MARVIX AI

GUT HEALTH / MICROBIOME MEDICINE 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: GUT HEALTH / MICROBIOME MEDICINE CONSULTATION / FOLLOW-UP / LAB REVIEW / NUTRITION FOLLOW-UP / TELEHEALTH

CARE SETTING: OUTPATIENT / FUNCTIONAL MEDICINE CLINIC / INTEGRATIVE CLINIC / GASTROENTEROLOGY CLINIC / PRIMARY CARE / TELEHEALTH

REFERRING PROVIDER, IF APPLICABLE

INTERPRETER USED, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY GUT HEALTH CONCERN

Primary gut health or microbiome-related reason for the visit in the patient's own words when possible — bloating, gas, abdominal pain, constipation, diarrhea, reflux, food intolerance, suspected dysbiosis, IBS symptoms, microbiome optimization, stool test review, gut-brain symptoms, inflammatory symptoms, or nutrition-related digestive concerns...

S SUBJECTIVE

3 PATIENT-REPORTED GI SYMPTOMS, DIET & TREATMENT HISTORY

3a REASON FOR EVALUATION & SYMPTOM PROFILE

Reason for Gut Health / Microbiome Medicine Evaluation (initial evaluation / chronic digestive symptoms / bloating / constipation / diarrhea / reflux / IBS-like symptoms / food sensitivity concern / microbiome assessment / stool test review / nutrition intervention / supplement review / follow-up):

Primary Digestive Symptoms (bloating, gas, abdominal pain, cramping, reflux, heartburn, nausea, vomiting, belching, early satiety, diarrhea, constipation, urgency, incomplete evacuation, stool changes, mucus, blood, food-related symptoms):

Symptom Onset and Course (onset, duration, progression, frequency, severity, pattern, flare frequency, symptom-free intervals; relation to meals, stress, travel, infection, antibiotics, medications, illness, surgery, or major life events):

3b BOWEL, PAIN & UPPER GI DETAIL

Bowel Habits (frequency, consistency, Bristol stool type, color, odor, volume, urgency, straining, incomplete evacuation, incontinence, nocturnal stools, blood, mucus, oily or floating stools, change from baseline):

Abdominal Pain / Discomfort (location, quality, severity, duration, timing, relation to meals and bowel movements, triggers, relieving factors, radiation, associated symptoms):

Reflux / Upper GI Symptoms (heartburn, regurgitation, sour taste, dysphagia, odynophagia, nausea, vomiting, early satiety, postprandial fullness, burping, throat clearing, cough, hoarseness, response to acid suppression):

3c DIET, INTOLERANCE & EXPOSURES

Dietary Pattern and Triggers (typical meals, meal timing, fiber, fermented foods, protein, fruit/vegetable, dairy, gluten, high-FODMAP foods, processed foods, artificial sweeteners, sugar, caffeine, alcohol, carbonated beverages, hydration, identified triggers):

Food Intolerance / Allergy Concerns (suspected reactions, timing after ingestion, symptom type, reproducibility, elimination diets tried, reintroduction response, formal allergy testing, lactose, gluten-related symptoms, histamine-type symptoms):

Antibiotic / Medication Exposure (antibiotics, PPIs, NSAIDs, metformin, GLP-1 medications, opioids, laxatives, antidiarrheals, antacids, immunosuppressants, probiotics, prebiotics, digestive enzymes, herbal antimicrobials, medication-related GI effects):

3d GI HISTORY, MICROBIOME CONTEXT & SYSTEMIC SYMPTOMS

Prior GI History (IBS, inflammatory bowel disease, celiac disease, GERD, peptic ulcer disease, H. pylori, SIBO, diverticular disease, gallbladder disease, pancreatitis, liver disease, GI infections, abdominal surgery, polyps, prior endoscopy/colonoscopy):

Microbiome / Dysbiosis Context (recurrent antibiotic exposure, dietary diversity, fermented food intake, fiber intake, constipation, GI infections, travel, stress, sleep disruption, chronic inflammation, immune concerns, prior microbiome or stool testing):

Gut-Brain / Systemic Symptoms (fatigue, brain fog, headaches, mood changes, anxiety, depression, sleep disturbance, skin symptoms, joint pain, inflammatory flares, immune symptoms, symptoms tied to GI flares):

Nutrition and Weight (appetite, weight change, food restriction, malabsorption concerns, nutrient deficiencies, hydration, protein intake, supplements, dietitian involvement, risk for malnutrition or disordered eating):

Stress and Lifestyle Factors (stress level, sleep quality, physical activity, meal pace, chewing habits, eating while distracted, travel, shift work, social eating patterns):

