



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

PHYSICIAN FACESHEET - PATIENT DEMOGRAPHICS UPDATED: 10/21/2020 1541

NAME : WILLIAMS,LEONARD CLINTON ADM DATE/TIME: 10/21/2020 1500
PT. TYPE : OP DIS DATE :
SERVICE : VEA LOCATION : HOMS
ADMIT SOURCE : 1
ADDRESS #1 : 13009 YORKRIDGE DRIVE MED REC# : 000064-20-66
ADDRESS #2 : APT 214 ACCOUNT # : CHS64605-01172
CITY : CHARLOTTE PHONE (H) : (980)613-2196
CO/ST/ZIP : NC 28273 PHONE (W) :
RACE : White or Caucasian PHONE (M) : (980)613-2196
BIRTHDATE : 11/01/1980 SEX : MALE
SS # : XXX-XX-4844
ACCIDENT :
ACCIDENT DATE:
ADMIT DX : Bipolar disorder, unspecified (CMS/HCC)
WORKING DX : Post-traumatic stress disorder, unspecifiedPRI CARE MD : BRADNER,RICHARD
ADMIT MD : UNKNOWN,ATTENDING
ATTEND MD : MURRAY,PHILLIP MICHAEL
REFER MD : MURRAY,PHILLIP MICHAEL
ER MD : UNKNOWN,ATTENDING
GUARANTOR : WILLIAMS,LEONARD CLINTON III, RELATIVE : WILLIAMS,LEONARD
ADDRESS #1 : 13009 YORKRIDGE DRIVE REL ADDRESS 1: 7235 CITY VIEW DRIVE
ADDRESS #2 : APT 214 REL ADDRESS 2:
CITY : CHARLOTTE REL CITY : CHARLOTTE
ST/ZIP : NC 28273 REL ST/ZIP : NC 28212
PHONE (W) : REL PHONE (H): (980)613-2196
REL TO PT :SELF REL PHONE (W):
REL TO PT : FRIEND
EMPLOYER :
ADDRESS #1 : CITY :
ADDRESS #2 : ST/ZIP :
INSURANCE 1 INSURANCE
COMPANY : SELF PAY COMPANY :
GROUP # : GROUP # :
POL/SS # : POL/SS # :
INSURED : WILLIAMS,LEONARD CLINTON INSURED : ,
REL TO INS : REL TO INS :
MAIL TO : , MAIL TO : ,
ADDRESS #1 : ADDRESS #1 :
ADDRESS #2 : ADDRESS #2 :
CITY/ST/ZIP: CITY/ST/ZIP :
PHONE : EXT: PHONE : EXT:
APPROV/REF : APPROV/REF :
INSURANCE INSURANCE
COMPANY : COMPANY :
GROUP # : GROUP # :
POL/SS # : POL/SS # :

Admit Date: 10/21/2020 15:00 EDT
Disch Date: 10/21/2020 23:59 EDT
Admitting: MURRAY ,PHILLIP MICHAEL MD
Attending: MURRAY ,PHILLIP MICHAEL MD
Printed: 3/5/2021 14:03 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6460501172
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014504

INSURED : ,
REL TO INS :
MAIL TO : ,
ADDRESS #1 :
ADDRESS #2 :
CITY/ST/ZIP:
PHONE :

APPROV/REF :
COMMENT :

EXT:

INSURED : ,
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Office/Clinic Visit Notes

DOCUMENT NAME:

**WILLIAMS III, LEONARD
CLINTON**

DOB: 11/01/1980 **MRN:** 0000642066
Sex: Male **FIN:** 6460501172

Problem List/Past Medical History

Ongoing

None

Historical

Obesity

Obesity

Patient Information:

Provider licensed to provide medical care in the location/state of patient: Yes

Provider location: Clinical/Hospital

Chief Complaint

Phone second opinion visit

History of Present Illness

39-year-old male presents today for second opinion. He usually sees Kathleen Keniston in OMS. Most recent visit was in July 2020. Since then, he has undergone IVC procedure for concerns about psychotic symptoms, suicidal ideation. Per records, patient will have history of misuse of Adderall prescription.

