MARVIX AI

SAMPLE PEDIATRIC PSYCHIATRY SOAP NOTE

ADHD + GAD — ADOLESCENT, SCHOOL AVOIDANCE, SELF-HARM IDEATION

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1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME
Zara E. Okonkwo

DATE OF SERVICE
05/06/2026

DOB
11/14/2011

PROVIDER
Dr. Amara Johnson, MD — Child & Adolescent Psychiatry

AGE / SEX
14 / Female

MRN / PATIENT ID
PED-PSY-2026-0312

CREDENTIALS
MD, Board Certified Child & Adolescent Psychiatry (ABPN)

VISIT TYPE
Follow-up — Medication Management + Brief Psychotherapy

CARE SETTING
Outpatient Child & Adolescent Psychiatry

PARENT / GUARDIAN PRESENT
Mother — Grace Okonkwo (in waiting room per Zara's request; invited in for last 10 minutes)

INFORMANT / COLLATERAL SOURCE
Zara Okonkwo (primary); Mother Grace (collateral, last 10 min); teacher rating scale from Mrs. Patricia Reyes (Algebra II, submitted via portal 04/28/2026)

CC CHIEF COMPLAINT

2 PRIMARY CONCERN

> *'I don't want to go to school. I feel like I'm going to fail everything and there's no point.'*

Zara presents for psychiatric follow-up. Her mother's written concerns submitted prior to the visit: 'She's been crying every morning before school for 3 weeks. She missed 6 days this month. Her grades have dropped. I found a search on her phone for "how to cut yourself" — I'm very scared.' These two presentations — school avoidance and a concerning internet search — are today's priority concerns in addition to ongoing ADHD and anxiety management.

S SUBJECTIVE

3 PATIENT- & CAREGIVER-REPORTED SYMPTOMS

3a CURRENT SYMPTOMS

- **Mood:** 'I feel sad a lot. But more than sad — like hopeless. Like nothing is going to work out.' Rates mood 4/10 average over 3 weeks (10 = best). Distinct worsening from ~April 14, around the first Algebra II unit test on which she received 52%.

- **Anxiety:** 'I get this feeling in my chest when I think about going to school — like my heart is racing and I can't breathe.' Somatic symptoms (chest tightness, nausea, dry mouth) on school mornings and when thinking about tests. GAD-7 today: 14 (SEVERE).
- **School avoidance:** 6 absences in April 2026 (vs 2 for the entire prior academic year). Avoiding specifically the classes she is struggling in (Algebra II, AP Biology); attends electives (art, PE) without avoidance.
- **Attention / concentration:** 'My brain just doesn't work during tests. I know the material but then I see the questions and it goes blank.' Vanderbilt teacher form (Mrs. Reyes): inattention 21/27 (highly elevated); hyperactivity/impulsivity 6/27 (not elevated). Currently methylphenidate ER 27 mg (Concerta) — 'helps a little' but wears off by 3 PM; no homework in the evenings (medication no longer active).
- **Self-harm:** See safety section.

3b ONSET, COURSE & DEVELOPMENTAL CONTEXT

- **ADHD history:** Diagnosed at age 9 (inattentive presentation) after neuropsych evaluation. On stimulants since age 10. Prior: methylphenidate IR (inadequate duration), amphetamine salts (activated/irritable), methylphenidate ER 18 mg (inadequate dose); currently methylphenidate ER 27 mg.
- **Anxiety history:** GAD diagnosed at age 12; sertraline 25 mg briefly tried (discontinued due to activation); currently managed with CBT only.
- **Current worsening:** Clear precipitant — academic stress (Algebra II is her first genuinely challenging math, simultaneous with AP Biology).
- **Developmental history:** Full-term, unremarkable delivery. Normal milestones. No learning disabilities beyond ADHD on neuropsych. No ASD features. No language or motor delay. Toilet trained at 2.5. Socially appropriate peer relationships.

3c SCHOOL / ACADEMIC, SOCIAL, HOME & FAMILY FUNCTIONING

- **School:** 9th grade at a competitive magnet high school (selective enrollment). Prior: honor roll through 8th grade. Current: failing Algebra II (52% cumulative), C– in AP Biology, passing all other courses.
- **504 status:** Current 504 Plan (not IEP) for ADHD — extended time ×1.5 and preferential seating. School counselor (Ms. Rodriguez) contacted today: Zara has NOT been using her extended time (she 'forgets' to request it) — an actionable adherence issue.
- **Home:** Lives with mother Grace and younger brother David (age 10); father works long hours in hospital administration. Parents supportive but under significant stress; mother expressed her own anxiety in a brief phone call last week. Loving dynamic, but Zara feels pressure to maintain prior academic performance.
- **Social:** Three close friends, all aware she is struggling. Not socially withdrawing beyond school avoidance — social relationships intact and supportive.

