MARVIX AI

CARDIOLOGY SOAP NOTE TEMPLATE

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1 PATIENT INFORMATION

NAME

DATE OF SERVICE

DOB

PROVIDER

AGE / SEX

CREDENTIALS

MRN / PATIENT ID

VISIT TYPE: CARDIOLOGY CONSULTATION / FOLLOW-UP / PRE-OPERATIVE CARDIAC EVALUATION

CARE SETTING: OUTPATIENT / INPATIENT / TELEHEALTH / EMERGENCY / CARDIAC REHAB

REFERRAL SOURCE

PRIMARY CARE PROVIDER, IF APPLICABLE

CC CHIEF COMPLAINT

Primary cardiovascular reason for the visit in the patient's own words when possible — chest pain, shortness of breath, palpitations, syncope, edema, hypertension, heart failure follow-up, coronary artery disease follow-up, arrhythmia follow-up, valvular disease, abnormal cardiac testing, or pre-operative cardiac clearance...

S SUBJECTIVE

3a REASON FOR CARDIOLOGY EVALUATION

Initial evaluation, follow-up, hospital follow-up, chest pain evaluation, dyspnea evaluation, arrhythmia evaluation, heart failure management, CAD management, hypertension management, valvular disease, pre-operative clearance, abnormal EKG, abnormal stress test, abnormal echocardiogram, or cardiac risk assessment:

3b CHEST PAIN / ANGINAL SYMPTOMS

Onset, location, radiation, quality, severity, duration, frequency, exertional relationship, rest symptoms, associated symptoms, relieving factors, nitroglycerin response, progression:

3c DYSPNEA / HEART FAILURE SYMPTOMS

Exertional dyspnea, dyspnea at rest, orthopnea, paroxysmal nocturnal dyspnea, edema, weight gain, abdominal bloating, fatigue, reduced exercise tolerance, diuretic response:

3d PALPITATIONS / ARRHYTHMIA SYMPTOMS

Onset, frequency, duration, triggers, rhythm sensation, associated dizziness, syncope, chest pain, dyspnea, known atrial fibrillation/flutter, SVT, PVCs, pacemaker/ICD history, monitor findings:

3e SYNCOPE / PRESYNCOPE

Event description, prodrome, posture, exertional association, duration, injuries, seizure-like activity, recovery, recurrence, medication contributors, dehydration, associated cardiac symptoms:

3f BLOOD PRESSURE HISTORY

Home BP readings, office BP trends, medication adherence, hypertensive symptoms, orthostatic symptoms, salt intake, prior hypertensive urgency or emergency:

3g CARDIAC HISTORY

Coronary artery disease, myocardial infarction, PCI/stent, CABG, heart failure, cardiomyopathy, valvular disease, congenital heart disease, arrhythmias, pacemaker/ICD, stroke/TIA, peripheral artery disease, prior cardiac procedures:

3h MEDICATION HISTORY AND TREATMENT RESPONSE

Cardiac medications, adherence, missed doses, side effects, anticoagulation use, antiplatelet therapy, statin therapy, antiarrhythmics, diuretics, blood pressure medications, response to treatment:

3i RISK FACTORS

Hypertension, diabetes, hyperlipidemia, tobacco use, obesity, chronic kidney disease, family history of premature CAD, sleep apnea, sedentary lifestyle, inflammatory disease, prior radiation/chemotherapy exposure:

3j LIFESTYLE AND FUNCTIONAL CAPACITY

Exercise tolerance, METs if relevant, cardiac rehab participation, diet, sodium intake, alcohol use, caffeine use, tobacco use, sleep apnea treatment, occupational activity, limitations in daily activities:

3k RECENT TESTING / HOSPITALIZATIONS

Recent EKG, echocardiogram, stress test, coronary CTA, cardiac catheterization, Holter/event monitor, labs, emergency visits, hospitalizations, procedures, medication changes:

3l PERTINENT NEGATIVES

Denial of red-flag symptoms when clinically relevant — active chest pain, severe dyspnea, syncope, hemoptysis, acute neurologic deficit, severe palpitations, new unilateral leg swelling, rapid weight gain, or decompensated heart failure symptoms...

