MARVIX AI

XEROSTOMIA EVALUATION SOAP NOTE TEMPLATE

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1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DATE OF SERVICE

DOB

PROVIDER

AGE / SEX

CREDENTIALS

MRN / PATIENT ID

VISIT TYPE

REFERRAL SOURCE

DENTAL PROVIDER / PRIMARY CARE PROVIDER (IF APPLICABLE)

CC CHIEF COMPLAINT

2 PRIMARY DRY MOUTH CONCERN

Patient's primary dry mouth concern in their own words — duration, severity, triggers, associated oral symptoms, and functional impact...

S SUBJECTIVE

3 PATIENT-REPORTED XEROSTOMIA HISTORY

3a ONSET, SEVERITY & SALIVARY SYMPTOMS

Onset / course (sudden or gradual; persistent / intermittent / nocturnal / medication- or treatment-related / fluctuating):

Dry mouth severity & pattern (daytime vs nighttime, need to sip water, difficulty speaking / eating dry foods, waking to drink, comfort impact):

Salivary symptoms (thick / ropey saliva, reduced saliva, absent pooling, altered consistency, excessive thirst, sticky mouth, need for liquids with meals):

3b ASSOCIATED SYMPTOMS & FUNCTION

Associated oral symptoms (burning mouth, altered taste, halitosis, soreness, cracked lips, fissured tongue, ulcers, candidiasis, caries, tooth sensitivity, denture intolerance). Functional impact on eating, swallowing, speaking, sleep, oral hygiene, work, social interaction, quality of life…

Aggravating & relieving factors (dehydration, mouth breathing, CPAP, caffeine, alcohol, tobacco, vaping, stress, spicy / acidic foods; saliva substitutes, lozenges, gum, hydration, humidifier):

3c MEDICATION, MEDICAL & SYSTEMIC HISTORY

Medication history (anticholinergics, antidepressants, antihistamines, decongestants, antihypertensives, diuretics, opioids, antipsychotics, anxiolytics, bladder meds, chemo, other xerogenic agents):

Medical history (Sjögren's, autoimmune, diabetes, thyroid / kidney disease, dehydration, sleep apnea / mouth breathing, anxiety / depression, sarcoidosis, IgG4, H&N radiation, RAI, chemo, transplant):

Ocular / systemic dryness (dry / gritty eyes, eye-drop use, dry skin, joint pain, fatigue, rash, neuropathy, recurrent infections):

Dental / oral history (caries / root caries, periodontal disease, candidiasis, denture / appliance use, recent dental work, fluoride use, oral hygiene routine, dental follow-up frequency):

Prior evaluation & treatment (dental / oral medicine / ENT / rheumatology / oncology / PCP; flow testing, autoimmune labs, gland imaging, biopsy, saliva substitutes, sialogogues, fluoride, antifungal, medication adjustments):

3d PERTINENT NEGATIVES

Denial of red-flag symptoms when relevant — persistent unilateral gland swelling, facial weakness or numbness, weight loss, night sweats, dysphagia, odynophagia, oral mass, non-healing ulcer, fever, recurrent severe gland infections…

ROS XEROSTOMIA REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Dry / sticky mouth / thick saliva / reduced flow · difficulty swallowing dry foods / need for liquids with meals · burning mouth / altered taste / soreness / halitosis · caries / tooth sensitivity / candidiasis / denture intolerance · dry eyes / dry skin / joint pain / fatigue / autoimmune symptoms · mouth breathing / snoring / CPAP / sleep disturbance · gland swelling / pain / recurrent infection · tobacco / alcohol / caffeine / vaping / radiation / xerogenic medication…

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS, IF OBTAINED

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

WEIGHT / BMI (IF RELEVANT)

PAIN SCORE

5a EXAMINATION

General appearance (hydration status, distress, speech comfort, mucosal dryness appearance, difficulty speaking / swallowing):

Extraoral (salivary gland enlargement, parotid / submandibular tenderness, facial symmetry, lymphadenopathy, skin dryness, lip cracking, angular cheilitis, cranial nerves, cervical):

