



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

INSURANCE  
COMPANY :  
GROUP # :  
POL/SS # :  
INSURED : ,  
REL TO INS :  
MAIL TO : ,  
ADDRESS #1 :  
ADDRESS #2 :  
CITY/ST/ZIP :  
PHONE :  
  
APPROV/REF :  
COMMENT :

EXT :

INSURANCE  
COMPANY :  
GROUP # :  
POL/SS # :  
INSURED : ,  
REL TO INS :  
MAIL TO : ,  
ADDRESS #1 :  
ADDRESS #2 :  
CITY/ST/ZIP :  
PHONE :  
  
APPROV/REF :  
COMMENT :

EXT :

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**Provider:** SENTER ,MEREDITH STACY  
**Date of Service:** 8/12/2021  
**Visit #:** 6483410089

**Pt Name:** WILLIAMS III, LEONARD CLINTON  
**Org MRN#:** 0000642066  
**DOB:** 11/1/1980 **Sex:** Male



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**Fax:**

**Office/Clinic Visit Notes**

**DOCUMENT NAME:**

**Psychiatric Visit Note**

**Police Well Check**

**Patient: WILLIAMS III, LEONARD CLINTON**

**MRN: 0000642066**

**FIN: 6483410089**

**Age: 40 years Sex: Male DOB: 11/1/1980**

**Associated Diagnoses: None**

**Author: RICHARDSON , ANNE SHELTON MD**

Writer evaluated the patient with Dr. Senter. And although patient did not meet criteria for involuntary admission, we did feel that police will check was prudent, seeing that the patient was evaluated virtually not in person. Patient was aware that police would be coming, not for involuntary admission or on a petition but for a well check, and although he was not pleased with this decision, the information was passed to him. Writer called police and ask for a well check because of patient's distressed state, to our knowledge he has no recent or remote violence, does not own a firearm, it does not do drugs or alcohol. We recommend no force injury of patient does not answer the door.

**Electronically Signed By: RICHARDSON, ANNE SHELTON MD**

**08/12/2021 04:04 PM**

**Provider: SENTER ,MEREDITH STACY**

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DOCUMENT NAME:

Psychiatric Visit Note

**Addendum by RICHARDSON , ANNE SHELTON MD on August 13, 2021 7:22 EDT**

evaluated pt collateral and coordination with previous treating provider Kathy NP. To AIC admin to review transfer. Officers called writer, pt came promptly to door and willing to speak to officers for some long period of time. Nonhostile, engaging, well nourished, appearing physically well. No threats, violent plan, intent mentioned. Cont to discuss wrong doings by Wells Fargo.

**Electronically Signed By: RICHARDSON, ANNE SHELTON MD**  
**08/13/2021 07:22 AM**

**BH OP Subsequent Note - Interim**

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 6483410089  
Age: **40 years** Sex: **Male** DOB: **11/1/1980**  
Associated Diagnoses: **None**  
Author: **SETER , MEREDITH STACY**

Location: **AH BEHAVIORAL HEALTH CHARLOTTE****Visit Information**

Patient Location: NC

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

Provider Location: Clinic/Hospital Encounter took place via 2-way audio visual technology

Video start time: 2pm Video stop time: 3pm

**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 audio/video, 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

**Provider: SENTER ,MEREDITH STACY****Date of Service: 8/12/2021****Visit #: 6483410089****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



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### **Office/Clinic Visit Notes**

#### **Chief Complaint**

"Did you see my admission record from 2019? That was an illegal hospitalization."

#### **History of Presenting Illness**

Patient is a poor historian and has a very difficult time describing his mental health history and current symptoms due to current symptoms of mania and psychosis. He initiates our conversation by asking whether I have seen his prior admission records which he describes as "illegal", states, "my life has been destroyed by your hospital" and also perseverates on how Wells Fargo has invaded his privacy and is ruining his life, cites financial concerns. He appears to have racing thoughts, tangential to disorganized, with pressured speech. When I question him about current symptoms, he describes this is his baseline and he always gets told he has loud/fast speech. He states he has lost weight recently but has been eating and sleeping well (unable to explain why losing weight if eating well).

Considered need for hospitalization based on level of paranoia and disorganization and concern for self-care (reported weight loss but well-appearing, apartment appearing extremely messy). However, as patient has been in the Atrium system for many years, I sought the opinions of Dr. Richardson who has previously evaluated the patient, and NP Peniston who used to work with the patient. Dr. Richardson saw the patient along with me for second half of interview. Both agreed patient was close to baseline. In addition, patient consistently denied suicidal and homicidal ideation, plan or intent.