ROS CARDIOLOGY REVIEW OF SYSTEMS

CHEST PAIN, CHEST PRESSURE, EXERTIONAL SYMPTOMS, OR NITROGLYCERIN USE

SHORTNESS OF BREATH, ORTHOPNEA, PND, EDEMA, WEIGHT GAIN, OR REDUCED EXERCISE TOLERANCE

PALPITATIONS, IRREGULAR HEARTBEAT, TACHYCARDIA, DIZZINESS, PRESYNCOPE, OR SYNCOPE

FATIGUE, WEAKNESS, DIAPHORESIS, NAUSEA, OR EXERCISE INTOLERANCE

CLAUDICATION, LEG SWELLING, CYANOSIS, OR PERIPHERAL VASCULAR SYMPTOMS

NEUROLOGIC SYMPTOMS SUCH AS TIA/STROKE SYMPTOMS WHEN RELEVANT

BLEEDING, BRUISING, ANTICOAGULATION ISSUES, OR MEDICATION SIDE EFFECTS

TOBACCO, ALCOHOL, CAFFEINE, STIMULANT, OR SUBSTANCE USE RELEVANT TO CARDIAC SYMPTOMS

O OBJECTIVE

5a VITALS

TEMPERATURE

OXYGEN SATURATION

BLOOD PRESSURE

WEIGHT

HEART RATE

BMI

RESPIRATORY RATE

ORTHOSTATIC VITALS, IF OBTAINED

5b EXAMINATION

GENERAL APPEARANCE (DISTRESS LEVEL, WORK OF BREATHING, BODY HABITUS, FUNCTIONAL APPEARANCE)

CARDIOVASCULAR (RATE, RHYTHM, MURMURS, RUBS, GALLOPS, JVP, CAROTID BRUITS, PERIPHERAL PULSES, CAPILLARY REFILL, EDEMA, VOLUME OVERLOAD OR POOR PERFUSION)

PULMONARY (BREATH SOUNDS, CRACKLES, WHEEZING, WORK OF BREATHING, OXYGEN REQUIREMENT, PLEURAL EFFUSION, PULMONARY EDEMA)

ABDOMEN (DISTENSION, TENDERNESS, HEPATOMEGALY, ASCITES, ABDOMINAL BRUITS, FINDINGS RELATED TO CONGESTION OR VASCULAR DISEASE)

EXTREMITIES (EDEMA SEVERITY, LATERALITY, PULSES, CYANOSIS, CLUBBING, VARICOSITIES, WOUNDS, SIGNS OF DVT, PERIPHERAL ARTERIAL DISEASE)

SKIN (PALLOR, DIAPHORESIS, CYANOSIS, BRUISING, WOUNDS, SURGICAL SCARS, DEVICE POCKET FINDINGS, VASCULAR INSUFFICIENCY)

NEUROLOGIC (MENTATION, FOCAL DEFICITS, GAIT CONCERNS, FINDINGS RELEVANT TO SYNCOPE, STROKE RISK, OR ANTICOAGULATION)

DE DEVICE / ACCESS EXAMINATION, IF APPLICABLE

PACEMAKER OR ICD SITE LOCATION

RECENT CATHETERIZATION ACCESS SITE

POCKET TENDERNESS, ERYTHEMA, SWELLING, DRAINAGE, EROSION, OR HEMATOMA

RADIAL OR FEMORAL ACCESS FINDINGS

BRUISING, HEMATOMA, BRUIT, PSEUDOANEURYSM CONCERN, OR DISTAL PERFUSION

SURGICAL INCISION STATUS AFTER CABG, VALVE SURGERY, OR DEVICE IMPLANTATION

CT CARDIAC TESTING / DIAGNOSTIC RESULTS

EKG (rhythm, rate, conduction abnormalities, ischemic changes, QTc, comparison to prior EKG):

Echocardiogram (EF, wall motion, chamber size, diastolic function, valve findings, pulmonary pressures, pericardial effusion):

Stress Testing (modality, exercise capacity, ischemia findings, symptoms, EKG changes, perfusion findings, risk interpretation):

Coronary Imaging / Cath (coronary CTA, calcium score, angiography findings, PCI/stent details, graft status, hemodynamics):

