MARVIX AI

# PSYCHIATRY SOAP NOTE TEMPLATE

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## 1 PATIENT INFORMATION

NAME

DATE OF SERVICE

DOB

PROVIDER

AGE / SEX

CREDENTIALS

MRN / PATIENT ID

VISIT TYPE: PSYCHIATRY CONSULTATION / FOLLOW-UP / MEDICATION MANAGEMENT

CARE SETTING: OUTPATIENT / INPATIENT / TELEHEALTH / EMERGENCY / RESIDENTIAL

REFERRAL SOURCE

PRIMARY CARE PROVIDER, IF APPLICABLE

THERAPIST / COUNSELOR, IF APPLICABLE

## CC CHIEF COMPLAINT

*Primary psychiatric reason for the visit in the patient's own words when possible — depression, anxiety, mood instability, psychosis, trauma symptoms, sleep disturbance, attention concerns, behavioral dysregulation, medication management, safety concern, or follow-up for established psychiatric diagnosis...*

## S SUBJECTIVE

### 3a REASON FOR PSYCHIATRIC EVALUATION

**Initial evaluation, medication management, symptom follow-up, diagnostic clarification, crisis evaluation, hospital follow-up, therapy coordination, treatment resistance, safety assessment, or psychiatric clearance:**

### 3b MOOD SYMPTOMS

**Depressed mood, anhedonia, hopelessness, guilt, low motivation, tearfulness, irritability, mood swings, emotional lability, mood reactivity:**

## 3c ANXIETY SYMPTOMS

Excessive worry, panic attacks, restlessness, avoidance, social anxiety, phobias, somatic anxiety symptoms, obsessive thoughts, compulsions, functional impairment related to anxiety:

## 3d MANIA / HYPOMANIA SYMPTOMS

Elevated or irritable mood, decreased need for sleep, increased energy, pressured speech, racing thoughts, impulsivity, risk-taking behavior, grandiosity, increased goal-directed activity, episodic mood changes:

## 3e PSYCHOTIC SYMPTOMS

Hallucinations, delusions, paranoia, disorganized thinking, thought broadcasting, ideas of reference, negative symptoms, impaired reality testing:

## 3f TRAUMA-RELATED SYMPTOMS

Trauma history when disclosed, nightmares, flashbacks, intrusive memories, avoidance, hypervigilance, exaggerated startle response, dissociation, emotional numbing, trauma-related functional impairment:

## 3g SLEEP AND APPETITE

Sleep onset, sleep maintenance, early awakening, total sleep time, nightmares, hypersomnia, fatigue, appetite changes, weight change, eating pattern concerns:

## 3h ATTENTION / COGNITIVE SYMPTOMS

Concentration difficulty, distractibility, forgetfulness, executive dysfunction, impulsivity, academic/work impairment, cognitive concerns:

## 3i FUNCTIONAL IMPACT

Impact on work, school, relationships, parenting, self-care, sleep, social functioning, daily routine, quality of life:

## 3j PSYCHOSOCIAL STRESSORS

Family stressors, relationship conflict, grief, occupational or academic stress, housing or financial concerns, legal issues, medical illness, caregiving burden, trauma exposure, isolation:

## 3k MEDICATION HISTORY AND TREATMENT RESPONSE

Current psychiatric medications, adherence, missed doses, benefits, side effects, prior medication trials, therapy participation, hospitalizations, neuromodulation treatment, other psychiatric interventions:

### 3l SUBSTANCE USE

Alcohol, tobacco, cannabis, stimulant, opioid, sedative, hallucinogen, or other substance use — frequency, quantity, last use, cravings, withdrawal symptoms, recovery supports, impact on psychiatric symptoms:

### 3m SAFETY CONCERNS

Suicidal ideation, self-harm thoughts or behaviors, homicidal ideation, aggression, access to lethal means, impulsivity, psychosis-related risk, abuse/neglect concerns, need for higher level of care:

### 3n PERTINENT NEGATIVES

*Denial of suicidal ideation, homicidal ideation, self-harm behavior, hallucinations, delusions, manic symptoms, substance misuse, or acute safety concerns when clinically relevant...*