Patient was offered voluntary admission for med adjustment, declined. Dr. Richardson and I informed the patient that Adderall is contraindicated given his level of irritability, paranoia and manic symptoms. Patient became irate, yelling, stating we are ruining his life, but does not make any threats. He requests a second opinion with regards to Adderall use.

#### **Review of Systems**

A 10-point review of systems has been performed and found negative except for what was already stated in the HPI/Current Assessment.

#### **Past Psychiatric History**

Past diagnoses: Bipolar I disorder vs schizoaffective disorder bipolar type, PTSD, ADHD

Prior hospitalizations: yes, at least 1 in 2019 for psychosis

Outpatient treatment: has been in OMS for many years with various providers

Prior medication trials: Depakote (self-DC'd), Invega, Celexa

Suicide attempts: denies

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### Office/Clinic Visit Notes

Self-injurious behavior: denies

Violence toward others: denies

#### **Medical History**

##### **Medication List**

##### **Active Medications**

###### Prescribed

dextroamphetamine-amphetamine: 40 mg, 2 capsule, ORAL, qAM (every morning), for 30 day(s), 60 capsule, 0 Refill(s).

dextroamphetamine-amphetamine: 40 mg, 2 capsule, ORAL, qAM (every morning), for 30 day(s), 60 capsule, 0 Refill(s).

dextroamphetamine-amphetamine: 40 mg, 2 capsule, ORAL, qAM (every morning), for 30 day(s), 60 capsule, 0 Refill(s).

dextroamphetamine-amphetamine: 40 mg, 2 capsule, ORAL, qAM (every morning), for 30 day(s), 60 capsule, 0 Refill(s).

OLANzapine: 10 mg, 1 tablet, ORAL, BID (2 times a day), for 30 day(s), 60 tablet, 2 Refill(s).

###### Documented

APAP/ASA/caffeine: See Instructions, 1 packet as needed.

Med List Status - Updated: KKP NP, 0 Refill(s).

metFORMIN: 500 mg, daily, 0 Refill(s).

misc medication: 5 hour energy shots prn, 0 Refill(s).

##### **Medications Inactivated in the Last 72 Hours**

OLANzapine: 5 mg, 1 tablet, ORAL, BID (2 times a day), 60 tablet, 0 Refill(s).

ALLERGIES: no known allergies

#### **Family Psychiatric/Medical History**

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

HYPERTENSION: GM, Maternal.

Psych Hx--bipolar disorder, ADHD

#### **Social History**

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### Office/Clinic Visit Notes

Has previously reported history of sexual and emotional abuse

College grad

Single, lives alone

Unemployed, financial difficulties

Firearms: denies access

### Substance Use History

Denies all

### Exam

#### Mental Status Exam

**General Appearance:** somewhat unkempt but healthy appearing (reports losing weight but appears at healthy weight), apartment in disarray; patient appears comfortable, in no distress

**Behavior:** initially cooperative, becomes uncooperative when informed that we will not be renewing Adderall prescription.

**Orientation:** Oriented to person, place, time.

**Attention/Concentration:** distractible

**Psychomotor:** no abnormal movements or tremor observed by video

**Speech/Language:** stuttered, pressured, loud, fast

**Mood/Affect:** Reports mood is "crushing weight of stress" ; Affect is irritable, anxious, elevated

**Thought form/associations:** tangential

**Thought content:** perseverative on several paranoid delusions (Wells Fargo invading his privacy, illegal nature of prior hospitalization).

Adamantly denies suicidal and homicidal ideation, plan or intent.

**Perceptions:** Denies auditory and visual hallucinations.

**Insight and judgment:** Insight is fair-poor; Judgement is fair-poor

### Lab/Diagnostic Results

none new

### Assessment

Mr. Williams is a 40y/o man w/ Bipolar I vs SAD, PTSD, ADHD, possible ASD per prior notes. On exam today he is experiencing symptoms of mania including irritability, distractibility, pressured speech being very difficult to interrupt, tangential thought process/flight of ideas. He is also quite paranoid, perseverating on several

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### Office/Clinic Visit Notes

paranoid delusions. Hospitalization was considered, however after conferring with colleagues who have known the patient over the past few years, his current state was judged to be not far off baseline. He is performing basic self care (seen eating on camera), reports sleeping 6hrs/night, and persistently/adamantly denies suicidal and homicidal ideation/plan/intent throughout assessment. He becomes increasingly irritable and hostile when told about Adderall discontinuation, but this did not rise to the level of threats. After careful consideration we agreed on plan for police wellness check so someone could see him in person today to ensure safety. He was hesitant about this but agreed after we explained we were not planning on an involuntary hospitalization and did not want the police visit to surprise him.