Rhythm Monitoring (Holter, event monitor, Zio patch, loop recorder, pacemaker/ICD interrogation, atrial fibrillation burden, PVC burden, pauses, SVT/VT episodes):

Heart Failure / Lab Data (BNP/NT-proBNP, troponin, BMP, magnesium, renal function, electrolytes, liver function, TSH, iron studies, A1c, lipid panel):

Vascular Studies (carotid ultrasound, ABI, venous duplex, arterial duplex, aortic imaging, CT/MRI angiography):

Prior Records Reviewed (hospital records, cardiology notes, operative reports, cath reports, imaging reports, medication history, device reports, lab trends):

A ASSESSMENT

Primary cardiovascular diagnosis or working diagnosis. Current cardiac symptom status and severity. CAD/ischemia risk or stability. Heart failure type, EF status, NYHA class if documented, volume status, and decompensation risk. Arrhythmia status, rhythm control/rate control status, anticoagulation need, and stroke/bleeding risk. Blood pressure control and cardiovascular risk-factor status. Valvular disease severity and surveillance/intervention need. Cardiac device status, if applicable. Medication adherence, response, side effects, and safety considerations. Functional capacity and perioperative cardiac risk when applicable. Need for additional testing, medication changes, referral, procedure, hospitalization, or close follow-up...

P PLAN

Chest pain or CAD plan (antianginal therapy, antiplatelet therapy, statin therapy, stress testing, coronary CTA, catheterization, lifestyle counseling, emergency precautions):

Heart failure plan (diuretic adjustment, GDMT optimization, sodium/fluid guidance, daily weights, renal/electrolyte monitoring, device consideration, cardiac rehab, escalation precautions):

Arrhythmia plan (rate/rhythm control, anticoagulation, rhythm monitoring, cardioversion, electrophysiology referral, ablation consideration, pacemaker/ICD evaluation, device interrogation):

Hypertension plan (medication adjustment, home BP monitoring, sodium restriction, lifestyle modification, secondary hypertension evaluation, target BP):

Lipid and risk reduction plan (statin therapy, non-statin therapy, diabetes control, smoking cessation, exercise, diet, weight management, aspirin discussion):

Valvular disease plan (echocardiographic surveillance, symptom monitoring, referral for structural heart evaluation, surgical evaluation, endocarditis-related guidance):

Syncope plan (orthostatic evaluation, rhythm monitoring, echocardiography, stress testing, medication review, hydration guidance, driving/activity precautions, electrophysiology referral):

Anticoagulation plan (indication, agent, dose, adherence, bleeding precautions, renal dosing, peri-procedural instructions, monitoring):

Diagnostic testing ordered (EKG, echo, stress test, monitor, cardiac labs, vascular studies, coronary imaging, device interrogation):

Referral or coordination plan (electrophysiology, heart failure clinic, interventional cardiology, structural heart team, cardiac surgery, vascular medicine, cardiac rehab, primary care, nephrology, endocrinology, anticoagulation clinic):

Patient education (symptoms, medication adherence, BP/weight monitoring, diet, activity, warning signs, when to seek urgent care):

F FOLLOW-UP

Follow-up timeframe and purpose — symptom reassessment, BP review, medication response, lab monitoring, imaging/test review, device follow-up, anticoagulation review, heart failure monitoring, or post-procedure follow-up:

TD TIME DOCUMENTATION, IF APPLICABLE

TOTAL TIME SPENT

RECORDS REVIEW TIME, IF APPLICABLE

COUNSELING / COORDINATION OF CARE TIME

DEVICE / TEST REVIEW TIME, IF APPLICABLE

TB BILLING CONSIDERATIONS

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

PROCEDURE CODE(S), IF APPLICABLE

DIAGNOSTIC TEST INTERPRETATION CODE(S), IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MDM / PROCEDURE-BASED / TEST INTERPRETATION

PRIMARY CARDIOVASCULAR DIAGNOSIS CODE + DESCRIPTION

SECONDARY DIAGNOSIS CODE(S), IF APPLICABLE

SO SIGNATURE

PROVIDER NAME

CREDENTIALS

SPECIALTY: CARDIOLOGY

DATE

TIME