MARVIX AI

OB-GYN 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, IF APPLICABLE

VISIT TYPE: OB-GYN CONSULTATION / ANNUAL WELL-WOMAN EXAM / PRENATAL VISIT / GYNECOLOGY FOLLOW-UP / POSTPARTUM VISIT / PROCEDURE FOLLOW-UP / TELEHEALTH

CARE SETTING: OUTPATIENT / OB-GYN CLINIC / PRENATAL CLINIC / HOSPITAL / TELEHEALTH

REFERRING PROVIDER, IF APPLICABLE

INTERPRETER USED, IF APPLICABLE

CHAPERONE PRESENT, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY OBSTETRIC OR GYNECOLOGIC CONCERN

Primary obstetric or gynecologic reason for the visit in the patient's own words when possible — annual exam, abnormal uterine bleeding, pelvic pain, vaginal discharge, contraception counseling, pregnancy confirmation, prenatal care, postpartum follow-up, menopausal symptoms, infertility concern, STI screening, abnormal Pap follow-up, breast concern, urinary symptoms, or procedure follow-up...

S SUBJECTIVE

3 GYNECOLOGIC, OBSTETRIC, REPRODUCTIVE & PREVENTIVE HISTORY

3a REASON FOR VISIT & PRESENT ILLNESS

Reason for OB-GYN Evaluation (annual well-woman care / gynecologic complaint / pregnancy-related care / prenatal visit / postpartum visit / contraception counseling / infertility concern / STI screening / abnormal cervical screening follow-up / menopausal symptom management / pelvic pain evaluation / procedure follow-up):

History of Present Illness (onset, duration, severity, frequency, progression, triggers, relieving factors, associated symptoms, prior episodes, prior evaluations, treatments tried, response to treatment, patient concerns):

Menstrual History (last menstrual period, cycle regularity, cycle length, bleeding duration, flow amount, dysmenorrhea, intermenstrual bleeding, postcoital bleeding, abnormal uterine bleeding, amenorrhea, perimenopausal changes, menopause status):

3b PREGNANCY, PRENATAL & POSTPARTUM

Pregnancy Status / Obstetric History (pregnancy status, gestational age, estimated due date, gravida/para, prior pregnancies, deliveries, miscarriages, ectopic pregnancy, terminations, complications, cesarean history, preterm birth history, current concerns):

Prenatal Symptoms, if applicable (nausea and vomiting, bleeding, cramping, contractions, leakage of fluid, fetal movement when gestationally appropriate, headaches, vision changes, right upper quadrant pain, swelling, urinary symptoms, fever):

Postpartum History, if applicable (delivery date and mode, postpartum bleeding, incision or perineal healing, pain, breastfeeding and lactation status, mood symptoms, sleep, contraception plans, complications, infant status):

3c PELVIC, VULVOVAGINAL, URINARY & BREAST

Pelvic Pain Symptoms (location, quality, severity, timing, cyclicity, relation to menses, intercourse, urination, bowel movements, activity; associated nausea and vomiting, fever, discharge, bleeding, dyspareunia, prior pelvic conditions):

Vaginal / Vulvar Symptoms (discharge, odor, itching, burning, irritation, lesions, pain, dryness, dyspareunia, bleeding, new products or exposures, hygiene practices, prior infections):

Urinary Symptoms (dysuria, frequency, urgency, hematuria, incontinence, pelvic pressure, nocturia, recurrent UTI history, flank pain, relation to sexual activity or pregnancy):

Breast Symptoms (breast pain, mass, nipple discharge, skin changes, lactation concerns, mastitis symptoms, family history, prior breast imaging):

3d SEXUAL HEALTH, CONTRACEPTION & MENOPAUSE

Sexual and Reproductive Health (sexual activity, partners, dyspareunia, libido concerns, STI risk, STI history, sexual function, pregnancy intentions, fertility goals, contraception use, condom use, safety concerns):