## ROS PSYCHIATRIC REVIEW OF SYSTEMS

DEPRESSION, ANHEDONIA, GUILT, HOPELESSNESS, OR LOW MOTIVATION

ANXIETY, PANIC ATTACKS, EXCESSIVE WORRY, AVOIDANCE, OR RESTLESSNESS

MANIA OR HYPOMANIA SYMPTOMS

HALLUCINATIONS, PARANOIA, DELUSIONS, OR DISORGANIZED THINKING

TRAUMA SYMPTOMS, NIGHTMARES, FLASHBACKS, OR HYPERVIGILANCE

OBSESSIONS, COMPULSIONS, INTRUSIVE THOUGHTS, OR REPETITIVE BEHAVIORS

SLEEP DISTURBANCE, APPETITE CHANGE, FATIGUE, OR WEIGHT CHANGE

ATTENTION, CONCENTRATION, MEMORY, OR EXECUTIVE FUNCTION CONCERNS

SUBSTANCE USE, CRAVINGS, WITHDRAWAL, OR RELAPSE CONCERNS

SUICIDAL IDEATION, SELF-HARM, HOMICIDAL IDEATION, OR AGGRESSION

## O OBJECTIVE / MENTAL STATUS EXAMINATION

### 5a VITALS, IF OBTAINED

TEMPERATURE

RESPIRATORY RATE

BLOOD PRESSURE

OXYGEN SATURATION

HEART RATE

WEIGHT / BMI IF RELEVANT

## 5b MENTAL STATUS EXAMINATION

GENERAL APPEARANCE (GROOMING, HYGIENE, DRESS, APPARENT AGE, NUTRITIONAL APPEARANCE, DISTRESS LEVEL)

BEHAVIOR (COOPERATION, EYE CONTACT, PSYCHOMOTOR ACTIVITY, AGITATION, RETARDATION, GUARDEDNESS, RESTLESSNESS, IMPULSIVITY, ABNORMAL MOVEMENTS)

SPEECH (RATE, VOLUME, FLUENCY, ARTICULATION, SPONTANEITY, LATENCY, COHERENCE, PRESSURED SPEECH, POVERTY OF SPEECH, PROSODY)

MOOD (PATIENT-REPORTED EMOTIONAL STATE)

AFFECT (RANGE, CONGRUENCE, INTENSITY, STABILITY, REACTIVITY, APPROPRIATENESS)

THOUGHT PROCESS (LINEARITY, GOAL DIRECTION, CIRCUMSTANTIALITY, TANGENTIALITY, FLIGHT OF IDEAS, LOOSENESS OF ASSOCIATIONS, DISORGANIZATION, BLOCKING, PERSEVERATION)

THOUGHT CONTENT (SI, HI, DELUSIONS, PARANOIA, OBSESSIONS, PREOCCUPATIONS, GUILT, HOPELESSNESS, RUMINATIONS, PHOBIAS)

PERCEPTION (AUDITORY, VISUAL, OR TACTILE HALLUCINATIONS, ILLUSIONS, DISSOCIATION, DEPERSONALIZATION, DEREALIZATION, OR ABSENCE OF DISTURBANCE)

COGNITION (ORIENTATION, ATTENTION, CONCENTRATION, MEMORY, FUND OF KNOWLEDGE, ABSTRACTION, COGNITIVE SCREENING FINDINGS)

INSIGHT (AWARENESS OF SYMPTOMS, DIAGNOSIS, TREATMENT NEEDS, CONSEQUENCES OF BEHAVIOR)

JUDGMENT (DECISION-MAKING, SAFETY AWARENESS, TREATMENT ADHERENCE, ABILITY TO USE SUPPORTS)

IMPULSE CONTROL (INTACT, LIMITED, IMPAIRED, OR FLUCTUATING)

SAFETY (ACUTE SAFETY CONCERNS, NEED FOR SAFETY PLAN, SUPERVISION, CRISIS INTERVENTION, OR HIGHER LEVEL OF CARE)

## AS STANDARDIZED SCREENING / ASSESSMENT TOOLS

PHQ-9 (SCORE / SEVERITY / CHANGE)

GAD-7 (SCORE / SEVERITY / CHANGE)

C-SSRS (SI LEVEL / RISK CATEGORY)

PCL-5 (SCORE / INTERPRETATION)

MDQ (RESULT)

YMRS (SCORE)

ASRS (SCORE)

AUDIT-C / DAST (SCORE)

AIMS (SCORE)

SLEEP, FUNCTIONAL, OR DIAGNOSIS-SPECIFIC SCALES

Score, severity range, comparison to prior scores, clinical interpretation, and any limitations:

## RA RISK ASSESSMENT

Suicidal ideation, plan, intent, means, access to lethal means, past attempts, and protective factors:

Self-harm thoughts, urges, behaviors, triggers, frequency, and intent:

Homicidal ideation, plan, intent, target, means, and protective factors:

Psychosis-related safety concerns:

Mania-related impulsivity or risk-taking behavior:

Substance-related risk, intoxication, withdrawal, or relapse risk:

Abuse, neglect, exploitation, or domestic violence concerns:

OVERALL RISK LEVEL: LOW / MODERATE / HIGH

CLINICAL RATIONALE FOR RISK LEVEL

Safety plan, crisis resources, lethal means restriction, emergency instructions, or higher level of care recommendation when indicated:

## L LABORATORY AND DIAGNOSTIC RESULTS

Medication Monitoring Labs (CBC, CMP, LFTs, TSH, lipids, A1c, prolactin, lithium level, valproate level, carbamazepine level, renal function, pregnancy test):

Substance / Toxicology Testing (urine drug screen, alcohol testing, confirmatory testing, monitoring results):

Neurologic / Medical Workup (B12, folate, vitamin D, infectious testing, sleep study, EEG, imaging, other workup relevant to psychiatric symptoms):

Cardiac Monitoring (EKG/QTc when relevant to medication use or clinical risk):

Prior Records Reviewed (prior psychiatric records, therapy notes, hospitalization records, emergency records, primary care notes, medication history, collateral information, prior testing):

## A ASSESSMENT

*Primary psychiatric diagnosis or working diagnosis. Differential diagnoses considered. Current symptom severity and clinical status: improving, stable, worsening, or fluctuating. Functional impairment across work, school, relationships, sleep, self-care, or daily activities. Psychosocial stressors contributing to symptoms. Medication response, adherence, side effects, and treatment barriers. Substance use contribution, if present. Medical or neurologic contributors, if relevant. Current safety risk and protective factors. Need for medication changes, therapy, higher level of care, care coordination, lab monitoring, or diagnostic clarification...*

## P PLAN

Medication plan (initiation, continuation, dose adjustment, taper, discontinuation, refill, side effect monitoring, medication education):

Therapy plan (psychotherapy modality, frequency, treatment goals, coping strategies, behavioral activation, trauma-focused treatment, CBT, DBT skills, family therapy, group therapy):

Safety plan (crisis resources, lethal means restriction, emergency instructions, caregiver involvement, supervision, higher level of care recommendation):

Substance use plan (motivational interviewing, relapse prevention, medication-assisted treatment referral, detox/higher level of care, recovery supports, monitoring):

Sleep and lifestyle plan (sleep hygiene, activity scheduling, exercise, nutrition, social engagement, routine-building):

Laboratory or monitoring plan (medication levels, metabolic labs, EKG, AIMS, pregnancy testing, follow-up assessments):

Care coordination plan (therapist, primary care, psychiatry, neurology, school, family, case management, other providers when authorized):

Patient education (diagnosis, medication risks/benefits, side effects, expected response, adherence, warning signs, when to seek urgent care):

## F FOLLOW-UP

Follow-up timeframe and purpose — symptom reassessment, medication response, side effect monitoring, safety review, therapy progress, lab review, substance use monitoring, or higher level of care follow-through:

## TD TIME DOCUMENTATION, IF APPLICABLE

TOTAL TIME SPENT

CARE COORDINATION TIME

MEDICATION MANAGEMENT TIME

SAFETY PLANNING TIME

PSYCHOTHERAPY / COUNSELING TIME

RECORDS REVIEW TIME, IF APPLICABLE

## TB BILLING CONSIDERATIONS

E/M LEVEL: 99203 / 99204 / 99205 / 99213 / 99214 / 99215

PSYCHOTHERAPY CODE(S), IF APPLICABLE: 90832 / 90834 / 90837

PSYCHIATRIC DIAGNOSTIC EVALUATION CODE, IF APPLICABLE: 90791 / 90792

BASIS FOR BILLING: TIME-BASED / MDM / PSYCHOTHERAPY / DIAGNOSTIC EVALUATION

PRIMARY PSYCHIATRIC DIAGNOSIS CODE + DESCRIPTION

SECONDARY DIAGNOSIS CODE(S), IF APPLICABLE

SO **SIGNATURE**

| PROVIDER NAME | CREDENTIALS | SPECIALTY: PSYCHIATRY | DATE | TIME |
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