MARVIX AI

PSYCHOTHERAPY SOAP NOTE TEMPLATE

Questions? Visit us at www.marvix.ai

1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE / SEX

CREDENTIALS

SESSION DURATION

CC CHIEF COMPLAINT

2 PRIMARY PSYCHOTHERAPY CONCERN

Primary reason for this psychotherapy session — patient's stated concern: anxiety, depression, trauma symptoms, relationship conflict, grief, behavioral concerns, stress, emotional dysregulation, or adjustment difficulty...

S SUBJECTIVE

3 PATIENT-REPORTED SYMPTOMS & INTERVAL HISTORY

3a CURRENT SYMPTOMS

Mood symptoms, anxiety, panic, irritability, trauma-related symptoms, obsessive thoughts, compulsive behaviors, sleep disturbance, appetite changes, substance use, attention difficulty, or other concerns discussed during the session...

3b ONSET, COURSE & FUNCTIONAL IMPACT

Onset / Duration / Frequency / Severity / Progression / Triggers:

Functional Impact (work, school, relationships, self-care, daily routine, QOL):

3c STRESSORS, TREATMENT PROGRESS & SAFETY

Stressors: interpersonal conflict, grief, trauma, occupational / academic stress, housing, financial, medical illness, caregiving, legal. Treatment progress: homework completion, coping skills used, response to prior interventions. Safety: SI, HI, self-harm urges / behaviors, aggression, abuse / DV, access to lethal means…

3d MEDICATION / CARE COORDINATION / PERTINENT NEGATIVES

Psychiatric medication updates, adherence, side effects, prescriber changes:

Pertinent negatives (SI, HI, hallucinations, delusions, self-harm, manic symptoms denied):

ROS BEHAVIORAL HEALTH REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

- ☐ Depression / low mood / anhedonia / guilt / hopelessness
- ☐ Anxiety / panic attacks / excessive worry / avoidance
- ☐ Sleep disturbance / nightmares / fatigue
- ☐ Appetite or weight change
- ☐ Irritability / anger / impulsivity / aggression
- ☐ Trauma symptoms / flashbacks / hypervigilance
- ☐ Obsessions / compulsions / intrusive thoughts
- ☐ Hallucinations / paranoia / delusions
- ☐ Mania or hypomania symptoms
- ☐ Substance use or cravings
- ☐ Suicidal ideation / self-harm
- ☐ Homicidal ideation or acute safety concerns

O OBJECTIVE / MENTAL STATUS EXAMINATION

5 MSE

Appearance (grooming, hygiene, dress, apparent age):

Speech (rate, volume, fluency, coherence):

Affect (range, congruence, intensity, reactivity):

Thought Content (SI / HI / hopelessness / guilt / delusions / preoccupations):

Cognition (orientation, attention, concentration, memory):

Judgment (intact / fair / impaired):

Safety (acute safety concerns present / absent):

AS STANDARDIZED SCREENING / ASSESSMENT TOOLS

6 VALIDATED MEASURES

PHQ-9 (SCORE / SEVERITY / PRIOR SCORE)

C-SSRS (SI LEVEL / RISK CATEGORY)

AUDIT-C / DAST (SCORE)

LIMITATIONS NOTED

RA RISK ASSESSMENT

7 CURRENT RISK LEVEL

SI: plan, intent, means, prior attempts, protective factors. HI: plan, intent, target, means. Self-harm urges or behaviors. Psychosis-related safety. Substance-related risk. Abuse / neglect / DV concerns. Overall risk level: low / moderate / high. Clinical rationale. Safety plan, crisis resources, or higher LOC recommendation if indicated...

IN INTERVENTIONS PROVIDED

8 PSYCHOTHERAPY INTERVENTIONS THIS SESSION

Supportive psychotherapy, CBT, DBT skills, ACT, motivational interviewing, trauma-informed therapy, exposure-based interventions, behavioral activation, mindfulness / grounding / relaxation / distress tolerance, psychoeducation, communication / interpersonal skills, problem-solving therapy, family / caregiver involvement, crisis intervention or safety planning if needed...

RI RESPONSE TO INTERVENTION

9 PATIENT RESPONSE

Engagement / participation / insight gained:

Progress toward goals:

A ASSESSMENT

10 PSYCHOTHERAPY CLINICAL INTERPRETATION

Primary diagnosis or working diagnosis. Current clinical status: improving / stable / worsening / fluctuating. Symptom severity and functional impairment. Psychosocial stressors. Progress toward treatment goals. Response to interventions. Medical necessity for continued psychotherapy. Current safety status and protective factors...

P PLAN

11 ONGOING PSYCHOTHERAPY MANAGEMENT

Continue, initiate, modify, or discontinue therapy modality. Skills, coping strategies, or homework assigned. Treatment goals before next session. Safety plan if indicated. Referrals or coordination with psychiatry, PCP, case management, social work, higher LOC, school, family, or community resources. Patient education regarding symptoms, coping strategies, treatment expectations, and warning signs...

F FOLLOW-UP

12 REASSESSMENT PLAN

Follow-up timeframe and purpose:

TB TIME DOCUMENTATION & BILLING

TOTAL TIME

COUNSELING / COORDINATION TIME

CPT / E/M CODE(S): 90832 / 90834 / 90837 / 90847 / 90853

PROCEDURE CODE(S), IF APPLICABLE

BASIS FOR BILLING: TIME-BASED PSYCHOTHERAPY / FAMILY THERAPY / GROUP THERAPY / CRISIS SERVICE

PRIMARY ICD-10 CODE

SECONDARY ICD-10 CODE(S)

SO PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: PSYCHOTHERAPY / BEHAVIORAL HEALTH

DATE

TIME