3d SLEEP, APPETITE, TREATMENT RESPONSE, MEDICATION & SAFETY

- **Sleep:** Bed ~midnight, wakes 7 AM (7 hours). Difficulty falling asleep — lying awake 45–60 minutes (anxiety-driven). Phone in bed. No sleep medication.
- **Appetite:** Reduced in the morning (methylphenidate suppression); eating well in the evening; weight stable (self-report).
- **Medication:** Methylphenidate ER 27 mg (Concerta) daily. Adherence 90% (mother confirms every school morning). Helpful AM/midday; wears off ~3–4 PM with post-dose 'crashing' (rebound irritability 45–60 min then fatigue). Evening homework essentially unmedicated.
- **Therapy:** Seeing Ms. Angela Park, LCSW for CBT (anxiety focus) weekly x6 months. Helpful, but 'we work on the anxiety but not the school stuff specifically.'

- **Safety:** Mother found a browser search for 'how to cut yourself' 4 days ago. Asked directly today, Zara responded: 'I looked it up because I was curious what it was like. I've never done it. I don't want to hurt myself. But sometimes when I feel really bad, I wonder if it would make me feel better.' This is ideation without intent, plan, or behavior — she has not self-harmed. No access to sharp instruments beyond normal kitchen knives (no razors — uses an electric shaver). NO suicidal ideation — directly asked: 'No. I don't want to die… I just don't want to feel this way.' Strong protective factors: family, friends, and identified reasons for living (wants to be a doctor).

ROS PEDIATRIC PSYCHIATRIC REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

- **Depression / irritability / hopelessness:** POSITIVE — mood 4/10 average; hopelessness about academics, not generalized; no vegetative features; crying daily before school
- **Anxiety / panic / avoidance / worry:** POSITIVE — GAD-7 14 (severe); somatic anxiety on school mornings; avoidance of Algebra II and AP Biology; anticipatory anxiety about tests
- **Attention / hyperactivity / impulsivity:** POSITIVE (inattention) — Vanderbilt inattention 21/27; test blanking; homework deficit; medication timing mismatch. Hyperactivity/impulsivity NOT elevated
- **Defiance / aggression / behavioral outbursts:** NEGATIVE — no ODD features; no aggression; compliant with parents and therapist; brief irritability is post-stimulant rebound (physiological)
- **Sleep disturbance:** POSITIVE — sleep onset latency 45–60 min (anxiety-driven); adequate total sleep; phone use at bedtime (modifiable)
- **Appetite / weight change:** MILD POSITIVE — morning appetite suppression from methylphenidate; eating well in evening; weight stable
- **Trauma symptoms / PTSD:** NEGATIVE — no trauma history or PTSD features; no hypervigilance, re-experiencing, or avoidance beyond anxiety-driven school avoidance
- **Obsessions / compulsions:** NEGATIVE — no OCD features; academic worry is not obsessional in quality
- **Hallucinations / paranoia / delusions:** NEGATIVE — reality testing fully intact; no psychosis
- **Mania / hypomania:** NEGATIVE — no prior episodes; no current symptoms; MDQ-A 2024 negative
- **Substance use / vaping:** NEGATIVE — directly asked; denies alcohol, cannabis, vaping, or other substances; peer group does not use
- **Suicidal ideation / self-harm / homicidal ideation:** POSITIVE (passive) — internet search re: self-harm; passive ideation without intent, plan, or behavior; no self-harm acts; no SI; no HI

O OBJECTIVE / MSE

5 MENTAL STATUS EXAMINATION

APPEARANCE

14-year-old female, appears stated age. Well-groomed, in school uniform. Appropriate dress. No signs of self-harm on visible skin (forearms, wrists, upper arms inspected during discussion — no marks). Nutritional appearance appropriate.

BEHAVIOR

Initially guardedly cooperative — arms crossed, avoided eye contact in first 5 minutes. Warmed significantly over the session — uncrossed arms, increased eye contact, genuine affect. No psychomotor agitation or retardation. No stereotypic movements.

SPEECH

Rate normal. Volume initially soft, increased as session

MOOD

'Sad and worried. Kind of stuck.' Acknowledges her

progressed. Fluency intact. Articulation clear. Coherence fully intact. Vocabulary developmentally appropriate to a high-performing 14-year-old.

AFFECT

Range constricted at start; broadened significantly — laughed twice, tearful twice (discussing failing Algebra). Reactivity present. Congruent throughout.

THOUGHT CONTENT

Internet search discussed openly. No active SI (PHQ-A Item 9: 0). No HI, delusions, or paranoia. Primary preoccupation: academic failure and its perceived catastrophic consequences. Some catastrophizing (all-or-nothing thinking): 'If I fail Algebra, I'll fail 9th grade, I'll lose my scholarship, I'll never be a doctor.' — a CBT target.

