MARVIX AI

AUDIOLOGY & HEARING CARE 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

PRIMARY CARE PROVIDER

VISIT TYPE: AUDIOLOGY CONSULTATION / HEARING EVALUATION / HEARING AID EVALUATION / HEARING AID FOLLOW-UP / TINNITUS EVALUATION / BALANCE-RELATED HEARING VISIT

CARE SETTING: OUTPATIENT / AUDIOLOGY CLINIC / ENT CLINIC / HEARING AID CLINIC / TELEHEALTH

REFERRING PROVIDER, IF APPLICABLE

INTERPRETER USED, IF APPLICABLE

COMMUNICATION ACCOMMODATIONS USED, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY HEARING CARE CONCERN

Primary audiology or hearing care-related reason for the visit in the patient's own words when possible — hearing loss, difficulty understanding speech, tinnitus, ear fullness, sound sensitivity, dizziness, imbalance, hearing aid evaluation, hearing aid adjustment, hearing protection, occupational noise exposure, or follow-up after hearing testing...

S SUBJECTIVE

3 PATIENT-REPORTED HEARING, TINNITUS & DEVICE HISTORY

3a REASON FOR EVALUATION & HEARING SYMPTOMS

Reason for Audiology / Hearing Care Evaluation (initial hearing evaluation / follow-up audiogram / hearing aid evaluation, fitting, or check / tinnitus evaluation / vestibular-related hearing concern / occupational hearing screening / pediatric hearing concern / referral from ENT or primary care):

Hearing Symptoms (decreased hearing, laterality, gradual or sudden onset, fluctuating hearing, muffled hearing, difficulty with speech, difficulty in background noise, phone difficulty, television volume, localization difficulty, ear fullness, sound distortion):

Onset and Course (when symptoms began, progression, sudden versus gradual, stability, fluctuation, recurrent episodes, relationship to infection, trauma, or noise exposure, prior similar symptoms):

Communication Impact (conversation, group settings, background noise, work or school communication, phone and video calls, television, music, family communication, safety sounds, quality-of-life impact):

3b TINNITUS, SOUND TOLERANCE & EAR SYMPTOMS

Tinnitus Symptoms (ringing, buzzing, hissing, roaring, pulsatile tinnitus, laterality, duration, frequency, severity, triggers, sleep impact, concentration impact, distress level, prior management):

Sound Sensitivity (hyperacusis, misophonia, sound intolerance, discomfort with loud sounds, avoidance behaviors, impact on daily function):

Ear Symptoms (otalgia, otorrhea, ear pressure, aural fullness, itching, cerumen concerns, recurrent ear infections, ear surgery history, perforation history, eustachian tube dysfunction):

Vestibular / Balance Symptoms (dizziness, vertigo, imbalance, falls, motion sensitivity, positional symptoms, nausea, oscillopsia, migraine association, episode duration, triggers, associated hearing or tinnitus change):

3c EXPOSURE, MEDICAL & DEVICE HISTORY

Noise Exposure History (occupational noise, military noise, firearms, machinery, concerts, headphones or earbuds, recreational noise, duration of exposure, hearing protection use, prior occupational hearing testing):

Medical / Otologic History (chronic ear disease, otitis media, otosclerosis, Ménière disease, vestibular migraine,

autoimmune disease, diabetes, neurologic disease, head trauma, meningitis, chemotherapy or radiation exposure):

Medication / Ototoxic Exposure History (chemotherapy, aminoglycosides, loop diuretics, high-dose salicylates, antimalarials, other ototoxic exposure):

Family History (hearing loss, early-onset hearing loss, genetic hearing conditions, otosclerosis, tinnitus, balance disorders, cochlear implant use):

Prior Hearing Testing / Treatment (prior audiograms, tympanometry, otoacoustic emissions, auditory brainstem response, vestibular testing, ENT evaluation, imaging, hearing aid use, cochlear implant evaluation, assistive listening devices):

Hearing Aid / Device History, if applicable (device type, manufacturer and model, age of device, daily wear time, benefit, difficulties, comfort, fit, feedback, battery or charging issues, connectivity, cleaning and maintenance, repairs, patient goals):

Pediatric / School Context, if applicable (caregiver concerns, speech and language development, school performance, newborn hearing screen status, recurrent otitis media, attention concerns, IEP or 504 accommodations, classroom hearing difficulty, device use):

Pertinent Negatives (denies sudden hearing loss, unilateral sudden change, severe vertigo, facial weakness, neurologic deficit, pulsatile tinnitus, severe ear pain, otorrhea, head trauma, rapidly worsening symptoms):

