MARVIX AI

CHILD & ADOLESCENT 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: CHILD & ADOLESCENT PSYCHIATRY CONSULTATION / FOLLOW-UP / MEDICATION MANAGEMENT

CARE SETTING: OUTPATIENT / INPATIENT / TELEHEALTH / SCHOOL-BASED / RESIDENTIAL

REFERRAL SOURCE

PRIMARY CARE PROVIDER, IF APPLICABLE

THERAPIST / COUNSELOR, IF APPLICABLE

PARENT / GUARDIAN PRESENT

INFORMANT / COLLATERAL SOURCE

CC CHIEF COMPLAINT

Primary psychiatric, emotional, behavioral, developmental, or school-related reason for the visit in the patient's and/or caregiver's own words when possible — mood symptoms, anxiety, attention concerns, behavioral dysregulation, trauma symptoms, sleep disturbance, medication management, school impairment, family conflict, or safety concerns...

S SUBJECTIVE

3a REASON FOR PSYCHIATRIC EVALUATION

Initial psychiatric evaluation, medication management, symptom follow-up, diagnostic clarification, crisis evaluation, hospital follow-up, therapy coordination, behavioral concerns, school concerns, developmental concerns, or safety assessment:

3b MOOD SYMPTOMS

Sadness, irritability, anhedonia, tearfulness, hopelessness, guilt, low motivation, mood swings, emotional reactivity, anger outbursts, or mood changes reported by patient, caregiver, or school:

3c ANXIETY SYMPTOMS

Excessive worry, panic symptoms, separation anxiety, social anxiety, school avoidance, phobias, somatic anxiety symptoms, reassurance-seeking, avoidance behaviors, anxiety-related functional impairment:

3d ATTENTION / HYPERACTIVITY / IMPULSIVITY

Distractibility, poor focus, hyperactivity, impulsivity, disorganization, forgetfulness, difficulty completing tasks, interrupting, restlessness, academic impairment, behavioral consequences:

3e BEHAVIORAL SYMPTOMS

Defiance, aggression, tantrums, oppositional behavior, elopement, property destruction, lying, stealing, rule-breaking, emotional dysregulation, irritability, difficulty with transitions:

3f TRAUMA-RELATED SYMPTOMS

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

3g PSYCHOTIC SYMPTOMS

Hallucinations, delusions, paranoia, disorganized thinking, unusual beliefs, responding to internal stimuli, impaired reality testing:

3h MANIA / HYPOMANIA SYMPTOMS

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

3i SLEEP AND APPETITE

Bedtime routine, sleep onset, sleep maintenance, early awakening, nightmares, hypersomnia, daytime fatigue, appetite changes, weight changes, restricted eating, bingeing, purging, body image concerns:

3j DEVELOPMENTAL HISTORY

Developmental milestones, speech/language history, motor development, social development, sensory concerns, toileting history, regression, developmental delay, autism-related concerns, neurodevelopmental history:

3k SCHOOL / ACADEMIC FUNCTIONING

Grade level, academic performance, attendance, attention in class, homework completion, disciplinary issues, bullying, peer relationships, IEP/504 plan, teacher concerns, school avoidance, school-based supports:

3l HOME / FAMILY FUNCTIONING

Family structure, custody arrangements, caregiver concerns, parent-child interaction, sibling relationships, routines, discipline strategies, family conflict, household stressors, caregiver capacity:

3m SOCIAL FUNCTIONING

Friendships, peer conflict, social withdrawal, extracurricular activities, screen use, online behavior, romantic relationships when age-appropriate, social developmental functioning:

3n FUNCTIONAL IMPACT

Impact on home, school, peers, activities, sleep, hygiene, self-care, family functioning, safety, and age-appropriate independence:

3o MEDICATION HISTORY AND TREATMENT RESPONSE

Current psychiatric medications, adherence, missed doses, benefits, side effects, appetite/weight effects, sleep effects, activation, sedation, GI symptoms, refill needs, prior medication trials, therapy participation, hospitalizations:

3p SUBSTANCE USE, IF AGE-APPROPRIATE

Alcohol, tobacco, vaping, cannabis, stimulants, opioids, sedatives, or other substance use — frequency, quantity, last use, cravings, withdrawal symptoms, peer influence, impact on functioning:

3q SAFETY CONCERNS

Suicidal ideation, self-harm thoughts or behaviors, homicidal ideation, aggression, threats, access to weapons or medications, elopement, risky online behavior, abuse/neglect concerns, bullying, exploitation, need for higher level of care:

3r PERTINENT NEGATIVES

Denial of suicidal ideation, homicidal ideation, self-harm behavior, hallucinations, delusions, manic symptoms, substance use, abuse/neglect concerns, or acute safety concerns when clinically relevant...