COGNITION

Alert and oriented ×4. Attention intact to conversation. Memory intact (recalls prior appointments accurately). Fund of knowledge above average for age.

JUDGMENT

FAIR-GOOD — made a concerning choice (internet search) but did not act on it and disclosed it honestly when asked — a positive indicator.

mood is worse than 3 months ago (PHQ-A administered today — see measures).

THOUGHT PROCESS

Linear and goal-directed. Mild rumination on academic failure. No loosening of associations, tangentiality, or thought blocking. Clear and organized.

PERCEPTION

No hallucinations, illusions, dissociation, or depersonalization.

INSIGHT

GOOD — understands she is struggling, recognizes anxiety affects performance, acknowledges the internet search was concerning. 'I knew it was a weird thing to look up. I think I was just really upset.' She sought information, not instruction.

SAFETY

No acute safety concerns. No self-harm on visible skin. No SI. Passive ideation without plan, intent, or behavior. LOW risk.

DB DEVELOPMENTAL / BEHAVIORAL OBSERVATIONS

6 AGE-APPROPRIATE OBSERVATIONS

PARENT-CHILD INTERACTION

When Grace was invited in for the last 10 minutes: warm, clearly close relationship. Grace tearful as Zara described her worries; Zara spontaneously reached over and held her mother's hand — significant emotional maturity. No parent-child conflict or parentification observed.

SOCIAL COMMUNICATION

Fully intact and age-appropriate. Reciprocal conversation, appropriate humor, reads nonverbal cues correctly.

SENSORY SENSITIVITIES / REPETITIVE BEHAVIORS

None observed or reported.

FRUSTRATION TOLERANCE / LIMIT-SETTING

Appropriate for age. Expressed frustration ('This is so unfair — I studied for 6 hours') but did not become dysregulated. Accepted discussion of the internet search without becoming defensive once she felt safe.

ATTENTION SPAN

Sustained attention throughout the 50-minute session without breaks — consistent with situationally variable attention (better 1:1 than in classroom; better on engaging topics than math tests).

ABILITY TO FOLLOW DIRECTIONS

Excellent — followed all session requests, participated fully in safety assessment, agreed to all plan elements.

AS STANDARDIZED SCREENING / ASSESSMENT TOOLS

7 VALIDATED MEASURES

PHQ-A (ADOLESCENT PHQ-9)

Score 13 / MODERATE / prior 6 (02/2026) / change +7 — significant worsening. Highest items: feeling sad/hopeless (3/3), feeling like a failure (3/3), poor concentration (2/3). Item 9 (self-harm/SI): 0/3.

GAD-7

Score 14 / SEVERE / prior 9 (02/2026) / change +5. Somatic items highly endorsed (nervous, on edge, trouble relaxing, feeling like something awful will happen).

C-SSRS (PEDIATRIC — IDEATION ITEMS)

Passive ideation: YES (internet search classified as information-seeking ideation without intent). Active ideation: NO. Plan: NO. Intent: NO. Behavior: NO. Overall: LOW risk — non-suicidal self-injury ideation without action.

VANDERBILT ADHD — TEACHER FORM (MRS. REYES)

Inattention 21/27 — HIGHLY ELEVATED. Hyperactivity/impulsivity 6/27 — not elevated. Performance rating 4/5 (significant impairment). Confirms ADHD inattentive presentation with significant academic impact, not well-controlled at methylphenidate ER 27 mg.

SCARED (CHILD ANXIETY-RELATED DISORDERS)

Parent-completed 04/28/2026 by Grace: total 38 / cutoff 25 — POSITIVE. Generalized anxiety 12/18 (elevated); school avoidance 10/10 (maximally elevated); panic 6/18 (mild).

RA RISK ASSESSMENT

8 CURRENT RISK LEVEL

- **Self-harm ideation:** Internet-search behavior classified as exploratory ideation — she sought information when experiencing intense distress (post-test academic failure). She has NOT self-harmed and has NO intent. The thought — 'I wonder if it would make me feel better' — reflects poor emotional regulation and acute distress, not a plan. C-SSRS passive ideation: low risk.
- **Suicidal ideation:** ABSENT — PHQ-A Item 9: 0. Directly denies thoughts of death or suicide.
- **Means access:** No sharp implements beyond household kitchen knives — minimal access concern. No firearms in home (confirmed with mother).
- **Risk level:** LOW — with active monitoring. Rationale: no history of self-harm; no SI; exploratory ideation without intent or plan; strong protective factors (family, friends, future goals, help-seeking); engaged in treatment.
- **Safety plan:** Brief collaborative plan developed today: (1) if self-harm urges increase or she acts on any urge — call mother, call this office, go to nearest ED, call 988 (programmed into her phone today); (2) coping steps before urges escalate — call best friend Nia, take a walk, text therapist Ms. Park. Zara signed the plan; mother informed (with Zara's permission).
- **Means restriction:** Counseled Grace to remove sharp items from Zara's immediate access as a precaution (locked cabinet not required at low risk but encouraged).

