MARVIX AI

BEHAVIORAL HEALTH SOAP NOTE TEMPLATE

Questions? Visit us at www.marvix.ai

1 PATIENT INFORMATION

NAME

CREDENTIALS

DOB

SESSION DURATION

AGE / SEX

CC CHIEF COMPLAINT

Primary behavioral health concern — patient's stated reason for visit: anxiety, depression, mood instability, trauma symptoms, behavioral dysregulation, substance use, attention difficulty, sleep disturbance, or safety concerns...

S SUBJECTIVE

3a CURRENT SYMPTOMS

Mood, anxiety, irritability, panic, trauma symptoms, obsessive thoughts, compulsive behaviors, psychotic symptoms, attention concerns, behavioral outbursts, sleep disturbance, appetite change, substance use...

3b ONSET, COURSE & FUNCTIONAL IMPACT

Onset / Duration / Frequency / Severity / Progression:

Functional Impact (work, school, relationships, sleep, ADLs):

3c STRESSORS & TREATMENT RESPONSE

Family conflict, grief, trauma, occupational / academic stress, housing, financial, legal, medical illness, caregiving burden, isolation. Response to therapy, medication, coping skills, behavioral interventions...

3d MEDICATION ADHERENCE / SUBSTANCE USE / SAFETY CONCERNS

Psychiatric medications, adherence, side effects, refill needs:

Substance use (alcohol, tobacco, cannabis, illicit substances):

Safety concerns (SI, self-harm, HI, aggression, access to means):

3e PERTINENT NEGATIVES

Denial of SI, HI, hallucinations, delusions, manic symptoms, self-harm behaviors, substance misuse, or acute safety concerns when clinically relevant...

ROS BEHAVIORAL HEALTH REVIEW OF SYSTEMS

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

ATTENTION / CONCENTRATION / EXECUTIVE FUNCTION CONCERNS

SUBSTANCE USE OR CRAVINGS

SUICIDAL IDEATION / SELF-HARM / HOMICIDAL IDEATION

O OBJECTIVE / MENTAL STATUS EXAMINATION

APPEARANCE (GROOMING, HYGIENE, DRESS, APPARENT AGE)

SPEECH (RATE, VOLUME, FLUENCY, COHERENCE)

AFFECT (RANGE, CONGRUENCE, INTENSITY, REACTIVITY)

THOUGHT CONTENT (SI / HI / DELUSIONS / OBSESSIONS / HOPELESSNESS)

COGNITION (ORIENTATION, ATTENTION, CONCENTRATION, MEMORY)

JUDGMENT (INTACT / FAIR / IMPAIRED)

SAFETY (ACUTE SAFETY CONCERNS PRESENT / ABSENT)

AS STANDARDIZED SCREENING / ASSESSMENT TOOLS

PHQ-9 (SCORE / SEVERITY / CHANGE)

C-SSRS (SI LEVEL / RISK CATEGORY)

AUDIT-C / DAST (SCORE)

OTHER CONDITION-SPECIFIC SCALES (NAME / SCORE / INTERPRETATION)

RA RISK ASSESSMENT

Suicidal ideation, plan, intent, means, past attempts, protective factors. Homicidal ideation, plan, intent, target, means. Self-harm behaviors. Psychosis-related safety. Substance-related risk. Abuse / neglect / DV concerns. Overall risk level: low / moderate / high. Rationale. Safety plan, crisis resources, or higher LOC recommendation if indicated...

IN INTERVENTIONS PROVIDED

Supportive therapy, CBT, DBT skills, motivational interviewing, trauma-informed interventions, psychoeducation, crisis intervention, safety planning, behavioral activation, coping skills training, family / caregiver involvement, medication management, care coordination or referral support...

A ASSESSMENT

Primary diagnosis or working diagnosis. Secondary diagnoses or comorbidities. Current clinical status: improving / stable / worsening / fluctuating. Symptom severity and functional impairment. Psychosocial stressors. Response to current treatment. Medical necessity for continued behavioral health services. Risk formulation and safety status...

P PLAN

Continue, initiate, modify, or discontinue therapy modality. Medication plan if applicable (start / stop / dose adjustment / monitoring). Skills, coping strategies, behavioral goals, or homework assigned. Safety plan if indicated. Referrals to psychiatry, therapy, substance use treatment, higher LOC, case management, social work, PCP, or community resources. Patient education regarding symptoms, treatment options, medication, coping strategies, and warning signs...

F FOLLOW-UP

Follow-up timeframe and purpose:

TB TIME DOCUMENTATION & BILLING

TOTAL TIME

COUNSELING / COORDINATION TIME

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

PROCEDURE CODE(S), IF APPLICABLE

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

PRIMARY ICD-10 CODE

SECONDARY ICD-10 CODE(S)

SO PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: BEHAVIORAL HEALTH / PSYCHIATRY / PSYCHOLOGY / THERAPY

DATE

TIME