Contraception History (current method, adherence, satisfaction, side effects, contraindications, prior methods, emergency contraception needs, sterilization interest, desire for pregnancy prevention or conception):

Menopause / Hormonal Symptoms (hot flashes, night sweats, sleep disturbance, mood changes, vaginal dryness, dyspareunia, libido changes, abnormal bleeding, hormone therapy use, non-hormonal treatments tried):

3e MEDICAL, FAMILY & SOCIAL CONTEXT

Gynecologic History (Pap/HPV history, abnormal Pap history, colposcopy or LEEP history, fibroids, endometriosis, ovarian cysts, PCOS, pelvic inflammatory disease, STIs, gynecologic surgeries, prior imaging or procedures):

Past Medical and Surgical History (chronic conditions, surgeries, hospitalizations, medications, allergies, clotting history, migraine with aura, cancer history, hypertension, diabetes, thyroid disease, autoimmune disease):

Medication History and Treatment Response (prescription medications, contraception, hormone therapy, prenatal vitamins, supplements, over-the-counter medications, adherence, side effects, refill needs, pregnancy or lactation safety):

Family History (breast cancer, ovarian cancer, uterine cancer, colon cancer, clotting disorders, infertility, pregnancy complications, genetic conditions, early menopause, endometriosis, fibroids):

Social History / Safety (tobacco, alcohol, substance use, living situation, support system, intimate partner violence screening, reproductive coercion concerns, transportation barriers, food insecurity, occupational exposures, safety concerns):

Pertinent Negatives (denies heavy bleeding, severe pelvic pain, fever, syncope, shoulder pain with pregnancy concern, severe headache, vision changes, chest pain, severe dyspnea, unilateral leg swelling, decreased fetal movement, leakage of fluid, suicidal ideation):

ROS OB-GYN REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Menstrual irregularity, heavy bleeding, intermenstrual bleeding, postcoital bleeding, or amenorrhea	
Pelvic pain, abdominal pain, dyspareunia, dysmenorrhea, or pelvic pressure	
Vaginal discharge, odor, itching, burning, lesions, dryness, or irritation	
Urinary frequency, urgency, dysuria, hematuria, incontinence, or recurrent UTIs	
Breast pain, mass, nipple discharge, skin changes, or lactation concerns	
Pregnancy-related symptoms — bleeding, cramping, contractions, leakage of fluid, fetal movement concerns, nausea and vomiting, headache, vision changes, or swelling	
Menopausal symptoms — hot flashes, night sweats, sleep disturbance, mood changes, or vaginal dryness	
STI symptoms, sexual health concerns, contraception side effects, or fertility concerns	
Mood symptoms, anxiety, depression, safety concerns, or postpartum emotional concerns	

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

HEIGHT

WEIGHT

BMI

PAIN SCORE, IF APPLICABLE

GESTATIONAL AGE, IF PREGNANT

FETAL HEART RATE, IF APPLICABLE

5a GENERAL & SYSTEMIC EXAMINATION

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

Cardiovascular (rate, rhythm, murmurs, edema, pulses, perfusion, signs relevant to pregnancy, bleeding, or thromboembolic risk):

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

Abdomen (tenderness, distension, masses, guarding, rebound, surgical scars, fundal height if pregnant, uterine tenderness, contraction activity, peritoneal signs):

5b BREAST & PELVIC EXAMINATION

Breast Exam, if performed (masses, tenderness, skin changes, nipple discharge, lactation findings, lymphadenopathy, symmetry, exam limitations, chaperone use):

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

Speculum Exam, if performed (vaginal mucosa, cervix appearance, discharge, bleeding source, lesions, polyps, IUD strings, pooling, nitrazine or ferning if applicable, specimens collected):

Bimanual Exam, if performed (uterine size, mobility, position, tenderness, adnexal tenderness, adnexal mass, cervical motion tenderness, pelvic floor tenderness, exam limitations):