I have reviewed care clinic records. Patient was changed to Invega monotherapy from prior regimen of citalopram, olanzapine, and Adderall XR. We complete the interview via phone. He consents to today's visit, confirms that he is at home. He denies current SI, HI, AH, VH. He has been stopped on the olanzapine and adderall. He states he is not sure about the medications that have been changed. He is hopeful about moving forward with EMDR therapy. He states he has acute PTSD and is lifelong disabled. He feels adderall helps with his concentration and he is hopeful to increase his current dosing. He states he is in profound, deep emotional pain "all of the time." He states he can become distressed to the point that he needs higher or extra doses of adderall. He feels it helps with mood, concentration and ability to get things done. He states he was stable on regimen of olanzapine, citalopram, and adderall. He states this was changed recently, reporting his medications were changed inappropriately. He states with his prior trauma he has constant thoughts about death, but does not have any intent or plan. He states this has been over a year, and a history of thinking about death as a relief for over 10 years. He denies current manic or psychotic symptoms. He denies any illicit substance use.

Review of Systems

On interview denies current headache, chest pain, shortness of breath, abdominal pain, nausea vomiting. 10 point review of systems otherwise unremarkable.

Exam

Cooperative, normal volume and rate of speech. Reports anxious mood with linear, goal-directed thought process. Nondelusional thought content. Currently denies SI, HI, AH, VH. Fair insight and judgment, with good impulse control.

Assessment/Plan

ADD (attention deficit disorder), Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence

Bipolar disorder, Bipolar disorder, unspecified

39-year-old man presents today for second opinion. He carries diagnoses of bipolar disorder, PTSD, and ADD. He is recently had an inpatient hospitalization due to concerns about paranoia and psychotic thought process. Some of this was in the context of concerns about increasing use of Adderall among other symptoms. He states with medication changes he

Medications

Adderall XR 20 mg oral capsule, extended release,

20 mg, 1 capsule, ORAL, qAM (every morning)

citalopram 20 mg oral tablet, 20 mg, 1 tablet,

ORAL, Daily

Goodys Extra Strength, See Instructions

Med List Status - Updated

metFORMIN, 500 mg, **Not taking**

Misc Medication

ZyPREXA 5 mg oral tablet, See Instructions

Allergies

No known allergies

Social History

Abuse/Neglect

History of Abuse: Past. Abuse Type: Mental, Sexual. Comments: Sexual abuse by MGM, emotional abuse by step-father.

Alcohol

Denies

Drug Abuse

Denies

Employment/School

Highest Education: College graduate.

Frelance graphic art

Home/Environment

Marital Status: Single. lives in an apartment by himself

Nutrition/Health

Home Diet: Diabetic.

Tobacco

Smokeless Tobacco Use: Never. Never smoker,

0 Yrs Smoker. 0 Avg # Packs Per Day.

Vape/E-Cigarette

Use: Never.

Family History

Cancer: Father, GF, Paternal, GM, Maternal and GM, Paternal.

Coronary artery disease (CAD): Negative: Mother, Father, Sister, Brother, GF, Maternal, GF, Paternal, GM, Maternal, GM, Paternal and Grandparent.

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has not been feeling well, while he has been stable on most recent medications. He focuses on Adderall use, and reports this helps with both focus, and ability to cope. He is asking for higher doses. With patient's long history of stability, it is reasonable to go back to prior medications. He also has a history of taking lower doses of Adderall without abuse for a long amount of time. I agree with his primary provider's thoughts that he would not benefit from higher doses of stimulant medications as this can lead to worsening irritability, paranoia, and symptoms that led to hospitalization. I will defer to primary provider for further medication changes. He has been counseled on potential side effects emergency emergency services.

Diabetes mellitus: Negative: Mother, Father, Sister, Brother, GF, Maternal, GF, Paternal, GM, Maternal, GM, Paternal and Grandparent.
HYPERTENSION: GM, Maternal.

