MARVIX AI

FERTILITY / REPRODUCTIVE ENDOCRINOLOGY 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 OB-GYN PROVIDER, IF APPLICABLE

VISIT TYPE: FERTILITY CONSULTATION / REPRODUCTIVE ENDOCRINOLOGY CONSULTATION / INFERTILITY FOLLOW-UP / IVF FOLLOW-UP / OVULATION INDUCTION FOLLOW-UP / LAB REVIEW / TELEHEALTH

CARE SETTING: OUTPATIENT / FERTILITY CLINIC / REPRODUCTIVE ENDOCRINOLOGY CLINIC / OB-GYN CLINIC / TELEHEALTH

PRIMARY CARE PROVIDER, IF APPLICABLE

REFERRING PROVIDER, IF APPLICABLE

PARTNER NAME / DOB, IF APPLICABLE AND CONSENTED

INTERPRETER USED, IF APPLICABLE

CHAPERONE PRESENT, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY FERTILITY CONCERN

Primary fertility or reproductive endocrinology-related reason for the visit in the patient's own words when possible — infertility evaluation, difficulty conceiving, recurrent pregnancy loss, irregular menses, ovulation concerns, PCOS, diminished ovarian reserve, male factor infertility, IVF consultation, IUI planning, fertility preservation, donor egg or sperm discussion, preconception counseling, hormone evaluation, or treatment follow-up...

S SUBJECTIVE

3 FERTILITY GOALS, REPRODUCTIVE HISTORY & ENDOCRINE CONTEXT

3a REASON FOR EVALUATION, GOALS & INFERTILITY HISTORY

Reason for Fertility / Reproductive Endocrinology Evaluation (initial infertility consultation / secondary infertility / recurrent pregnancy loss / ovulatory dysfunction / PCOS evaluation / diminished ovarian reserve / tubal factor / endometriosis-related infertility / male factor / fertility preservation / IVF or IUI planning / donor gamete counseling / treatment monitoring):

Fertility Goals and Timeline (desired pregnancy timing, duration of attempts to conceive, frequency and timing of intercourse or insemination, ovulation tracking, prior fertility planning, number of desired children, urgency related to age, treatment, cancer therapy, or other medical factors):

Infertility History (primary versus secondary infertility, duration, prior conception history, prior evaluation, prior treatment cycles, response to treatment, cycle outcomes, known contributing factors):

3b MENSTRUAL, OVULATION & PREGNANCY HISTORY

Menstrual History (last menstrual period, cycle length, regularity, bleeding duration, flow, dysmenorrhea, intermenstrual bleeding, amenorrhea, oligomenorrhea, heavy menstrual bleeding, premenstrual symptoms, menopause or perimenopause concern):

Ovulation History (ovulation predictor kit use, basal body temperature tracking, cervical mucus tracking, mid-luteal progesterone testing, cycle variability, anovulation concern, luteal phase concerns, ovulation induction history):

Pregnancy History (gravida/para, prior pregnancies, live births, miscarriages, biochemical pregnancies, ectopic pregnancy, molar pregnancy, terminations, gestational ages, complications, delivery history, time to conception for prior pregnancies):

Recurrent Pregnancy Loss History, if applicable (number of losses, gestational ages, ultrasound findings, fetal cardiac activity if known, pathology or genetic testing results, uterine evaluation, antiphospholipid testing, thrombophilia evaluation, parental karyotype history, emotional impact):

3c GYNECOLOGIC, ENDOCRINE & PARTNER FACTORS

Gynecologic History (PCOS, endometriosis, fibroids, adenomyosis, ovarian cysts, pelvic inflammatory disease, STIs, abnormal Pap or HPV, cervical procedures, uterine anomalies, pelvic surgery, tubal surgery, prior gynecologic imaging):

Endocrine / Hormonal Symptoms (acne, hirsutism, hair thinning, weight change, galactorrhea, hot flashes, night sweats, vaginal dryness, libido change, thyroid symptoms, heat or cold intolerance, fatigue, headaches, visual symptoms, symptoms of androgen excess):

Partner / Male Factor History, if applicable and consented (partner age, prior fertility, semen analysis history, erectile or ejaculatory concerns, testosterone or anabolic steroid use, varicocele, urologic history, infections, surgeries, heat exposure, occupational exposures, medications, substance use, need for urology referral):