ROS CHILD & ADOLESCENT PSYCHIATRIC REVIEW OF SYSTEMS

DEPRESSION, IRRITABILITY, ANHEDONIA, GUILT, HOPELESSNESS, OR LOW MOTIVATION

ANXIETY, PANIC SYMPTOMS, SEPARATION ANXIETY, SOCIAL ANXIETY, AVOIDANCE, OR SCHOOL REFUSAL

ATTENTION DIFFICULTY, HYPERACTIVITY, IMPULSIVITY, OR EXECUTIVE DYSFUNCTION

DEFIANCE, AGGRESSION, EMOTIONAL OUTBURSTS, OR BEHAVIORAL DYSREGULATION

TRAUMA SYMPTOMS, NIGHTMARES, FLASHBACKS, HYPERVIGILANCE, OR DISSOCIATION

HALLUCINATIONS, PARANOIA, DELUSIONS, OR DISORGANIZED THINKING

MANIA OR HYPOMANIA SYMPTOMS

SLEEP DISTURBANCE, APPETITE CHANGE, FATIGUE, OR WEIGHT CHANGE

OBSESSIONS, COMPULSIONS, INTRUSIVE THOUGHTS, OR REPETITIVE BEHAVIORS

SUBSTANCE USE, VAPING, CRAVINGS, OR RISKY BEHAVIOR IN ADOLESCENTS

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

O OBJECTIVE / MENTAL STATUS EXAMINATION

5a VITALS, IF OBTAINED

TEMPERATURE

HEIGHT

BLOOD PRESSURE

WEIGHT

HEART RATE

BMI

RESPIRATORY RATE

GROWTH PERCENTILES, IF RELEVANT

OXYGEN SATURATION

5b MENTAL STATUS EXAMINATION

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

BEHAVIOR (COOPERATION, EYE CONTACT, ACTIVITY LEVEL, SEPARATION FROM CAREGIVER, PLAY BEHAVIOR, AGITATION, WITHDRAWAL, IMPULSIVITY, OPPOSITIONALITY, GUARDEDNESS, PSYCHOMOTOR CHANGES)

SPEECH / LANGUAGE (RATE, VOLUME, FLUENCY, ARTICULATION, COHERENCE, SPONTANEITY, DEVELOPMENTAL

APPROPRIATENESS, LANGUAGE COMPREHENSION)

MOOD (PATIENT-REPORTED WHEN DEVELOPMENTALLY ABLE; CAREGIVER-REPORTED WHEN RELEVANT)

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

THOUGHT PROCESS (LINEARITY, GOAL DIRECTION, CONCRETENESS, TANGENTIALITY, CIRCUMSTANTIALITY, DISORGANIZATION, PERSEVERATION, FLIGHT OF IDEAS, DEVELOPMENTAL APPROPRIATENESS)

THOUGHT CONTENT (SI, HI, WORRIES, FEARS, OBSESSIONS, DELUSIONS, PREOCCUPATIONS, GUILT, HOPELESSNESS, AGE-INAPPROPRIATE CONTENT)

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

COGNITION (ORIENTATION, ATTENTION, CONCENTRATION, MEMORY, FUND OF KNOWLEDGE, EXECUTIVE FUNCTIONING, DEVELOPMENTAL APPROPRIATENESS)

INSIGHT (DEVELOPMENTALLY APPROPRIATE AWARENESS OF SYMPTOMS, BEHAVIOR, CONSEQUENCES, NEED FOR SUPPORT)

JUDGMENT (AGE-APPROPRIATE DECISION-MAKING, SAFETY AWARENESS, TREATMENT ADHERENCE, ABILITY TO USE CAREGIVER SUPPORT)

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

SAFETY (ACUTE SAFETY CONCERNS, SUPERVISION NEEDS, SAFETY PLAN, CRISIS INTERVENTION, HIGHER LEVEL OF CARE)