–Resume citalopram and olanzapine

–Resume Adderall at prior lower dose of 20 mg daily, do not recommend higher doses that patient is requesting

–Counseled on potential side effects and reasons seek emergency services

–She will follow-up with regular provider

Post-traumatic stress disorder, unspecified, PTSD (post-traumatic stress disorder)

Patient Education

Personally reviewed: Current visit triage/intake/medical record as applicable

Reviewed Documentation: Congruent with exam

New/Changed medications: Risks/benefits discussed with patient and/or legally responsible person

This assessment/plan of care was discussed with: patient _ _ _

Consent:

- Patient's identity was confirmed.
- Medical condition or illness was discussed with the patient/personal representative.
- Current proposed treatment for medical condition or illness was explained to patient/personal representative along with the likely benefits, significant risks and complications associated with the treatment.
- The patient/personal representative verbally authorized treatment to be provided by telephone, which may include a limited review of patient's current health status, medication or other treatment recommendations, patient education and an opportunity to ask questions about condition and treatment.

Verbal Consent Granted: Yes

Time spent in coordination of care and phone time: A total of 15 minutes was spent in review of pertinent medical records, evaluation of the patient problem, and coordination of a care plan as part of this phone visit. 19 minutes was spent on the phone portion of visit.

Electronically Signed By: MURRAY, PHILLIP MICHAEL MD
10/29/2020 01:19 PM

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Medication Compliance Status

Admission Medication Reconciliation

Med Name

acetaminophen/aspirin/caffeine (Goodys Extra Strength)

Display Line See Instructions, 1 packet as needed, 0, 11/03/11 16:02:00 EDT

Compliance Status: **Compliance Comments:**

Still taking, as prescribed

OLANzapine (ZyPREXA 5 mg oral tablet)

Display Line 5 mg per 1 tablet, ORAL, BID (2 times a day), 60 tablet, 1, 1, 02/15/21 12:56:00 EST

Compliance Status: **Compliance Comments:**

dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)

Display Line 40 mg per 2 capsule, ORAL, qAM (every morning), 60 capsule, 0, 0, 02/15/21 12:56:00 EST

Compliance Status: **Compliance Comments:**

metFORMIN (metFORMIN)

Display Line 500 mg per, daily, 0, 04/15/16 15:22:00 EDT

Compliance Status: **Compliance Comments:**

Not taking

misc medication (Misc Medication)

Display Line 5 hour energy shots prn, 0, 04/29/20 9:24:00 EDT

Compliance Status: **Compliance Comments:**

Still taking, as prescribed

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Electronic Orders

The current National Provider Identifier value is displayed with the ordering physician

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|
| Order: Virtual Check-in (Phone) Est Pt 11-20 Min AMB -I4115 | | |
| Ordering Physician: MURRAY ,PHILLIP MICHAEL MD (National Provider Identifier: 1154646487) | | |
| Electronically Signed By: MURRAY ,PHILLIP MICHAEL MD | | |
| Order Details: 10/21/20 3:41:00 PM EDT Modifier: CR OFC VVI Office/Hospital, ADD (attention deficit disorder) PTSD (post-traumatic stress disorder) Bipolar disorder | | |
| Order Comment: | | |
| Action Type: Order | Action Date/Time: 10/21/2020 15:41 EDT | Entered By: MURRAY ,PHILLIP MICHAEL MD |
| Ordering Provider: MURRAY ,PHILLIP MICHAEL MD | Supervising Provider: | |
| Order Details: 10/21/20 15:41:00 EDT Modifier: CR VVI OFC Office/Hospital, Bipolar disorder PTSD (post-traumatic stress disorder) ADD (attention deficit disorder) | | |
| Review Information: | | |
| Doctor Cosign: Not Required | | |

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Allergy History

Substance **No known allergies**

Recorded Date/Time

11/3/2011 16:19 EDT

Allergy Type Allergy; **Recorded On Behalf Of** FERRARO,NICHOLAS P RN; **Reaction Status** Active; **Reviewed Date/Time** 6/9/2020 16:36 EDT; **Reviewed By** PENISTON , KATHLEEN KELLY NP;

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