



# AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

PHYSICIAN FACESHEET - PATIENT DEMOGRAPHICS UPDATED: 05/08/2021 626

NAME : WILLIAMS,LEONARD CLINTON ADM DATE/TIME: 05/04/2021 900  
PT. TYPE : OP DIS DATE : 05/04/2021 2359  
SERVICE : VEA LOCATION : HOMS  
ADMIT SOURCE : 1  
ADDRESS #1 : 13009 YORKRIDGE DRIVE MED REC# : 000064-20-66  
ADDRESS #2 : APT 214 ACCOUNT # : CHS64733-56000  
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 : Reserved for concepts with insufficient information to code with codable

children

WORKING DX : PRI CARE MD : BRADNER,RICHARD  
ADMIT MD : UNKNOWN,ATTENDING  
ATTEND MD : WRIGHT,AYOFEMII  
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	:	PHONE	:
	EXT:		EXT:
APPROV/REF	:	APPROV/REF	:

INSURANCE		INSURANCE	
COMPANY	:	COMPANY	:
GROUP #	:	GROUP #	:

Admit Date: 5/4/2021 09:00 EDT  
Disch Date: 5/4/2021 23:59 EDT  
Admitting: WRIGHT ,AYOFEMI I DO  
Attending: WRIGHT ,AYOFEMI I DO  
Printed: 7/29/2021 15:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 0000642066 Acct#: 6473356000  
DOB: 11/1/1980 Age: 40 years Sex: Male  
Location: HOMS  
Print ID: 482505634

POL/SS # :  
INSURED : ,  
REL TO INS :  
MAIL TO : ,  
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## Office/Clinic Visit Notes

DOCUMENT NAME:

Psychiatric Visit Note

**WILLIAMS III, LEONARD  
CLINTON**

**DOB:** 11/01/1980

**MRN:** 0000642066

**Location:** AH BH Charlotte  
OMS Medication

**Sex:** Male

**FIN:** 6473356000

### Medical History

#### Problem List/Past Medical History

##### Ongoing

ADD (attention deficit disorder)

Bipolar disorder

PTSD (post-traumatic stress disorder)

##### Historical

Obesity

Obesity

### Medications

#### Inpatient

No active inpatient medications

#### Home

Adderall XR 20 mg oral capsule, extended release, 40 mg, 2 capsule, ORAL, qAM (every morning)

Adderall XR 20 mg oral capsule, extended release, 40 mg, 2 capsule, ORAL, qAM (every morning)

Adderall XR 20 mg oral capsule, extended release, 40 mg, 2 capsule, ORAL, qAM (every morning)

Goodys Extra Strength, See Instructions

Med List Status - Updated

metFORMIN, 500 mg, **Not taking**

Misc Medication

ZyPREXA 5 mg oral tablet, 5 mg, 1 tablet, ORAL, BID (2 times a day), 1 refills

### Allergies

No known allergies

### Family Psychiatric/Medical 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.

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

HYPERTENSION: GM, Maternal.

### 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.

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### Chief Complaint

Follow-up

### History of Present Illness

Leonard is a 40 y.o. male with the following diagnoses:

1. Bipolar disorder

2. ADD (attention deficit disorder)

3. PTSD (post-traumatic stress disorder)

Today's visit occurs through 2 way audio and video technology. He confirms that she is in NC.

### At last visit, the plan was as follows:

–Continue Adderall at current doses

–Continue olanzapine to 5 mg BID

--Continue Trazodone, no new script sent, pt purchasing otc

–Counseled on potential side effects and reasons seek emergency services

Since last visit the has been experiencing some weakness. He is sleeping more. He states that he has been running out of Adderall because of this. He states that the 16 hour/day schedule vs 24 hour/day schedule causes him to run out early? When provider attempts to clarify, he because agitated yelling "fuck!" Patient requires redirection that if the profanity and yelling continue then appointment will need to be concluded early. Patient calms himself enough to continue the remainder of the visit. This provider expressed concern for worsening irritability with Adderall. He is adamant that this in not the case. He insists that it helps PTSD. He states that his Zyprexa is "fine." He takes 5-10 mg at night. For the past few months, he has been taking 10 mg. He intermittently has passive thoughts of not wanting to be alive. He states the last time these thoughts happened was about 3 days ago. He has thoughts that it would be a relief, but he denies active plan or intent. He sleeps well. Zyprexa helps with this. He is no longer using Trazodone.

Most days, he has been feeling "weak."

He states that he has been criminally victimized x 2 years and this wears him down.

He declines to elaborate on details other than to state that it is documented.

He denies other manic symptoms.

He has intrusive memories and not flashbacks.

He plays video games or reads to cope.

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Location: HOMS

Print ID: 482505634

## Office/Clinic Visit Notes

### Exam

#### Mental Status Exam

General: Appears stated age. Dressed appropriately. Well nourished. Alert.

Orientation: Oriented to person, place, situation, and time.

Eye contact: Good.

Motor: No psychomotor agitation, retardation. No Parkinson movements, tics. No tremors.

Attitude: hostile

Speech: Normal rate, rhythm, volume, and prosody.

Attention and concentration: Fair, given the ability to follow the interview process appropriately.

Memory: Grossly intact

Thought process: Linear and goal directed

Mood: irritable

Affect: Congruent.

Thought content: Denied SI, HI at this time.

Associations: Non-bizarre

Perception: Denied auditory or visual hallucinations or paranoia.

Cognition: Grossly intact.

Insight: Limited

Judgment: Fair

#### 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.

### Assessment and Plan

1. Bipolar disorder
2. PTSD (post-traumatic stress disorder)
3. ADD (attention deficit disorder)

*40-year-old man presents today for follow up visit. 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 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. In the past with higher doses of stimulant medications he has a history of worsening irritability, paranoia, and symptoms that led to hospitalization.*

Since last visit, he continues to report ongoing PTSD sx's. Patient is also very irritable on exam at times yelling and using profanity towards provider. This provider expresses concern for worsening irritability with use of Adderall. He denies this. He is med compliant. He declines an increase in Olanzapine. Will continue

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current meds as prescribed. However, if irritability/agitation worsening, then recommend d/c stimulant

–Continue Adderall XR 40 mg qam

–Continue olanzapine to 5 mg BID

--Continue Benadryl otc

–Counseled on potential side effects and reasons seek emergency services

**Electronically Signed By: WRIGHT, AYOFEI I DO**  
**05/04/2021 10:11 AM**

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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, 0, 0, 07/09/21 23:58:00 EDT

**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, 04/12/21 12:32:00 EDT

**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, 05/12/21 9:35:00 EDT

**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, 06/11/21 9:35:00 EDT

**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, 07/22/21 0:01:00 EDT

**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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## Correspondence Other

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