MARVIX AI

PREVENTIVE CARDIOLOGY SOAP NOTE TEMPLATE

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1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE / SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

REFERRAL SOURCE

VISIT TYPE: PREVENTIVE CARDIOLOGY CONSULTATION / FOLLOW-UP / RISK ASSESSMENT

CARE SETTING: OUTPATIENT / TELEHEALTH / CARDIOLOGY CLINIC / LIPID CLINIC

PRIMARY CARE PROVIDER, IF APPLICABLE

PRIMARY CARDIOLOGIST, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY PREVENTIVE CARDIOLOGY CONCERN

Primary preventive cardiology-related reason for the visit in the patient's own words when possible — cardiovascular risk assessment, hyperlipidemia, hypertension, family history of premature cardiovascular disease, coronary calcium score review, abnormal lipid markers, metabolic syndrome, obesity, diabetes-related cardiovascular risk, statin intolerance, or lifestyle counseling...

S SUBJECTIVE

3 PATIENT-REPORTED RISK FACTORS, LIFESTYLE, FAMILY HISTORY & TREATMENT RESPONSE

3a INDICATION, SYMPTOMS & CARDIOVASCULAR HISTORY

Reason for Preventive Cardiology Evaluation (primary prevention, secondary prevention, lipid management, hypertension management, coronary artery calcium review, cardiovascular risk stratification, statin intolerance, familial hypercholesterolemia evaluation, metabolic syndrome, diabetes-related risk, obesity-related risk, family history of premature cardiovascular disease):

Cardiovascular Symptoms (chest pain, exertional symptoms, dyspnea, palpitations, dizziness, syncope, edema, claudication, reduced exercise tolerance, or absence of cardiovascular symptoms):

Personal Cardiovascular History (coronary artery disease, MI, PCI, CABG, stroke / TIA, peripheral artery disease, carotid disease, aortic disease, heart failure, arrhythmia, valvular disease, prior abnormal cardiovascular testing):

Cardiovascular Risk Factors (hypertension, hyperlipidemia, diabetes, prediabetes, obesity, chronic kidney disease, inflammatory disease, autoimmune disease, sleep apnea, tobacco use, sedentary lifestyle, pregnancy-related risk factors, premature menopause, prior radiation / chemotherapy, HIV if disclosed):

Family History (premature coronary artery disease, MI, stroke, sudden cardiac death, familial hypercholesterolemia, cardiomyopathy, aortic disease, peripheral vascular disease, lipid disorders — include affected relative, age at event, and relationship):

3b LIPID, BLOOD PRESSURE & METABOLIC HISTORY

Lipid History (prior lipid values, LDL-C, HDL-C, triglycerides, total cholesterol, non-HDL cholesterol, ApoB, Lp(a), prior statin use, non-statin therapies, response to treatment, adherence, side effects):

Blood Pressure History (home BP readings, office BP trends, antihypertensive use, medication adherence, salt intake, orthostatic symptoms, hypertensive symptoms, prior hypertensive urgency or emergency):

Diabetes / Metabolic History (A1c trend, diabetes duration, medication regimen, insulin use, GLP-1 receptor agonist or SGLT2 inhibitor use, hypoglycemia, weight trend, metabolic syndrome features, diabetes complications):

3c LIFESTYLE, SUBSTANCE USE & PRIOR TESTING

Lifestyle and Nutrition (dietary pattern, saturated fat intake, sodium intake, fiber intake, processed foods, sugary beverages, alcohol use, caffeine intake, meal pattern, weight management efforts, nutrition counseling history):

Physical Activity / Fitness (exercise type, frequency, duration, intensity, sedentary time, barriers to activity, functional capacity, cardiac rehab participation, activity-related symptoms):

Tobacco / Nicotine / Substance Use (smoking, vaping, smokeless tobacco, nicotine pouch use, cannabis, stimulant use, alcohol intake, quit attempts, pack-year history, readiness to change):

Medication History and Treatment Response (statins, ezetimibe, PCSK9 inhibitors, inclisiran, bempedoic acid, omega-3 therapy, antihypertensives, aspirin, diabetes medications, weight-loss medications, adherence, missed doses, side effects, affordability, access issues):

Prior Testing / Risk Assessment (coronary artery calcium score, coronary CTA, stress testing, echocardiogram, carotid imaging, ABI, lipoprotein testing, genetic testing, sleep study, other cardiovascular risk testing):

Pertinent Negatives (active chest pain, severe dyspnea, syncope, neurologic deficit, claudication at rest, rapidly worsening edema, acute cardiovascular symptoms):

ROS PREVENTIVE CARDIOLOGY REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Chest pain, exertional symptoms, dyspnea, palpitations, dizziness, or syncope	
Edema, orthopnea, reduced exercise tolerance, or claudication	
Headache, vision changes, neurologic symptoms, or stroke / TIA symptoms	
Medication side effects, statin-associated symptoms, myalgias, or intolerance concerns	
Weight change, fatigue, sleep apnea symptoms, or metabolic symptoms	
Tobacco, alcohol, stimulant, caffeine, diet, or exercise-related cardiovascular risk factors	
Bleeding or bruising if aspirin or anticoagulant therapy is used	

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

HEIGHT

WEIGHT

BMI

WAIST CIRCUMFERENCE, IF OBTAINED

ORTHOSTATIC VITALS, IF OBTAINED

5a GENERAL, CARDIOVASCULAR & PULMONARY

General Appearance (distress level, body habitus, functional appearance, overall clinical condition):

Cardiovascular (rate, rhythm, murmurs, rubs, gallops, JVP, carotid bruits, peripheral pulses, capillary refill, edema, vascular findings):