A ASSESSMENT

9 PEDIATRIC PSYCHIATRIC INTERPRETATION

- **Primary diagnoses:** (1) ADHD, predominantly inattentive presentation (F90.0) — suboptimally controlled on methylphenidate ER 27 mg, particularly in the afternoon/evening homework period; (2) Generalized anxiety disorder (F41.1) — currently severe (GAD-7 14) with significant school avoidance.
- **Comorbidity:** ADHD and anxiety are highly comorbid and bidirectionally worsening — ADHD makes academic tasks harder, academic failure worsens anxiety, anxiety further impairs attention, creating a cycle.
- **School avoidance:** Secondary to anxiety, not primary school phobia — she attends electives without avoidance. The avoidance is test/performance-related, driven by anticipatory failure anxiety.
- **Self-harm:** Exploratory internet search in the context of acute distress. LOW risk, active monitoring.
- **Clinical status:** WORSENING since last visit (PHQ-A 6 → 13; GAD-7 9 → 14). Clear precipitant (academic failure, stimulant timing mismatch).
- **Response to current treatment:** Partial — CBT helpful for anxiety but not addressing academic performance anxiety specifically; methylphenidate ER 27 mg partially effective but mistimed for homework needs.

P PLAN

10 TREATMENT & CARE COORDINATION

1. **Medication adjustment:** Increase methylphenidate ER from 27 mg to 36 mg daily (Vanderbilt confirms inadequate control; current dose inadequate for a competitive magnet school). Add methylphenidate IR 5 mg as an afternoon booster at 3:30 PM to cover homework hours (3:30–6:30 PM). Monitor appetite, sleep onset, mood, and affect. Mother educated on monitoring. Prescription transmitted to CVS electronically.
2. **Medication for anxiety:** Discussed SSRI initiation for GAD with mother and Zara. Given prior sertraline activation at age 12, recommend fluoxetine 5 mg (lower start, gradual titration). Will start at 05/15/2026 follow-up if they agree (gave them time to think). Written information sheet on fluoxetine in adolescents provided. Not starting today.
3. **Therapy:** Referred for school-specific CBT — a 'school refusal/avoidance CBT protocol' addition to current therapy with Ms. Park. Contacted Ms. Park today (secure message) for a school-specific exposure hierarchy.
4. **School coordination:** Called counselor Ms. Rodriguez today (with Zara's permission) — Zara is NOT using her 504 extended time. Plan: Ms. Rodriguez to meet weekly and personally remind her to request accommodations before each test. Also exploring a reduced AP load (dropping AP Biology for standard Biology) at a family-school meeting.
5. **Safety plan:** Completed (see risk assessment). Mother received a copy. Means restriction counseled.
6. **Parent education:** Grace included for the last 10 minutes — educated on ADHD + anxiety in adolescents, medication changes, importance of NOT catastrophizing grades in front of Zara, and how to respond if her mood worsens or she mentions self-harm thoughts.
7. **Follow-up:** 2 weeks (05/20/2026) — earlier than the standard 4-week interval given the safety concern and medication change.

F FOLLOW-UP

11 REASSESSMENT PLAN

Follow-up in 2 weeks (05/20/2026) with Dr. Johnson. Assess: PHQ-A and GAD-7 trajectory; methylphenidate ER 36 mg + IR booster response and afternoon coverage; appetite and sleep effects; school attendance; 504 accommodation use; and safety reassessment. Consider fluoxetine initiation if the family has decided. School meeting to be scheduled by Ms. Rodriguez — Dr. Johnson available for a letter of support.

TIME DOCUMENTATION & BILLING

TOTAL TIME
50 minutes

COUNSELING / COORDINATION TIME
12 minutes (school counselor and therapist Ms. Park coordination; safety plan with mother)

CPT / E/M CODE(S)
99214 — E/M moderate complexity (med management + MSE); 90833 — Psychotherapy 30 min add-on

BASIS FOR BILLING
Time-based: 50 minutes total (30 min psychotherapy + 20 min medication management E/M)

PRIMARY ICD-10 CODE
F90.0 — ADHD, predominantly inattentive presentation

SECONDARY ICD-10 CODE(S)
F41.1 — Generalized anxiety disorder; F93.0 — Separation anxiety (school avoidance component); Z55.3 — Underachievement in school

PROVIDER SIGN-OFF

CHILD & ADOLESCENT PSYCHIATRIST	CREDENTIALS	SPECIALTY	DATE	TIME
Amara Johnson, MD	MD, Board Certified CAP (ABPN)	Child & Adolescent Psychiatry	05/06/2026	4:45 PM