Prior Testing and Treatment (stool studies, breath testing, celiac testing, H. pylori testing, endoscopy, colonoscopy, imaging, elimination diets, probiotics, prebiotics, fiber, laxatives, antimicrobials, acid suppression, enzymes, nutrition therapy, specialist care):

Family History (inflammatory bowel disease, celiac disease, colon cancer, colon polyps, autoimmune disease, food allergy, IBS, liver disease, pancreatic disease):

Pertinent Negatives (denies GI bleeding, unintentional weight loss, persistent vomiting, dysphagia, nocturnal diarrhea, persistent fever, severe focal abdominal pain, anemia symptoms, jaundice, family history of early colon cancer, rapidly worsening symptoms):

ROS GUT HEALTH / MICROBIOME REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Abdominal pain, bloating, gas, cramping, reflux, heartburn, nausea, or vomiting

Abdominal pain, bloating, gas, cramping, reflux, heartburn, nausea, or vomiting

Diarrhea, constipation, urgency, straining, incomplete evacuation, blood, mucus, or oily stools

Dysphagia, odynophagia, early satiety, appetite change, or weight change

Fatigue, brain fog, headache, sleep disturbance, or mood changes related to GI symptoms

Rash, itching, flushing, joint pain, inflammatory symptoms, or immune symptoms

Food reactions, dietary triggers, supplement intolerance, or medication-related GI effects

Fever, night sweats, dehydration symptoms, jaundice, or systemic illness symptoms

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

HEIGHT

WEIGHT

BMI

WAIST CIRCUMFERENCE, IF OBTAINED

PAIN SCORE, IF APPLICABLE

5a FOCUSED EXAMINATION

General Appearance (alertness, distress level, nutritional appearance, hydration status, body habitus, mobility, overall clinical condition):

Head / Eyes / Ears / Nose / Throat (conjunctival pallor, scleral icterus, oral ulcers, tongue findings, mucous membrane hydration, dentition, signs of nutrient deficiency):

Neck (lymphadenopathy, thyroid enlargement or nodules, tenderness):

Cardiovascular (rate, rhythm, perfusion, edema, signs of dehydration or systemic illness):

Pulmonary (respiratory effort, breath sounds, findings relevant to systemic illness or reflux-associated symptoms):

Abdomen (bowel sounds, distension, tenderness, guarding, rebound, masses, stool burden, hepatomegaly, splenomegaly, ascites, hernia, surgical scars, localization of symptoms):

Rectal / Perianal Exam, if performed (fissures, hemorrhoids, tags, fistula, abscess, stool burden, tone, blood, tenderness, exam limitations):

Skin (rash, eczema, urticaria, flushing, jaundice, pallor, bruising, excoriations, inflammatory lesions, signs of nutritional deficiency):

Musculoskeletal (joint tenderness, swelling, range of motion, gait, findings relevant to inflammatory or autoimmune conditions):

Neurologic (mental status, strength, sensation, gait, neuropathy findings, cognitive concerns):

Psychiatric (mood, affect, anxiety, stress, coping, behavior, insight, safety concerns):

GA GUT HEALTH / MICROBIOME ASSESSMENT DOMAINS

6 KEY GUT-HEALTH CONTRIBUTORS ASSESSED

Bowel pattern and stool quality

Dietary diversity and fiber intake

Fermented food intake and tolerance

Food triggers and restrictive eating patterns

Antibiotic, PPI, NSAID, opioid, metformin, or other medication exposures

Stress, sleep, and gut-brain interaction

Physical activity and sedentary behavior

Hydration and meal timing

Prior infection, travel, or post-infectious symptom pattern

Dysbiosis, SIBO, malabsorption, inflammatory, motility, or functional GI considerations

Red flags requiring conventional GI evaluation

Patient readiness for nutrition and lifestyle change

N NUTRITION / ELIMINATION DIET / REINTRODUCTION ASSESSMENT

7 NUTRITION INTERVENTIONS & SAFETY CONSIDERATIONS

Current diet pattern

Foods eliminated and duration

Symptom response to elimination

Reintroduction results

Risk of excessive restriction or nutritional inadequacy

Protein, fiber, micronutrient, and calorie adequacy

Hydration status

Meal timing and eating behavior

Food access and preparation barriers

Dietitian involvement or referral need

Patient-selected nutrition goals

ST SCREENING / ASSESSMENT TOOLS

8 STRUCTURED TOOLS & INTERPRETATION

Bristol stool scale

Food and symptom diary

IBS symptom severity scale, if used

GERD symptom score, if used

Constipation scoring tool, if used

Rome criteria checklist, if used

PHQ-9 / GAD-7 when gut-brain symptoms are relevant

Sleep questionnaire, when relevant

Nutrition or malnutrition screening tool

Social determinants of health screening

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

L LABORATORY AND DIAGNOSTIC RESULTS

9 RESULTS REVIEWED OR ORDERED

Routine / Nutrition Labs (CBC, CMP, iron studies, ferritin, B12, folate, vitamin D, magnesium, thyroid studies, albumin, prealbumin, inflammatory markers, metabolic labs):