5c EXTREMITIES, SKIN & PSYCHIATRIC

Extremities (edema, calf tenderness, asymmetry, varicosities, signs of thromboembolic concern):

Skin (rashes, lesions, bruising, surgical incisions, striae, hyperpigmentation, infection signs):

Psychiatric (mood, affect, behavior, anxiety, depression symptoms, postpartum mood concerns, safety concerns, ability to participate in care):

PA PRENATAL ASSESSMENT, IF APPLICABLE

6 PREGNANCY-SPECIFIC FINDINGS & MONITORING

Gestational age

Estimated due date

Fetal heart rate

Fundal height when appropriate

Fetal movement when appropriate

Blood pressure and preeclampsia symptom review

Weight gain trend

Urine dip or protein assessment if performed

Rh status if known

Prenatal labs and screening status

Anatomy scan or ultrasound results

Glucose screening status

Group B strep status when applicable

Vaccines due or administered

Pregnancy risk factors and complications

Labor precautions and warning signs reviewed

PC PREVENTIVE CARE / SCREENING

7 PREVENTIVE NEEDS & COMPLETED ITEMS

Pap smear and HPV screening status

STI screening status

HIV, hepatitis, syphilis, gonorrhea, chlamydia, and trichomonas screening when indicated

Breast cancer screening and mammography status

Colon cancer screening when age-appropriate

Bone density screening when indicated

Contraception counseling

Preconception counseling

Immunizations — HPV, influenza, Tdap, COVID-19, rubella and varicella status when relevant

Intimate partner violence screening

Depression and anxiety screening

Postpartum depression screening when applicable

Lifestyle counseling — nutrition, physical activity, smoking cessation, alcohol and substance counseling, safety

PR PROCEDURES PERFORMED, IF APPLICABLE

8 PROCEDURE DOCUMENTATION

Procedure name and indication; consent; pregnancy status when relevant; chaperone use; anesthesia if used:

Technique, specimens obtained, and findings:

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

8a COMMON PROCEDURES

- Pap smear / HPV collection
- STI specimen collection
- Wet mount / vaginal microscopy
- Colposcopy
- Cervical biopsy
- Endometrial biopsy
- IUD insertion or removal
- Contraceptive implant insertion or removal
- Vulvar biopsy
- Pessary fitting or maintenance
- Ultrasound review or bedside ultrasound
- Nonstress test
- Incision and drainage of vulvar lesion
- Suture removal or post-operative wound check

ST SCREENING / ASSESSMENT TOOLS

9 STANDARDIZED TOOLS & INTERPRETATION

- PHQ-9
- GAD-7
- Edinburgh Postnatal Depression Scale
- Intimate partner violence screening
- Menopause symptom scale
- Menstrual bleeding diary
- Pelvic pain questionnaire
- Sexual function questionnaire when used
- Pregnancy risk screening tools

Substance use screening

Social determinants of health screening

Score, result, interpretation, comparison to prior results, informant source if relevant, and limitations:

L LABORATORY AND DIAGNOSTIC RESULTS

10 RESULTS REVIEWED OR ORDERED

Point-of-Care Testing (urine pregnancy test, urinalysis, wet mount, vaginal pH, KOH prep, glucose testing, hemoglobin):

Gynecologic Testing (Pap smear, HPV testing, gonorrhea and chlamydia testing, trichomonas, vaginitis panel, genital culture, HSV testing, other STI testing):

Pregnancy Labs (blood type and Rh, antibody screen, CBC, rubella, varicella, hepatitis B and C, HIV, syphilis, urine culture, genetic screening, glucose screening, GBS):

Hormonal / Endocrine Labs (TSH, prolactin, FSH, LH, estradiol, progesterone, testosterone, AMH, HbA1c, PCOS or infertility-related labs):

Imaging (pelvic ultrasound, obstetric ultrasound, mammogram, breast ultrasound, MRI, CT, DEXA):