Pulmonary (breath sounds, work of breathing, crackles, wheezing, oxygen requirement):

5b ABDOMEN, VASCULAR, SKIN & NEUROLOGIC

Abdomen (central adiposity, tenderness, hepatomegaly, abdominal bruits, findings relevant to metabolic or vascular risk):

Extremities / Vascular (pulses, edema, cyanosis, clubbing, wounds, varicosities, signs of peripheral arterial disease, venous disease):

Skin (xanthelasma, tendon xanthomas, eruptive xanthomas, acanthosis nigricans, surgical scars, signs of vascular insufficiency):

Neurologic (mentation, focal deficits, gait, findings relevant to vascular risk when assessed):

RA CARDIOMETABOLIC RISK ASSESSMENT

6 CARDIOVASCULAR RISK PROFILE & RISK-ENHANCING FACTORS

ASCVD RISK ESTIMATE, WHEN APPLICABLE

PRIMARY VERSUS SECONDARY PREVENTION STATUS

CORONARY ARTERY CALCIUM SCORE INTERPRETATION

LDL-C AND NON-HDL-C BURDEN

APOB AND LP(A) STATUS

BLOOD PRESSURE CONTROL STATUS

DIABETES OR PREDIABETES STATUS

METABOLIC SYNDROME FEATURES

OBESITY CLASS OR WEIGHT-RELATED RISK

TOBACCO / NICOTINE EXPOSURE

Family history of premature ASCVD:

CKD, inflammatory disease, autoimmune disease, or other risk-enhancing conditions:

Pregnancy-related or sex-specific risk factors, when relevant:

Lifestyle risk factors and readiness for change:

L CARDIAC TESTING / DIAGNOSTIC RESULTS

7 RESULTS REVIEWED OR ORDERED

Lipid Testing (total cholesterol, LDL-C, HDL-C, triglycerides, non-HDL cholesterol, ApoB, Lp(a), LDL particle number, advanced lipid testing):

Metabolic Labs (A1c, fasting glucose, fasting insulin, CMP, liver enzymes, renal function, urine albumin / creatinine ratio, thyroid studies, uric acid, inflammatory markers):

Cardiac Risk Testing (coronary artery calcium score, coronary CTA, stress testing, echocardiogram, ABI, carotid ultrasound, vascular ultrasound, other risk stratification studies):

Medication Monitoring (CK, liver enzymes, renal function, potassium, medication-specific labs, adverse-effect monitoring):

Genetic / Familial Risk Testing (familial hypercholesterolemia testing, inherited lipid disorder testing, genetic counseling

results):

Sleep / Lifestyle-Related Testing (sleep study, body composition data, exercise testing, cardiopulmonary testing):

Prior Records Reviewed (primary care notes, cardiology notes, lab trends, imaging reports, prior cardiac testing, medication history, family history documentation, outside records):

A ASSESSMENT

8 PREVENTIVE CARDIOLOGY CLINICAL INTERPRETATION

Primary cardiovascular prevention diagnosis or working diagnosis. Overall ASCVD risk category and risk-enhancing factors. Lipid disorder status, LDL-C goal if documented, and treatment response. Blood pressure status and hypertension control. Diabetes, prediabetes, obesity, metabolic syndrome, or insulin resistance contribution. Family history or inherited lipid disorder concern. Coronary calcium or imaging-based risk interpretation. Medication adherence, response, side effects, and treatment barriers. Lifestyle risk factors, readiness for behavior change, and barriers to improvement. Need for medication initiation or intensification, diagnostic testing, nutrition counseling, lifestyle intervention, genetic evaluation, sleep evaluation, or specialty referral...

P PLAN

9 PREVENTIVE CARDIOLOGY MANAGEMENT BY PROBLEM

Lipid management plan (statin therapy, non-statin therapy, LDL-C goal, ApoB / Lp(a) considerations, medication tolerance, adherence counseling, lab monitoring). Blood pressure management plan (home BP monitoring, antihypertensive adjustment, sodium restriction, weight management, exercise, target BP). Diabetes and metabolic risk plan (A1c management, weight loss strategy, GLP-1 receptor agonist or SGLT2 inhibitor consideration, nutrition counseling, coordination with primary care or endocrinology). Lifestyle and nutrition plan. Exercise plan. Tobacco and substance risk plan. Aspirin or antithrombotic prevention plan (indication, bleeding risk, shared decision-making). Risk stratification plan (coronary artery calcium scoring, coronary CTA, stress testing, ABI, carotid imaging, advanced lipid testing, genetic testing, sleep study). Medication safety and monitoring plan. Referral and coordination plan. Patient education...

F FOLLOW-UP

10 REASSESSMENT PLAN

Follow-up timeframe and purpose (lipid reassessment, BP review, medication response, side effect monitoring, lifestyle goal progress, lab review, risk testing review, care coordination follow-through):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

COUNSELING / LIFESTYLE COUNSELING TIME

CARE COORDINATION TIME

RECORDS REVIEW TIME, IF APPLICABLE

RISK ASSESSMENT / TEST REVIEW TIME, IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MDM / PREVENTIVE COUNSELING / TEST INTERPRETATION

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

PREVENTIVE COUNSELING CODE(S), IF APPLICABLE

DIAGNOSTIC TEST INTERPRETATION CODE(S), IF APPLICABLE

PRIMARY ICD-10 DIAGNOSIS CODE + DESCRIPTION

SECONDARY ICD-10 DIAGNOSIS CODE(S), IF APPLICABLE

SO PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: PREVENTIVE CARDIOLOGY

DATE

TIME