MARVIX AI

SOAP NOTE TEMPLATE

Questions? Visit us at www.marvix.ai

1 Patient Identification

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

DOB / Age: _____ **Provider:** _____

MRN: _____ **Specialty / Dept:** _____

S Subjective

2 CHIEF COMPLAINT

Primary concern: _____

Duration: _____

3 HISTORY OF PRESENT ILLNESS

Onset: _____ **Timing:** _____

Duration: _____ **Context:** _____

Location: _____ **Modifying factors:** _____

Quality: _____ **Associated symptoms:** _____

Severity: _____ **Pertinent positives / negatives:** _____

4 REVIEW OF SYSTEMS

Constitutional: _____ **Musculoskeletal:** _____

HEENT: _____ **Neurologic:** _____

Cardiovascular: _____ **Psychiatric:** _____

Respiratory: _____ **Endocrine:** _____

Gastrointestinal: _____ **Hematologic / Lymphatic:** _____

Genitourinary: _____ **Allergic / Immunologic:** _____

5 PAST HISTORY

Medical: _____

Surgical: _____

Medications: _____

Allergies: _____

6 FAMILY HISTORY

Relevant hereditary or familial conditions...

7 SOCIAL HISTORY

Occupation: _____

Living situation: _____

Substance use: _____

O Objective

8 VITALS

Blood pressure: _____ **Respiratory rate:** _____ **Oxygen saturation:** _____

Heart rate: _____ **Temperature:** _____ **BMI:** _____

9 PHYSICAL EXAMINATION

General: _____ **Abdomen:** _____

HEENT: _____ **Musculoskeletal:** _____

Neck: _____ **Neurologic:** _____

Cardiovascular: _____ **Skin:** _____

Respiratory: _____ **Psychiatric:** _____

10 DIAGNOSTIC DATA

Labs reviewed: _____

Imaging: _____

Other studies: _____

A Assessment

Primary diagnosis with status: _____

ICD-10 Code: _____

Differential diagnoses: _____

Problem list: _____

Pertinent positives: _____

Pertinent negatives: _____

P Plan

12 MANAGEMENT

Medications: _____

Diagnostics: _____

Procedures: _____

Referrals: _____

Patient education: _____

Follow-up: _____

Safety considerations: _____

13 TIME / BILLING

Total time (minutes): _____

Counseling time: _____

Complexity: _____

Provider name & credentials: _____ **Date / Time:** _____

Signature: _____ **Facility:** _____

NPI:		**Visit type:**	