MARVIX AI

# PEDIATRIC PSYCHIATRY SOAP NOTE TEMPLATE

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## 1 PATIENT INFORMATION

### 1 PATIENT DETAILS

NAME

DOB

AGE / SEX

CREDENTIALS

CARE SETTING

INFORMANT / COLLATERAL SOURCE (PARENT / CAREGIVER / TEACHER / SCHOOL COUNSELOR)

## CC CHIEF COMPLAINT

### 2 PRIMARY PSYCHIATRIC / BEHAVIORAL CONCERN

*Primary psychiatric, emotional, behavioral, developmental, or school-related concern — child's stated concern and caregiver's concern when available...*

## S SUBJECTIVE

### 3 PATIENT- & CAREGIVER-REPORTED SYMPTOMS & HISTORY

#### 3a CURRENT SYMPTOMS

*Mood symptoms, anxiety, irritability, emotional dysregulation, attention difficulty, hyperactivity, impulsivity, defiance, aggression, trauma symptoms, OCD symptoms, sleep disturbance, appetite change, self-harm, psychotic symptoms, substance use, or developmental concerns...*

#### 3b ONSET, COURSE & DEVELOPMENTAL CONTEXT

**Onset / Duration / Frequency / Triggers / Progression:**

**Developmental milestones, speech, motor, social development, sensory concerns:**

### 3c SCHOOL / ACADEMIC & SOCIAL FUNCTIONING

**Grade level, academic performance, attendance, IEP / 504, behavior at school, bullying:**

**Friendships, peer conflict, social withdrawal, screen use, online behavior:**

### 3d HOME / FAMILY FUNCTIONING & SLEEP / APPETITE

**Behavior at home, parent-child interactions, family stressors, custody arrangements:**

**Sleep schedule, insomnia, nightmares, appetite, activity level, daily functioning:**

### 3e TREATMENT RESPONSE, MEDICATION & SAFETY

*Response to therapy, behavioral interventions, school supports, medications, prior recommendations. Psychiatric medications: dose timing, adherence, side effects (appetite, weight, sleep, activation, mood worsening, GI). Safety: SI, self-harm, HI, aggression, elopement, fire-setting, risky behavior, abuse / neglect, access to weapons or medications...*

## ROS PEDIATRIC PSYCHIATRIC REVIEW OF SYSTEMS

### 4 PERTINENT POSITIVES & NEGATIVES

- [ ] Depression / irritability / anhedonia / guilt / hopelessness
- [ ] Anxiety / panic / excessive worry / separation anxiety / avoidance
- [ ] Attention difficulty / hyperactivity / impulsivity
- [ ] Defiance / aggression / emotional outbursts / dysregulation
- [ ] Sleep disturbance / nightmares / fatigue
- [ ] Appetite or weight change
- [ ] Trauma symptoms / flashbacks / hypervigilance / avoidance
- [ ] Obsessions / compulsions / intrusive thoughts
- [ ] Hallucinations / paranoia / delusions
- [ ] Mania or hypomania symptoms
- [ ] Substance use or vaping (adolescents)
- [ ] Suicidal ideation / self-harm / homicidal ideation / safety concerns

## O OBJECTIVE / MENTAL STATUS EXAMINATION

### 5 MSE — DEVELOPMENTALLY APPROPRIATE

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

Speech / Language (rate, volume, articulation, developmental appropriateness):

Affect (range, congruence, intensity, reactivity):

Thought Content (SI / HI / worries / obsessions / fears / hopelessness):

Cognition (orientation, attention, memory, developmental appropriateness):

Judgment (age-appropriate decision-making, safety awareness):

Safety (acute safety concerns present / absent):

## DB DEVELOPMENTAL / BEHAVIORAL OBSERVATIONS

### 6 AGE-APPROPRIATE OBSERVATIONS

Play behavior and symbolic play (if applicable):

Frustration tolerance / transitions / limit-setting response:

Social communication and reciprocity:

Ability to follow directions:

## AS STANDARDIZED SCREENING / ASSESSMENT TOOLS

### 7 VALIDATED MEASURES

PHQ-A / PHQ-9 (SCORE / SEVERITY)

C-SSRS (SI LEVEL / RISK CATEGORY)

PSC-17 (SCORE)

MDQ-ADOLESCENT / AUTISM SCREENING (RESULT)

LIMITATIONS (FATIGUE, EFFORT, LANGUAGE, CULTURAL FACTORS)

## RA RISK ASSESSMENT

### 8 CURRENT RISK LEVEL

*SI: plan, intent, access to means, prior attempts, protective factors. Self-harm: behaviors, frequency, triggers, intent. HI: threats, aggression, access to weapons. Abuse / neglect / bullying / exploitation / DV. Substance-related risk. Elopement, impulsive risk, unsafe online behavior, high-risk behaviors. Overall risk level: low / moderate / high. Rationale. Safety plan, caregiver supervision, lethal means restriction, crisis resources, mandated reporting, or higher LOC recommendation if indicated...*

## A ASSESSMENT

### 9 PEDIATRIC PSYCHIATRIC CLINICAL INTERPRETATION

*Primary diagnosis or working diagnosis. Differential and comorbidities. Symptom severity and clinical status. Developmental, family, school, medical, and psychosocial factors. Functional impairment across home, school, peer, and community. Response to treatment and barriers. Current safety status and protective factors. Medical necessity for continued pediatric psychiatric care...*

## P PLAN

### 10 TREATMENT & CARE COORDINATION

*Continue, initiate, modify, or discontinue psychotherapy, behavioral interventions, parent management, school supports, or family therapy. Medication plan if applicable (start / stop / dose / monitoring / risks-benefits / consent). Safety plan, crisis plan, caregiver monitoring, lethal means restriction, or emergency instructions. School recommendations (IEP / 504, teacher scales, classroom accommodations, school counseling). Parent / caregiver education. Referrals to therapy, psychiatry, psychology, neuropsychology, developmental pediatrics, OT, SLP, PT, PCP, social work, community resources, or higher LOC...*

## F FOLLOW-UP

### 11 REASSESSMENT PLAN

Follow-up timeframe and purpose:

## TB TIME DOCUMENTATION & BILLING

TOTAL TIME

COUNSELING / COORDINATION TIME

CPT / E/M CODE(S): 90792 / 90791 / 90832 / 90834 / 90837 / 90847 / 99213 / 99214

PROCEDURE CODE(S), IF APPLICABLE

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

PRIMARY ICD-10 CODE

SECONDARY ICD-10 CODE(S)

## SO PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: PEDIATRIC PSYCHIATRY / CHILD & ADOLESCENT PSYCHIATRY / BEHAVIORAL HEALTH

DATE

TIME