DB DEVELOPMENTAL / BEHAVIORAL OBSERVATIONS

PLAY BEHAVIOR AND SYMBOLIC PLAY IF APPLICABLE

PARENT-CHILD INTERACTION

FRUSTRATION TOLERANCE

RESPONSE TO LIMITS AND TRANSITIONS

SENSORY SENSITIVITIES OR REPETITIVE BEHAVIORS

SOCIAL COMMUNICATION AND RECIPROCITY

ATTENTION SPAN AND ACTIVITY LEVEL

ABILITY TO FOLLOW DIRECTIONS

SEPARATION FROM CAREGIVER

EMOTIONAL REGULATION DURING THE VISIT

AS STANDARDIZED SCREENING / ASSESSMENT TOOLS

PHQ-A / PHQ-9

GAD-7 / SCARED

C-SSRS

VANDERBILT ADHD RATING SCALE

CONNERS RATING SCALE

SNAP-IV

PSC-17

PCL-5 OR TRAUMA SCREENING TOOLS

MOOD DISORDER QUESTIONNAIRE — ADOLESCENT VERSION

ASRS OR EXECUTIVE FUNCTION SCALES WHEN AGE-APPROPRIATE

AUTISM SCREENING TOOLS WHEN RELEVANT

SLEEP, BEHAVIOR, OR FUNCTIONAL ASSESSMENT TOOLS

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

RA RISK ASSESSMENT

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

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

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

Access to medications, firearms, sharps, or other lethal means:

Elopement, impulsive risk, unsafe online behavior, exploitation, or high-risk behavior:

Abuse, neglect, bullying, domestic violence exposure, or mandated reporting concerns:

Psychosis-related safety concerns:

Mania-related impulsivity or risk-taking behavior:

Substance-related risk in adolescents:

OVERALL RISK LEVEL: LOW / MODERATE / HIGH

CLINICAL RATIONALE FOR RISK LEVEL

Safety plan, caregiver supervision plan, lethal means restriction, crisis resources, emergency instructions, mandated reporting, or higher level of care recommendation:

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 when clinically appropriate):

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

Developmental / Psychological Testing (psychoeducational testing, neuropsychological testing, autism evaluation, speech/language testing, occupational therapy evaluation, school-based assessments):

Medical / Neurologic Workup (B12, folate, vitamin D, sleep study, EEG, imaging, genetic testing, other workup relevant to psychiatric or developmental 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, pediatrician notes, school reports, IEP/504 documents, 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. Developmental, family, school, medical, and psychosocial factors influencing presentation. Functional impairment across home, school, peer, and community settings. Medication response, adherence, side effects, and barriers to treatment. Therapy response and progress toward goals. Substance use contribution, if present. Medical, neurologic, developmental, or learning contributors. Current safety risk and protective factors. Need for medication changes, therapy, parent training, school supports, 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, growth/appetite/sleep monitoring, medication education):

Therapy plan (individual therapy, family therapy, parent management training, CBT, DBT skills, trauma-focused therapy, play therapy, behavioral activation, exposure-based treatment, group therapy):

Parent/caregiver guidance (behavioral strategies, routines, reinforcement plans, communication strategies, sleep hygiene, limit-setting, supervision recommendations):

School plan (IEP/504 recommendations, teacher rating scales, classroom accommodations, school counseling, attendance plan, bullying intervention, coordination with school when authorized):

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

Substance use plan for adolescents (motivational interviewing, relapse prevention, family support, testing/monitoring, substance treatment referral, higher level of care):

Sleep and lifestyle plan (sleep hygiene, physical activity, nutrition, screen-time guidance, social engagement, routine-building):

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

Care coordination plan (therapist, pediatrician, school, family, case management, neurology, developmental pediatrics, psychology, social work, other providers when authorized):

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

F FOLLOW-UP

Follow-up timeframe and purpose — symptom reassessment, medication response, side effect monitoring, safety review, school functioning, caregiver concerns, therapy progress, lab review, 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

PARENT / CAREGIVER COUNSELING TIME

TB BILLING CONSIDERATIONS

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

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

FAMILY PSYCHOTHERAPY CODE(S), IF APPLICABLE: 90846 / 90847

PSYCHIATRIC DIAGNOSTIC EVALUATION CODE, IF APPLICABLE: 90791 / 90792

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

PRIMARY CHILD / ADOLESCENT PSYCHIATRIC DIAGNOSIS CODE + DESCRIPTION

SECONDARY DIAGNOSIS CODE(S), IF APPLICABLE

SO SIGNATURE

PROVIDER NAME

CREDENTIALS

SPECIALTY: CHILD & ADOLESCENT PSYCHIATRY

DATE

TIME