Intraoral — moisture & mucosa (mucosal moisture / pooling; saliva consistency: clear / thick / ropey / frothy / cloudy / absent; mirror-stickiness; dry / erythematous / atrophic mucosa; fissured or depapillated tongue):

Intraoral — dental & ducts (angular cheilitis / cracked lips; candidiasis / erythema; caries / cervical-root caries / plaque / periodontal; denture irritation; ulcers / erosions / trauma; Stensen's & Wharton's patency & expression):

SF SALIVARY FLOW / XEROSTOMIA ASSESSMENT

6 SALIVARY FUNCTION WHEN ASSESSED

Unstimulated whole salivary flow · stimulated salivary flow · salivary pooling (normal / decreased / absent) · saliva quality & consistency · oral dryness score / xerostomia questionnaire · need for water during speech or meals · difficulty swallowing dry foods · use & response to saliva substitutes / gum / lozenges / sialogogues · caries risk assessment · candidiasis risk assessment…

DC DIAGNOSTIC CONSIDERATIONS

7 SUSPECTED CAUSE OF XEROSTOMIA

Classify when supported: medication-induced xerostomia · salivary hypofunction · Sjögren's / autoimmune-related · radiation-induced dysfunction · chemotherapy-related · dehydration-related · diabetes-related dryness · mouth breathing / sleep-related · CPAP-associated · anxiety / stress-related · salivary gland obstruction / chronic sialadenitis · infectious, endocrine, systemic, or nutritional contributors…

DR DIAGNOSTIC RESULTS

8 REVIEWED & ORDERED STUDIES

Laboratory studies (CBC, CMP, ESR/CRP, ANA, RF, SSA/SSB, HbA1c, thyroid, B12, folate, iron / ferritin, IgG4, viral testing when indicated):

Salivary testing (unstimulated / stimulated flow, gland function testing, xerostomia scoring tools):

Imaging (salivary gland ultrasound, CT, MRI, MR sialography, sialography, other):

Pathology (minor salivary gland biopsy, focus score, inflammatory pattern, malignancy status):

Microbiology (fungal / candidiasis testing, bacterial / viral culture if infection suspected):

Prior records reviewed (dental / rheumatology / ENT / oncology-radiation / PCP records, medication history, imaging & pathology reports, prior salivary testing):

A ASSESSMENT

9 XEROSTOMIA CLINICAL INTERPRETATION

Primary or working diagnosis; differential diagnoses; severity of xerostomia and objective evidence of salivary hypofunction; relationship to medications, autoimmune disease, radiation / chemotherapy, dehydration, mouth breathing, systemic disease, salivary gland disease or behavioral contributors; oral complications (caries risk, candidiasis, mucosal trauma, burning, denture intolerance); functional impact; need for medication review, labs, salivary testing, imaging, biopsy, dental prevention or specialist referral...

P PLAN

10 XEROSTOMIA MANAGEMENT

Diagnostic testing ordered. Medication review (identify xerogenic agents, coordinate alternatives / dose adjustments). Symptomatic management (hydration, saliva substitutes, sugar-free gum / lozenges, xylitol, oral moisturizers, humidifier, avoid alcohol-containing mouthwash). Sialogogue therapy (pilocarpine / cevimeline when appropriate). Dental prevention (prescription fluoride, caries-risk management, dental follow-up, periodontal care). Infection prevention / treatment (candidiasis, angular cheilitis). Lifestyle & trigger counseling. Referrals. Patient education & return precautions...

F FOLLOW-UP

11 REASSESSMENT PLAN

Follow-up timeframe and purpose (dry mouth severity, salivary flow, caries risk, candidiasis, medication response, lab / imaging review, biopsy review, referral follow-through):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME

COUNSELING / COORDINATION OF CARE TIME

E/M LEVEL: 99203 / 99204 / 99213 / 99214

DENTAL / MEDICAL PROCEDURE CODE(S), IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MEDICAL DECISION MAKING / PROCEDURE-BASED

PRIMARY ICD-10 CODE

SECONDARY ICD-10 CODE(S)

SO PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: ORAL MEDICINE / DENTISTRY / ORAL SURGERY / ENT

DATE

TIME