Stool Testing (culture, ova and parasites, GI pathogen panel, C. difficile, fecal calprotectin, fecal lactoferrin, occult blood, pancreatic elastase, fecal fat, stool pH, reducing substances, comprehensive stool testing):

Breath Testing (lactose, fructose, SIBO breath test, methane and hydrogen results, other carbohydrate malabsorption testing):

Celiac / Immune Testing (tissue transglutaminase IgA, total IgA, deamidated gliadin antibodies, endomysial antibodies, allergy testing, autoimmune markers):

H. pylori / Upper GI Testing (breath test, stool antigen, biopsy result, EGD findings, pH testing, gastric emptying study):

Imaging / Procedures (abdominal ultrasound, CT, MRI, MR enterography, abdominal X-ray, colonoscopy, EGD, capsule endoscopy, biopsy results, motility studies):

Microbiome Testing (diversity markers, dysbiosis patterns, pathogen and commensal findings, limitations of testing, correlation with clinical symptoms):

Prior Records Reviewed (primary care, gastroenterology, dietitian, functional or integrative medicine records, endoscopy and pathology reports, imaging, lab trends, medication history, patient logs):

A ASSESSMENT

10 GUT HEALTH / MICROBIOME CLINICAL INTERPRETATION

Primary GI diagnosis, symptom cluster, or working diagnosis. Differential diagnoses considered. Functional, inflammatory, infectious, motility, malabsorptive, medication-related, diet-related, or microbiome-related contributors. Presence or absence of red-flag symptoms requiring GI referral or urgent evaluation. Bowel pattern and stool consistency interpretation. Diet pattern, fiber intake, food triggers, and nutritional adequacy. Relationship of symptoms to stress, sleep, medications, infection, antibiotics, or lifestyle. Lab, stool, breath, imaging, or procedure findings and their clinical limitations. Response to prior diet, medication, supplement, probiotic, prebiotic, or lifestyle interventions. Need for nutrition intervention, conventional GI workup, medication adjustment, supplement review, referral, or monitoring...

P PLAN

11 MANAGEMENT BY PROBLEM

Nutrition plan (dietary pattern, fiber goals, food diversity, hydration, meal timing, reduced ultra-processed foods and sugary beverages, protein adequacy, dietitian referral). Symptom-targeted diet plan (low-FODMAP trial, lactose reduction, gluten evaluation, elimination and reintroduction plan, reflux dietary changes, constipation or diarrhea-focused guidance). Bowel regimen plan (fiber supplementation, osmotic laxative, stool softener, antidiarrheal strategy, magnesium, toileting routine, stool tracking). Microbiome support plan (prebiotic foods, fermented foods if tolerated, probiotic discussion, diet diversity, avoidance of unnecessary antibiotics, realistic counseling on microbiome testing limitations). Reflux/upper GI plan. SIBO/dysbiosis plan (breath testing, interpretation, antimicrobial coordination, motility support, relapse prevention). Gut-brain plan (stress management, sleep, mindfulness, CBT or gut-directed hypnotherapy referral). Medication and supplement plan. Diagnostic plan. Referral and care coordination. Patient education on symptom tracking, expected timeline, red flags, and when to seek urgent or emergency care...

F FOLLOW-UP

12 REASSESSMENT PLAN

Follow-up timeframe and purpose (symptom reassessment, bowel pattern review, food and symptom diary review, diet response, medication or supplement response, lab / stool / breath test review, nutrition plan adjustment, GI referral follow-through, red-flag monitoring):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

NUTRITION COUNSELING TIME

LIFESTYLE COUNSELING TIME

SUPPLEMENT / MEDICATION REVIEW TIME, IF APPLICABLE

CARE COORDINATION TIME

RECORDS REVIEW TIME, IF APPLICABLE

LAB / STOOL TEST REVIEW TIME, IF APPLICABLE

E/M LEVEL: 99202–99205 / 99212–99215

NUTRITION / LIFESTYLE COUNSELING CODE(S), IF APPLICABLE

DIAGNOSTIC TEST INTERPRETATION CODE(S), IF APPLICABLE

CHRONIC CARE MANAGEMENT CODE(S), IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MDM / NUTRITION COUNSELING / TEST REVIEW / CARE COORDINATION

PRIMARY GI / GUT HEALTH DIAGNOSIS CODE

SECONDARY SYMPTOM / RISK FACTOR CODE(S), IF APPLICABLE

SO PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: GUT HEALTH / MICROBIOME MEDICINE / GASTROENTEROLOGY / FUNCTIONAL MEDICINE

DATE

TIME