Pathology (cervical biopsy, endometrial biopsy, vulvar biopsy, surgical pathology, placenta pathology, Pap cytology):

Prior Records Reviewed (primary care notes, OB-GYN records, prenatal records, delivery records, operative reports, pathology reports, imaging reports, lab trends, medication history, outside records):

A ASSESSMENT

11 OB-GYN CLINICAL INTERPRETATION

Primary OB-GYN diagnosis or working diagnosis. Differential diagnoses considered. Pregnancy status and gestational context if applicable. Severity, acuity, and progression of symptoms. Presence or absence of infection, pregnancy complication, abnormal bleeding concern, pelvic pathology, breast concern, or preventive care gap. Contraceptive needs, fertility goals, or reproductive planning considerations. Menopause or hormonal status when relevant. Medication response, adherence, side effects, and safety considerations. Screening status and abnormal result follow-up needs. Psychosocial, safety, or intimate partner violence concerns when relevant. Need for labs, imaging, medication, procedure, referral, prenatal follow-up, surgical evaluation, or urgent escalation...

P PLAN

12 MANAGEMENT BY PROBLEM

Gynecologic symptom plan (evaluation and treatment for bleeding, pelvic pain, discharge, vulvovaginal symptoms, urinary symptoms, breast symptoms, or menopausal symptoms). Pregnancy / prenatal plan (prenatal labs, ultrasound, genetic screening, fetal monitoring, medication safety, nutrition, activity, warning signs, follow-up schedule). Postpartum plan (bleeding, healing, lactation support, mood screening, contraception, pelvic floor recovery, incision or perineal care, precautions). Contraception plan (method counseling, initiation, continuation, change, discontinuation, side effects, contraindications, emergency contraception, follow-up). STI / infection plan (testing, treatment, partner treatment, abstinence guidance, retesting, prevention counseling). Preventive care plan (Pap/HPV, breast screening, immunizations, bone health, cancer screening, health maintenance). Medication plan. Procedure plan (indication, risks and benefits, consent, scheduling, preparation, aftercare, pathology follow-up, return precautions). Fertility or preconception plan. Lifestyle and safety plan (nutrition, activity, smoking cessation, alcohol and substance counseling, sleep, stress support, intimate partner violence resources, reproductive safety). Referral and care coordination. Patient education on diagnosis, expected course, medication use, contraception, pregnancy warning signs, infection precautions, procedure aftercare, screening rationale, and when to seek urgent or emergency care...

F FOLLOW-UP

13 REASSESSMENT PLAN

Follow-up timeframe and purpose (symptom reassessment, medication response, lab or imaging review, Pap/HPV follow-up, STI test results, prenatal care, postpartum follow-up, procedure or pathology review, contraception follow-up, urgent return precautions):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

COUNSELING / EDUCATION TIME

CONTRACEPTION COUNSELING TIME, IF APPLICABLE

PRENATAL / POSTPARTUM COUNSELING TIME, IF APPLICABLE

PROCEDURE TIME, IF APPLICABLE

CARE COORDINATION TIME

RECORDS REVIEW TIME, IF APPLICABLE

E/M LEVEL: 99202–99205 / 99212–99215

PREVENTIVE VISIT CODE, IF APPLICABLE

PRENATAL / GLOBAL OB CODE(S), IF APPLICABLE

PROCEDURE CODE(S), IF APPLICABLE

SCREENING CODE(S), IF APPLICABLE

CONTRACEPTIVE MANAGEMENT CODE(S), IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MDM / PREVENTIVE CARE / PRENATAL CARE / PROCEDURE-BASED / COUNSELING

PRIMARY OB-GYN DIAGNOSIS CODE

PREGNANCY / GYNECOLOGIC / PREVENTIVE DIAGNOSIS CODE(S), IF APPLICABLE

SO PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: OBSTETRICS & GYNECOLOGY

DATE

TIME