no symptoms].

Prior treatments include [OTC products / prescription medication / procedure / home care / none].

The patient reports response to treatment as [improved / partial improvement / no improvement / worsened / not applicable].

Relevant history:

Personal history of skin cancer: Yes / No

Family history of skin cancer: Yes / No

Medication allergies:

Current medications:

Sun exposure history:

Tanning bed use:

Relevant medical history:

Objective

Skin exam performed of [focused area / full body/ telehealth visible area].

Findings include [lesion type, rash description, size, location, color, border, distribution, scale, crusting, drainage, bleeding, erythema, tenderness].

Location:

Size:

Number of lesions:

Color:

Border:

Surface:

Dermoscopy/photo: Yes / No / Not applicable

Assessment

Clinical impression:	[Diagnosis or differential diagnosis]
Status:	[New/stable / improving/worsening / recurrent]
Severity:	[Mild/moderate/severe, if applicable]

Plan

Discussed findings with the patient.

The plan includes [medication / skin care routine / biopsy / procedure / monitoring / referral / follow-up].

Patient education provided on [condition, medication use, side effects, sun protection, wound care, warning signs, follow-up instructions].

Follow-up in [timeframe] or sooner if symptoms worsen, lesion changes, bleeding occurs, or new concerns develop.

Provider Signature: _____

Acne Follow-Up SOAP Note Template

Chief Complaint: Acne follow-up

Subjective

Patient presents for follow-up of acne involving [face / chest / back / shoulders / jawline / other]. _____

Symptoms have been present for [duration]. Since the last visit, acne has [*improved/worsened/remained stable / flared intermittently*]. _____

Patient reports:

- Breakouts: [*mild/moderate/severe*] _____
- Painful lesions: Yes / No _____
- Scarring: Yes / No _____
- Dark marks or redness after acne: Yes / No _____
- Flares with menstrual cycle: Yes / No / Not applicable _____
- Medication side effects: Yes / No _____
- Treatment adherence: Good/partial/inconsistent _____

Current routine includes [*cleanser, moisturizer, sunscreen, topical medication, oral medication, OTC products*]. _____

Patient goals include [fewer breakouts, reduced redness, scar prevention, improved skin texture, and medication adjustment]. ____

Objective

The exam shows [*open comedones / closed comedones / inflammatory papules / pustules / nodules / cysts*] on [*location*]. _____

Severity appears [mild/moderate/severe]. _____

Distribution: [forehead / cheeks / chin / jawline / chest / back / shoulders] _____

Evidence of:

- Post-inflammatory erythema: Yes / No _____
- Hyperpigmentation: Yes / No _____
- Scarring: Yes / No _____
- Nodulocystic lesions: Yes / No _____
- Secondary infection: Yes / No _____

Assessment

Acne vulgaris, [*comedonal / inflammatory / nodulocystic / hormonal pattern*], [*mild / moderate / severe*]. _____

Current status: [improving/worsening / stable / not controlled]. _____

Plan

- Reviewed acne status, current routine, medication use, and treatment response.
- Discussed expected treatment timeline and importance of consistency.
- Reviewed gentle skin care, non-comedogenic moisturizer, and sunscreen use.
- Treatment plan: [document medication or treatment plan based on provider decision]. _____
  _____
- Patients are advised to report severe irritation, worsening symptoms, medication intolerance, or new concerns.
- Follow-up in [8–12 weeks/custom timeframe]. _____

SUSPICIOUS LESION SOAP NOTE TEMPLATE

Chief Complaint: Skin lesion/change/mole/spot check

Patient Name: _____

Date of Visit: _____

Provider: _____

S — SUBJECTIVE

Patient presents for evaluation of a lesion located on _____.

The lesion has been present for _____.

The patient reports the lesion has _____.

(changed in size / changed in color / become raised / bled / crusted / itched / become painful / not changed)

Associated symptoms:

- ☐ Itching: Yes / No
- ☐ Pain: Yes / No
- ☐ Bleeding: Yes / No
- ☐ Crusting: Yes / No
- ☐ Rapid growth: Yes / No
- ☐ Non-healing: Yes / No

Relevant history:

- ☐ Personal history of skin cancer: Yes / No
- ☐ Family history of melanoma or skin cancer: Yes / No
- ☐ Significant sun exposure: Yes / No
- ☐ Tanning bed use: Yes / No
- ☐ Prior treatment to lesion: Yes / No

Patient concern: _____

(appearance, growth, bleeding, cancer concern, irritation, cosmetic concern)

O — OBJECTIVE

An objective-focused skin exam is performed on _____.

Lesion description:

Location: _____

Size: _____

Type: _____

(macule / papule / plaque / nodule / patch / ulcer / other)

Color: _____

Border: _____

(regular / irregular)

Symmetry: _____

(symmetric / asymmetric)

Surface: _____

(smooth / scaly / crusted / ulcerated / bleeding)

Tenderness: Yes / No

Dermoscopy performed: Yes / No

Photo documented: Yes / No

Additional findings:

_____

_____

A — ASSESSMENT

Clinical impression: _____

(Benign-appearing nevus / irritated seborrheic keratosis / actinic keratosis / neoplasm of uncertain behavior / suspicious lesion / other)

Differential diagnosis: _____

_____

P — PLAN

- Discussed exam findings and options with patient.
- The plan includes _____
  (monitoring / biopsy / removal / cryotherapy / referral / follow-up)
- If a biopsy or procedure is planned, risks, benefits, and alternatives are reviewed.
- Patient education provided on warning signs, sun protection, and when to return sooner.
- Follow-up in _____
  (timeframe) or sooner for rapid growth, bleeding, pain, color change, non-healing, or new concerning lesions.