3d PRIOR TESTING, TREATMENT & CONTEXT

Prior Fertility Testing (AMH, FSH, LH, estradiol, progesterone, TSH, prolactin, androgen testing, HbA1c, infectious disease labs, genetic carrier screening, pelvic ultrasound, antral follicle count, HSG, saline sonogram, hysteroscopy, laparoscopy, semen analysis, prior IVF records):

Prior Fertility Treatments (timed intercourse, ovulation induction, letrozole, clomiphene, gonadotropins, trigger injections, luteal support, IUI, IVF, ICSI, PGT, frozen embryo transfer, donor egg or sperm use, gestational carrier, outcomes of prior cycles):

Medication and Supplement History (prescription medications, fertility medications, prenatal vitamins, folic acid, supplements, herbal products, over-the-counter medications, hormone therapy, adherence, side effects, medication safety in preconception and pregnancy):

Fertility Preservation Context, if applicable (reason for preservation, oncology or medical diagnosis, treatment timeline, ovarian reserve, sperm banking, oocyte or embryo cryopreservation goals, urgency, consent status, coordination with oncology or other specialists):

Preconception Health (chronic medical conditions, immunization status, genetic risk, medication safety, nutrition, BMI, exercise, tobacco and nicotine use, alcohol use, substance use, occupational exposures, prenatal vitamin use):

Family History (infertility, early menopause, recurrent pregnancy loss, genetic disorders, birth defects, intellectual disability, clotting disorders, PCOS, endometriosis, thyroid disease, diabetes, hereditary cancer syndromes):

Social History / Psychosocial Context (relationship status when relevant, support system, stress level, emotional impact of infertility, financial or insurance barriers, work schedule, transportation, cultural considerations, care access barriers):

Pertinent Negatives (denies severe pelvic pain, heavy bleeding, fever, abnormal uterine bleeding, galactorrhea with headaches or vision changes, severe ovarian stimulation symptoms, chest pain, dyspnea, unilateral leg swelling, acute abdominal pain):

ROS FERTILITY / REPRODUCTIVE ENDOCRINOLOGY REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Irregular menses, amenorrhea, heavy bleeding, intermenstrual bleeding, or dysmenorrhea	
Pelvic pain, dyspareunia, bloating, ovarian cyst symptoms, or endometriosis-related symptoms	
Acne, hirsutism, hair thinning, weight change, hot flashes, night sweats, or vaginal dryness	
Galactorrhea, headaches, visual symptoms, thyroid symptoms, or fatigue	
Pregnancy loss symptoms or current pregnancy concerns when applicable	
Medication side effects, injection-site reactions, mood changes, or ovarian stimulation symptoms	
Male factor concerns, sexual dysfunction, or timing and intercourse barriers when relevant	
Anxiety, stress, depression symptoms, grief, or psychosocial impact of infertility	

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

HEIGHT

WEIGHT

BMI

PAIN SCORE, IF APPLICABLE

CYCLE DAY, IF APPLICABLE

5a FOCUSED EXAMINATION

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

Head / Eyes / Neck (thyroid enlargement or nodules, acne, hirsutism, hair thinning, acanthosis nigricans, visual field concern if relevant, other endocrine-related findings):

Cardiovascular (rate, rhythm, murmurs, edema, perfusion, findings relevant to preconception or medication safety):

Pulmonary (respiratory effort, breath sounds, oxygen requirement, work of breathing):

Abdomen (tenderness, distension, masses, surgical scars, bloating, guarding, rebound, findings concerning for ovarian hyperstimulation or acute pelvic pathology):

Breast Exam, if performed (galactorrhea, masses, tenderness, skin changes, nipple discharge, exam limitations, chaperone use):

Pelvic Exam, if performed (external genitalia, vagina, cervix, discharge, bleeding, uterine size/position/tenderness, adnexal tenderness or masses, pelvic floor tenderness, cervical motion tenderness, exam limitations, patient tolerance, chaperone use):

Skin / Hair (acne, hirsutism, alopecia, acanthosis nigricans, striae, bruising, injection-site reactions, signs of hyperandrogenism or insulin resistance):

Psychiatric (mood, affect, anxiety, distress, coping, insight, judgment, safety concerns):

RE REPRODUCTIVE ENDOCRINOLOGY ASSESSMENT

6 REPRODUCTIVE & ENDOCRINE FACTORS ASSESSED

Ovarian reserve status	
Ovulatory function	
Tubal patency status	
Uterine cavity status	
Semen analysis or male factor status	
Endometriosis or pelvic factor concern	
PCOS or hyperandrogenism assessment	
Thyroid, prolactin, adrenal, or metabolic contributors	
Recurrent pregnancy loss risk factors	
Genetic carrier or hereditary risk factors	
Fertility preservation needs	
Preconception optimization needs	
Treatment readiness and barriers	

UM ULTRASOUND / FOLLICLE MONITORING, IF APPLICABLE

7 REPRODUCTIVE ULTRASOUND FINDINGS

Cycle day and treatment cycle type	
Uterine size and position	
Endometrial thickness and pattern	
Fibroids, polyps, adhesions, or uterine anomalies if visualized	
Right ovarian follicle count and follicle sizes	
Left ovarian follicle count and follicle sizes	
Antral follicle count	

Antral follicle count

Ovarian cysts or endometriomas

Free fluid

Ovarian stimulation response

Comparison to prior ultrasound

Procedure tolerance and limitations

Plan based on findings

TC TREATMENT CYCLE MONITORING, IF APPLICABLE

8 FERTILITY TREATMENT CYCLE STATUS

Treatment type: timed intercourse / ovulation induction / IUI / IVF / frozen embryo transfer / donor cycle / fertility preservation

Cycle day and medication protocol

Medication doses and adherence

Follicle response

Endometrial development

Estradiol, progesterone, LH, or other monitoring labs

Trigger plan if applicable

IUI, egg retrieval, or embryo transfer timing if applicable

Embryo status if applicable

Luteal support plan

Side effects and ovarian hyperstimulation symptoms

Cycle risks, consent, and patient instructions

PR PROCEDURES PERFORMED, IF APPLICABLE

9 PROCEDURE DOCUMENTATION

Procedure name, indication, consent, chaperone use, ultrasound guidance if used:

Technique, specimens obtained, and findings:

Patient tolerance, complications, aftercare instructions, and follow-up plan:

9a COMMON PROCEDURES

Transvaginal ultrasound	
Saline infusion sonogram	
Trial transfer	
Intrauterine insemination	
Endometrial biopsy	
Oocyte retrieval	
Embryo transfer	
Hysteroscopy	
Genetic specimen collection	
Semen specimen processing review	
Fertility preservation procedure coordination	

ST SCREENING / ASSESSMENT TOOLS

10 STANDARDIZED TOOLS & INTERPRETATION

PCOS diagnostic criteria review	
Ovulation tracking logs	
Menstrual bleeding diary	
Fertility quality-of-life assessment when used	
PHQ-9	
GAD-7	
Intimate partner violence screening	
Genetic carrier screening assessment	

Preconception risk assessment

Social determinants of health screening

Medication adherence assessment

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

L LABORATORY AND DIAGNOSTIC RESULTS

11 RESULTS REVIEWED OR ORDERED

Ovarian Reserve / Reproductive Hormones (AMH, FSH, LH, estradiol, progesterone, antral follicle count, inhibin B if used, cycle-day context):

Endocrine / Metabolic Labs (TSH, free T4, prolactin, total and free testosterone, DHEA-S, 17-hydroxyprogesterone, HbA1c, fasting glucose, fasting insulin if used, lipid panel, CMP, vitamin D):

Pregnancy / Loss Evaluation (hCG, progesterone, antiphospholipid antibodies, uterine cavity testing, parental karyotypes, products of conception testing, recurrent pregnancy loss labs):

Infectious / Preconception Labs (blood type and Rh, antibody screen, rubella, varicella, hepatitis B and C, HIV, syphilis, gonorrhea and chlamydia, urine culture, other preconception or treatment-required labs):

Genetic Testing (carrier screening, karyotype, PGT results, hereditary risk testing, genetic counseling notes, embryo genetic testing results):

Semen Analysis (volume, concentration, motility, morphology, total motile count, leukocytes, repeat testing, urology evaluation):

Tubal / Uterine Evaluation (HSG, saline sonogram, hysteroscopy, laparoscopy, pelvic ultrasound, MRI, pathology, operative findings):

