MARVIX AI

PROGRESS NOTE

Questions? Visit us at
www.marvix.ai

1 Patient Information

Name:
DOB:
Age / Sex:
Date of Service:
Provider:
Visit Type (e.g., Follow-up, Acute, Telehealth):

2 Chief Complaint

Document the reason for the encounter or follow-up in concise clinical terms, including duration if applicable...

3 History of Present Illness

INTERVAL CHANGES

Progression since last visit (improving / worsening / stable):

SYMPTOM STATUS

Current symptoms, severity, and frequency:

RESPONSE TO TREATMENT

Effectiveness of prior interventions, adherence, and side effects:

NEW SYMPTOMS OR CONCERNS

Any newly developed issues since last evaluation:

PERTINENT NEGATIVES

Explicit denial of key symptoms relevant to condition:

4 Review of Systems

Constitutional:
Cardiovascular:
Respiratory:
Gastrointestinal:
Neurological:
Psychiatric:
Other systems as clinically indicated:

5 Vitals

Temperature: _____ **Heart Rate:** _____ **Oxygen Saturation:** _____

Blood Pressure: _____ **Respiratory Rate:** _____ **Weight (if relevant):** _____

6 Physical Examination

General Appearance: _____

HEENT: _____

Cardiovascular: _____

Respiratory: _____

Abdomen: _____

Musculoskeletal: _____

Neurological: _____

Skin: _____

Psychiatric (if applicable): _____

7 Lab & Diagnostic Results

Laboratory findings: _____

Imaging studies: _____

Other diagnostics (ECG, POC testing): _____

8 Assessment

Active diagnoses addressed during the visit. Status of each condition (improving, stable, worsening). Clinical reasoning supporting assessment. Risk level and comorbidities impacting management...

9 Plan

Medication management (initiation, adjustment, continuation, discontinuation). Diagnostic testing ordered. Procedures performed. Patient education and counseling. Referrals or consultations...

10 Follow-Up

Next visit timeframe and purpose: _____

Return earlier if: _____

11 Time & Billing

Total Time Spent:

Counseling / Coordination of Care Time:

E/M CODING

E/M Level (e.g., 99213 / 99214 / 99215):

Basis for Billing (Time-based / MDM):

ICD-10 CODES

Primary Diagnosis Code + Description:

Secondary Diagnosis Code(s):

Physician Name, MD:

Specialty:

Date:

Time: