MARVIX AI

ADDICTION 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: ADDICTION PSYCHIATRY CONSULTATION / FOLLOW-UP / MEDICATION MANAGEMENT

CARE SETTING: OUTPATIENT / INPATIENT / TELEHEALTH / RESIDENTIAL / IOP / PHP

REFERRAL SOURCE

PRIMARY CARE PROVIDER, IF APPLICABLE

THERAPIST / COUNSELOR, IF APPLICABLE

RECOVERY PROGRAM / CASE MANAGER, IF APPLICABLE

CC CHIEF COMPLAINT

Primary addiction psychiatry-related reason for the visit in the patient's own words when possible — substance use concerns, cravings, relapse, withdrawal symptoms, medication-assisted treatment, recovery follow-up, psychiatric comorbidity, detox planning, or safety concerns...

S SUBJECTIVE

3a REASON FOR ADDICTION PSYCHIATRY EVALUATION

Initial substance use evaluation, MAT initiation, medication management, relapse prevention, detox referral, withdrawal management, recovery follow-up, dual diagnosis evaluation, hospital follow-up, court/legal requirement, higher level of care assessment:

3b SUBSTANCE USE HISTORY

Substances used, age of first use, duration of use, pattern of use, frequency, quantity, route of use, last use, longest period of sobriety, escalation over time, current stage of change:

3c PRIMARY SUBSTANCE OF CONCERN

Main substance driving clinical impairment — alcohol, opioids, stimulants, cannabis, benzodiazepines, sedatives, nicotine, hallucinogens, inhalants, or polysubstance use:

3d CRAVINGS AND TRIGGERS

Craving severity, frequency, triggers, high-risk situations, emotional triggers, social triggers, environmental cues, access to substances, coping strategies used:

3e WITHDRAWAL SYMPTOMS

Tremor, sweating, nausea, vomiting, diarrhea, insomnia, anxiety, agitation, cravings, headache, palpitations, hallucinations, seizures, delirium tremens history, opioid withdrawal symptoms, benzodiazepine/alcohol withdrawal risk:

3f RELAPSE HISTORY

Recent relapse, relapse triggers, amount used, duration of relapse, consequences, recovery response, support used, relapse prevention barriers:

3g TREATMENT HISTORY

Prior detox, inpatient rehab, residential treatment, IOP, PHP, outpatient therapy, medication-assisted treatment, mutual support groups, sober living, case management, recovery coaching, prior addiction psychiatry care:

3h MEDICATION-ASSISTED TREATMENT / ADDICTION MEDICATIONS

Current or prior buprenorphine, methadone, naltrexone, acamprosate, disulfiram, varenicline, nicotine replacement therapy, bupropion, gabapentin, topiramate, or other SUD medications:

3i MEDICATION ADHERENCE AND SIDE EFFECTS

Adherence, missed doses, diversion concerns, overuse, underuse, cravings despite treatment, adverse effects, medication access issues, pharmacy issues, refill needs:

3j PSYCHIATRIC SYMPTOMS

Depression, anxiety, mood instability, trauma symptoms, psychosis, sleep disturbance, irritability, attention concerns, impulsivity, or other symptoms affecting substance use or recovery:

3k MEDICAL CONSEQUENCES OF SUBSTANCE USE

Liver disease, pancreatitis, overdose, infections, endocarditis, HIV/hepatitis risk, withdrawal seizures, malnutrition, neuropathy, cognitive impairment, chronic pain, pregnancy-related considerations, other complications:

3l OVERDOSE AND HARM REDUCTION HISTORY

Overdose history, naloxone access, fentanyl exposure risk, injection practices, needle sharing, test strip use where applicable, safer use counseling, emergency response knowledge:

3m LEGAL / OCCUPATIONAL / SOCIAL CONSEQUENCES

DUI, arrests, probation, custody issues, job loss, school problems, housing instability, relationship strain, financial stress, other consequences related to substance use:

3n RECOVERY SUPPORTS

Sponsor, peer support, AA/NA/SMART Recovery or other groups, therapy, family support, sober living, spiritual supports, case management, barriers to engagement:

3o SAFETY CONCERNS

Suicidal ideation, self-harm, homicidal ideation, aggression, intoxication-related risk, withdrawal risk, overdose risk, impaired driving, access to lethal means, domestic violence, abuse/neglect concerns, need for higher level of care:

3p PERTINENT NEGATIVES

Denial of recent use, cravings, withdrawal, relapse, overdose, suicidal ideation, homicidal ideation, psychosis, severe intoxication, or acute safety concerns when clinically relevant...

ROS ADDICTION PSYCHIATRY REVIEW OF SYSTEMS

CRAVINGS, RELAPSE, INTOXICATION, OR WITHDRAWAL SYMPTOMS

TREMOR, SWEATING, NAUSEA, VOMITING, DIARRHEA, INSOMNIA, AGITATION, OR ANXIETY

DEPRESSION, ANHEDONIA, GUILT, HOPELESSNESS, OR IRRITABILITY

PANIC SYMPTOMS, TRAUMA SYMPTOMS, MOOD SWINGS, OR SLEEP DISTURBANCE

HALLUCINATIONS, PARANOIA, DELUSIONS, OR DISORGANIZED THINKING

PAIN, FATIGUE, APPETITE CHANGE, WEIGHT CHANGE, OR COGNITIVE CONCERNS

OVERDOSE SYMPTOMS, BLACKOUTS, SEIZURES, OR DELIRIUM SYMPTOMS

INJECTION-RELATED INFECTIONS, SKIN WOUNDS, FEVER, CHILLS, OR BLOODBORNE INFECTION RISK

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

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, NUTRITIONAL APPEARANCE, DISTRESS LEVEL, INTOXICATION SIGNS, WITHDRAWAL SIGNS)

BEHAVIOR (COOPERATION, EYE CONTACT, AGITATION, PSYCHOMOTOR SLOWING, RESTLESSNESS, TREMOR, GUARDEDNESS, IMPULSIVITY, SEDATION, ABNORMAL MOVEMENTS)

SPEECH (RATE, VOLUME, FLUENCY, ARTICULATION, COHERENCE, SPONTANEITY, SLURRING, PRESSURED SPEECH, SLOWED SPEECH, LATENCY)

MOOD (PATIENT-REPORTED EMOTIONAL STATE)

AFFECT (RANGE, CONGRUENCE, INTENSITY, REACTIVITY, LABILITY, RESTRICTION, APPROPRIATENESS)

THOUGHT PROCESS (LINEARITY, GOAL DIRECTION, CIRCUMSTANTIALITY, TANGENTIALITY, DISORGANIZATION, FLIGHT OF IDEAS, PERSEVERATION, SLOWED THOUGHT PROCESS)

THOUGHT CONTENT (CRAVINGS, PREOCCUPATION WITH SUBSTANCES, SI, HI, DELUSIONS, PARANOIA, GUILT, HOPELESSNESS, SHAME, RECOVERY-RELATED CONCERNS)

PERCEPTION (HALLUCINATIONS, ILLUSIONS, DISSOCIATION, INTOXICATION- OR WITHDRAWAL-RELATED PERCEPTUAL DISTURBANCE, OR ABSENCE OF DISTURBANCE)

COGNITION (ORIENTATION, ATTENTION, CONCENTRATION, MEMORY, FUND OF KNOWLEDGE, INTOXICATION- OR WITHDRAWAL-RELATED IMPAIRMENT, COGNITIVE SCREENING FINDINGS)

INSIGHT (AWARENESS OF SUBSTANCE USE DISORDER, TRIGGERS, CONSEQUENCES, RECOVERY NEEDS, TREATMENT ADHERENCE)

JUDGMENT (DECISION-MAKING, RISK AWARENESS, RELAPSE PREVENTION ABILITY, TREATMENT ENGAGEMENT, ABILITY TO USE RECOVERY SUPPORTS)

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

SAFETY (ACUTE INTOXICATION, WITHDRAWAL RISK, OVERDOSE RISK, SI, HI, OR NEED FOR HIGHER LEVEL OF CARE)

AS SUBSTANCE USE ASSESSMENT TOOLS

AUDIT-C / AUDIT

DAST

COWS

CIWA-AR

PHQ-9

GAD-7

C-SSRS

PCL-5

URINE DRUG SCREEN

BREATHALYZER OR ALCOHOL TESTING

PRESCRIPTION DRUG MONITORING PROGRAM REVIEW

OTHER SUBSTANCE-SPECIFIC OR FUNCTIONAL ASSESSMENT TOOLS

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

RA RISK ASSESSMENT

Overdose risk, prior overdose history, fentanyl exposure risk, naloxone access, and harm reduction needs:

Withdrawal risk, including alcohol, benzodiazepine, opioid, or polysubstance withdrawal risk:

Suicidal ideation, plan, intent, means, prior attempts, and protective factors:

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

Homicidal ideation, threats, aggression, target, means, and protective factors:

Intoxication-related risk, impaired driving, unsafe behavior, or impulsive risk:

Psychosis-related safety concerns:

Substance-related medical risk — seizure, delirium, infection, pregnancy-related risk, or severe medical complication:

Abuse, neglect, exploitation, or domestic violence concerns:

OVERALL RISK LEVEL: LOW / MODERATE / HIGH

CLINICAL RATIONALE FOR RISK LEVEL

Safety plan, crisis resources, naloxone plan, lethal means restriction, withdrawal precautions, emergency instructions, or higher level of care recommendation:

L LABORATORY AND DIAGNOSTIC RESULTS

Toxicology / Substance Monitoring (urine drug screen, confirmatory testing, alcohol testing, breathalyzer, ethyl glucuronide, medication adherence testing):

Medication Monitoring Labs (CMP, LFTs, CBC, renal function, pregnancy test when clinically appropriate, hepatitis testing, HIV testing if indicated and consented, medication levels):

Withdrawal / Medical Risk Labs (electrolytes, magnesium, phosphorus, glucose, CK, EKG/QTc, thiamine/nutrition-related labs):

Infectious Disease Screening (HIV, hepatitis B, hepatitis C, STI testing, TB testing, blood cultures, wound cultures):

Psychiatric / Medical Workup (TSH, B12, folate, vitamin D, sleep study, imaging, other studies relevant to psychiatric or substance-related symptoms):

Prior Records Reviewed (prior addiction treatment records, detox/rehab records, hospital records, emergency records, psychiatry notes, therapy notes, primary care notes, PDMP data, toxicology trends, collateral information):

A ASSESSMENT

Primary substance use disorder diagnosis or working diagnosis. Severity when clinically supported. Stage of change and recovery status. Current use pattern, cravings, withdrawal risk, relapse risk, and overdose risk. Psychiatric comorbidities and their relationship to substance use. Medical complications of substance use. Medication-assisted treatment

response, adherence, side effects, and barriers. Psychosocial stressors, legal issues, occupational impairment, and recovery supports. Current safety risk and protective factors. Need for medication initiation/adjustment, detox, higher level of care, therapy, recovery support, harm reduction, lab monitoring, or care coordination...

P PLAN

Medication-assisted treatment plan (initiation, continuation, dose adjustment, taper, discontinuation, refill, side effect monitoring, adherence counseling, medication education):

Withdrawal management plan (outpatient monitoring, detox referral, inpatient stabilization, symptom management, seizure precautions, emergency evaluation):

Relapse prevention plan (trigger identification, craving management, coping strategies, recovery supports, sponsor/peer support, contingency planning, behavioral interventions):

Harm reduction plan (naloxone prescribing/education, overdose prevention, safer use counseling, fentanyl risk counseling, infection prevention, emergency response planning):

Psychotherapy plan (motivational interviewing, CBT, DBT skills, relapse prevention therapy, trauma-focused therapy, group therapy, family therapy, dual diagnosis treatment):

Psychiatric medication plan for co-occurring depression, anxiety, trauma symptoms, sleep disturbance, psychosis, mood instability, or attention symptoms:

Substance monitoring plan (urine drug screening, alcohol testing, PDMP review, medication counts, treatment agreements, follow-up assessments):

Medical monitoring plan (LFTs, renal function, infectious disease screening, pregnancy testing when clinically appropriate, EKG, nutritional support, coordination with primary care):

Higher level of care plan (detox, residential treatment, PHP, IOP, sober living, emergency evaluation, inpatient psychiatric care):

Care coordination plan (therapist, primary care, recovery program, probation/court, case management, social work, infectious disease, pain management, family when authorized):

Patient education (diagnosis, medication risks/benefits, withdrawal risks, overdose prevention, naloxone use, relapse warning signs, treatment adherence, when to seek urgent care):

F FOLLOW-UP

Follow-up timeframe and purpose — MAT response, cravings, relapse prevention, withdrawal monitoring, toxicology review, safety review, psychiatric symptom reassessment, lab review, recovery support engagement, or higher level of care follow-through:

TD TIME DOCUMENTATION, IF APPLICABLE

TOTAL TIME SPENT

SAFETY PLANNING TIME

MEDICATION MANAGEMENT TIME

RECOVERY SUPPORT COORDINATION TIME, IF APPLICABLE

PSYCHOTHERAPY / COUNSELING TIME

RECORDS REVIEW TIME, IF APPLICABLE

CARE COORDINATION TIME

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

SUBSTANCE USE / MEDICATION-ASSISTED TREATMENT CODE(S), IF APPLICABLE

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

PRIMARY SUBSTANCE USE DISORDER DIAGNOSIS CODE + DESCRIPTION

SECONDARY PSYCHIATRIC OR MEDICAL DIAGNOSIS CODE(S), IF APPLICABLE

SO SIGNATURE

PROVIDER NAME	CREDENTIALS	SPECIALTY: ADDICTION PSYCHIATRY	DATE	TIME