Fertility Treatment Records (prior stimulation protocols, response, oocyte yield, fertilization, embryo development, embryo grading, PGT results, transfer outcomes, cryopreservation status):

Prior Records Reviewed (OB-GYN notes, reproductive endocrinology records, prior fertility clinic records, operative reports, pregnancy records, lab trends, imaging reports, semen analysis reports, genetic counseling records, medication history):

A ASSESSMENT

12 FERTILITY & REPRODUCTIVE ENDOCRINOLOGY CLINICAL INTERPRETATION

Primary fertility diagnosis or working diagnosis. Primary versus secondary infertility status. Duration of infertility and age-related considerations. Ovarian reserve interpretation. Ovulatory function and endocrine contributors. Uterine, tubal, cervical, pelvic, endometriosis, or male factor contributors. Recurrent pregnancy loss assessment when applicable. Genetic, preconception, or medical risk considerations. Prior treatment response and prognosis. Current treatment cycle status and risks when applicable. Emotional, logistical, financial, or access barriers. Need for labs, imaging, semen analysis, genetic counseling, treatment initiation, protocol adjustment, referral, surgical evaluation, or urgent escalation...

P PLAN

13 MANAGEMENT BY PROBLEM

Fertility evaluation plan (ovarian reserve testing, ovulation assessment, semen analysis, tubal evaluation, uterine cavity evaluation, endocrine labs, infectious and preconception labs, genetic screening). Ovulation dysfunction plan (lifestyle measures, weight and metabolic optimization, ovulation induction options, monitoring, trigger timing, timed intercourse or IUI planning, follow-up). PCOS or hyperandrogenism plan (menstrual regulation, metabolic assessment, ovulation induction, androgen symptom management, nutrition and activity counseling, endocrinology or primary care

coordination). Male factor plan (repeat semen analysis, urology referral, lifestyle and exposure counseling, medication review, hormone testing, IUI/IVF/ICSI discussion, partner coordination when consented). Tubal, uterine, or pelvic factor plan (HSG, saline sonogram, hysteroscopy, laparoscopy, endometriosis management, fibroid or polyp management, surgical referral, IVF counseling). Recurrent pregnancy loss plan. IVF/IUI treatment plan (protocol selection, medication instructions, monitoring schedule, trigger plan, insemination, retrieval, or transfer timing, embryo testing discussion, luteal support, cycle risks). Fertility preservation plan. Preconception optimization plan. Medication plan (initiation, dose adjustment, side effect monitoring, refills, injection teaching, ovarian hyperstimulation precautions). Referral and care coordination. Patient education on diagnosis, treatment options, success expectations, risks and benefits, alternatives, cycle timing, medication use, warning signs, and when to seek urgent or emergency care...

F FOLLOW-UP

14 REASSESSMENT PLAN

Follow-up timeframe and purpose (lab review, ultrasound monitoring, semen analysis review, HSG or saline sonogram review, treatment planning, cycle monitoring, medication response, pregnancy test follow-up, recurrent loss follow-up, referral follow-through):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

FERTILITY COUNSELING TIME

MEDICATION / INJECTION TEACHING TIME, IF APPLICABLE

TREATMENT CYCLE COUNSELING TIME, IF APPLICABLE

GENETIC COUNSELING COORDINATION TIME, IF APPLICABLE

CARE COORDINATION TIME

RECORDS REVIEW TIME, IF APPLICABLE

PROCEDURE TIME, IF APPLICABLE

E/M LEVEL: 99202–99205 / 99212–99215

ULTRASOUND / FOLLICLE MONITORING CODE(S), IF APPLICABLE

PROCEDURE CODE(S), IF APPLICABLE

FERTILITY TREATMENT CYCLE CODE(S), IF APPLICABLE

GENETIC COUNSELING / CARE COORDINATION CODE(S), IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MDM / PROCEDURE-BASED / ULTRASOUND MONITORING / TREATMENT CYCLE MANAGEMENT / COUNSELING

PRIMARY FERTILITY / REPRODUCTIVE ENDOCRINOLOGY DIAGNOSIS CODE

SECONDARY DIAGNOSIS / TREATMENT MONITORING CODE(S), IF APPLICABLE

SO PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: REPRODUCTIVE ENDOCRINOLOGY & INFERTILITY

DATE

TIME