ROS AUDIOLOGY & HEARING CARE REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Hearing loss, difficulty understanding speech, muffled hearing, or fluctuating hearing	
Tinnitus, pulsatile tinnitus, sound sensitivity, or ear fullness	
Ear pain, drainage, itching, recurrent infections, cerumen concerns, or prior ear surgery	

Dizziness, vertigo, imbalance, falls, nausea, or motion sensitivity

Headache, neurologic symptoms, facial weakness, or visual symptoms when relevant

Noise exposure, ototoxic medication exposure, or occupational hearing concerns

Hearing aid discomfort, feedback, connectivity issues, poor benefit, or maintenance problems

Communication difficulty, social withdrawal, work or school impact, or safety concerns

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS, IF OBTAINED

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

PAIN SCORE, IF APPLICABLE

5a OBSERVATION & OTOSCOPY

General Appearance (alertness, distress level, communication ability, speech clarity, use of visual cues, hearing device use, overall clinical condition):

Communication Observation (conversational hearing ability, need for repetition, reliance on lip reading, response to spoken voice, interpreter or accommodation use, patient and caregiver interaction):

Otoscopy (ear canal status, cerumen, foreign body, inflammation, drainage, tympanic membrane appearance, perforation, retraction, scarring, effusion, ventilation tube status, visualization limitations):

External Ear (pinna abnormalities, surgical scars, skin lesions, tenderness, swelling, device-related pressure areas):

Neurologic / Vestibular Observation, if relevant (gait, balance, nystagmus observation, facial symmetry, cranial nerve concerns, fall safety concerns):

Hearing Device Inspection, if applicable (device condition, earmold or dome fit, tubing and wax guard status, receiver status, microphone ports, battery or charging function, physical damage, retention, cleanliness):

AU AUDIOLOGIC TESTING

6 TESTS PERFORMED, RELIABILITY & RESULTS

Pure Tone Audiometry (air conduction thresholds, bone conduction thresholds, degree, type, and configuration of hearing loss, laterality, asymmetry, test reliability):

Speech Audiometry (speech reception threshold, word recognition score, presentation level, masking, speech-in-noise testing, interpretation):

Tympanometry (ear canal volume, tympanic membrane compliance, middle ear pressure, tympanogram type, interpretation):

Acoustic Reflexes (ipsilateral and contralateral reflexes, presence or absence, thresholds, decay if performed, interpretation):

Otoacoustic Emissions (DPOAE / TEOAE results, pass or refer status, frequency regions affected, interpretation):

Auditory Brainstem Response, if performed (indication, waveforms, latency findings, threshold estimates, neurologic screen findings, sedation status, interpretation):

Vestibular Testing, if performed or reviewed (VNG, calorics, vHIT, VEMP, rotary chair, posturography, positional testing, clinical interpretation):

Screening Results, if applicable (screening method, frequencies tested, pass or refer result, school or occupational screening result, need for diagnostic follow-up):

HA HEARING AID / DEVICE ASSESSMENT, IF APPLICABLE

7 HEARING TECHNOLOGY EVALUATION & MANAGEMENT

Device type, manufacturer, model, serial number if available	
Warranty status, repair history, and device age	
Current settings and programs	
Data logging and daily use	
Real-ear verification results if performed	
Feedback test results	
Earmold or dome fit and comfort	
Sound quality concerns	
Bluetooth / connectivity status	
Battery or charging function	
Cleaning and maintenance performed	
Programming changes made	
Patient-reported benefit after adjustment	
Counseling on use, care, troubleshooting, and expectations	

TN TINNITUS / SOUND SENSITIVITY ASSESSMENT, IF APPLICABLE

8 TINNITUS & SOUND TOLERANCE FINDINGS

Tinnitus laterality and character	
Pulsatile versus non-pulsatile tinnitus	
Severity and distress level	
Sleep, concentration, mood, and quality-of-life impact	
Associated hearing loss or vestibular symptoms	
Sound sensitivity triggers and avoidance behaviors	
Prior treatment attempts	

Tinnitus handicap or severity score if used

Counseling on management, sound therapy, hearing technology, stress and sleep strategies, and referral needs

FH FUNCTIONAL HEARING / COMMUNICATION ASSESSMENT

9 REAL-WORLD HEARING FUNCTION & COMMUNICATION NEEDS

Listening situations with greatest difficulty

Work, school, family, and social communication impact

Phone and video call difficulty

Background noise difficulty

Safety concerns, including alarms, traffic, or environmental sounds

Communication partner concerns

Assistive listening device needs

Captioning, remote microphone, classroom or workplace accommodations

Patient goals and priorities for hearing care

ST SCREENING / ASSESSMENT TOOLS

10 STANDARDIZED TOOLS & INTERPRETATION

Hearing Handicap Inventory

Tinnitus Handicap Inventory

Tinnitus Functional Index

Client-Oriented Scale of Improvement

Speech-in-noise testing

Dizziness Handicap Inventory, when relevant

Pediatric hearing or listening questionnaires

Device satisfaction questionnaire

Communication needs assessment

Score, result, interpretation, comparison to prior results, and limitations:

L LABORATORY AND DIAGNOSTIC RESULTS

11 RESULTS REVIEWED OR ORDERED

Audiologic Results (audiogram, tympanometry, speech testing, OAEs, ABR, vestibular testing, occupational hearing screening):

ENT / Medical Records (otoscopy findings, ENT notes, otologic diagnoses, operative reports, cerumen management notes, prior ear procedures):

Imaging (MRI internal auditory canals, CT temporal bones, head imaging, or imaging relevant to asymmetric hearing loss, tinnitus, dizziness, or otologic disease):

Medication / Exposure Records (ototoxic medication exposure, chemotherapy records, noise exposure documentation, occupational health records):

Prior Records Reviewed (previous audiograms, hearing aid records, cochlear implant evaluation records, school hearing records, newborn hearing screening, ENT, primary care, neurology, and vestibular therapy notes):

A ASSESSMENT

12 AUDIOLOGY & HEARING CARE CLINICAL INTERPRETATION

Primary audiologic diagnosis or working diagnosis. Type, degree, configuration, and laterality of hearing loss. Symmetry or asymmetry and clinical significance. Middle ear status and need for medical referral. Speech understanding ability and functional communication impact. Tinnitus severity and associated factors. Vestibular or balance-related concerns. Hearing aid candidacy, current device benefit, or technology needs. Pediatric speech, language, or educational implications. Noise exposure or ototoxic risk considerations. Need for ENT referral, medical evaluation, hearing aids, cochlear implant evaluation, assistive listening technology, tinnitus management, vestibular evaluation, hearing protection, or follow-up testing...

P PLAN

13 MANAGEMENT BY PROBLEM

Hearing evaluation plan (repeat audiogram, monitoring interval, additional audiologic testing, tympanometry, speech-in-noise testing, OAEs, ABR, vestibular testing). Medical referral plan (ENT referral for sudden hearing loss, asymmetric loss, conductive loss, unilateral or pulsatile tinnitus, otorrhea, otalgia, abnormal otoscopy, vertigo, or other red flags). Hearing aid plan (candidacy, device selection, fitting, real-ear verification, programming, follow-up adjustments, trial period, warranty, maintenance, counseling). Device troubleshooting plan. Tinnitus management plan (education, sound therapy, hearing aid use, sleep and stress strategies, avoidance of silence, CBT referral, red-flag referral). Communication strategy plan (face-to-face communication, reducing background noise, repetition and rephrasing, captioning, remote microphone, classroom or workplace accommodations, family education). Hearing protection plan. Pediatric or school plan. Cochlear implant or implantable device plan. Patient education on results, diagnosis, prognosis, device options, hearing conservation, tinnitus red flags, communication strategies, and when to seek urgent or emergency care…

F FOLLOW-UP

14 REASSESSMENT PLAN

Follow-up timeframe and purpose (hearing aid fitting or adjustment, repeat audiogram, tinnitus reassessment, ENT follow-up, device troubleshooting, pediatric monitoring, occupational hearing surveillance, vestibular testing review):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

AUDIOLOGIC TESTING TIME

HEARING AID / DEVICE COUNSELING TIME

TINNITUS COUNSELING TIME, IF APPLICABLE

CARE COORDINATION TIME

RECORDS REVIEW TIME, IF APPLICABLE

AUDIOLOGIC EVALUATION CODE(S), IF APPLICABLE

TYMPANOMETRY / ACOUSTIC REFLEX CODE(S), IF APPLICABLE

OAE / ABR CODE(S), IF APPLICABLE

HEARING AID EVALUATION / FITTING / CHECK CODE(S), IF APPLICABLE

VESTIBULAR TESTING CODE(S), IF APPLICABLE

E/M LEVEL, IF APPLICABLE: 99202–99205 / 99212–99215

BASIS FOR BILLING: AUDIOLOGIC TESTING / DEVICE SERVICES / COUNSELING / MEDICAL DECISION MAKING / TIME-BASED

PRIMARY HEARING / AUDIOLOGY DIAGNOSIS CODE

SECONDARY DIAGNOSIS CODE(S), IF APPLICABLE

SO PROVIDER SIGN-OFF

PROVIDER NAME	CREDENTIALS	SPECIALTY: AUDIOLOGY / HEARING CARE	DATE	TIME

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