Patient is at chronically elevated risk of harm to self and others due to age, prior psych admissions and diagnoses, reported history of trauma, limited social support, and history of difficulty with med adherence. Acutely, risk is elevated based on current manic and psychotic symptoms. This is being addressed with medication adjustment. Patient would benefit from hospitalization for more rapid stabilization, however is declining and at this time does not meet criteria for involuntary hospitalization, as he is demonstrating ability to meet basic self care needs, and denies suicidal and homicidal ideation/plan/intent throughout assessment. Despite symptom severity, he does not display any symptoms or behaviors during interview that would indicate imminent threat to self or others.

#### Plan

- police wellness check today
- discontinue stimulant
- increase Zyprexa to 10mg BID starting tonight
- initiate transfer to AIC as patient would benefit from long acting injectable due to history of med non-adherence and decompensation when off antipsychotic meds. Would also consider mood stabilizer if patient amenable, but he is refusing at this time
- Contingency plans discussed:** call center, national hotline, mobile crisis, BHC ED, 911.

**COVID-19 VACCINE STATUS:** not vaccinated, states is considering; encouragement provided.

- Patient was provided with education regarding medication and treatment plan.
- Patient is aware of emergency services availability including Psychiatric ED and Mobile Crisis, agrees to utilize these services if needed.
- Patient is aware to contact clinic as needed

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**Attestation**

60 minutes spent face-to-face with patient over video platform. Additional 60+ minutes spent reviewing records and conferring with previous clinic providers

Meredith Senter, MD

**Electronically Signed By: SENTER, MEREDITH STACY MD**

**08/12/2021 09:51 PM**

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**DOB: 11/1/1980**

**Sex: Male**

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**Printed: 9/8/2021 12:33 EDT**

**Print ID: 493860219**



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**Electronic Orders**

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

Order: <b>Psychiatric Diagnostic Evaluation with Med Services AMB -90792</b>		
Ordering Physician: SENTER ,MEREDITH STACY (National Provider Identifier: 1407204530)		
Electronically Signed By: SENTER ,MEREDITH STACY		
Order Details: 8/12/21 3:26:00 PM EDT, ADD (attention deficit disorder)   PTSD (post-traumatic stress disorder)   Bipolar disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 8/12/2021 15:27 EDT	Entered By: SENTER ,MEREDITH STACY
Ordering Provider: SENTER ,MEREDITH STACY		Supervising Provider:
Order Details: 08/12/21 15:26:00 EDT, Bipolar disorder   PTSD (post-traumatic stress disorder)   ADD (attention deficit disorder)		
Review Information:		
Doctor Cosign: Not Required		

**Provider:** SENTER ,MEREDITH STACY**Date of Service:** 8/12/2021**Visit #:** 6483410089**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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**Discharge Information - Patient Education**

**DOCUMENT NAME:**

**Ambulatory Depart Form - Text**

**Ambulatory Depart Form Entered On: 8/11/2021 16:40 EDT**

**Performed On: 8/11/2021 16:40 EDT by LACY , SARAH LPN**

**Ambulatory Educational Assessment**

*Identified Learning Needs :* Medications, Other: ADDERALL, ZYPREXA

*Preferred Learning Methods :* Discussion

*Barriers to Learning :* Emotional state

**LACY , SARAH LPN - 8/11/2021 16:40 EDT**

**Provider: SENTER ,MEREDITH STACY**

**Date of Service: 8/12/2021**

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**DOB: 11/1/1980**

**Sex: Male**

**Printed: 9/8/2021 12:33 EDT**

**Print ID: 493860219**

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**BH Clinical Documentation**

DOCUMENT NAME:

BH Outpatient Med Clinic Form - Text

**Outpatient Medication Clinic - BH Entered On: 8/11/2021 16:40 EDT****Performed On: 8/11/2021 16:37 EDT by LACY , SARAH LPN****Infectious Disease Risk Screening***Infectious Disease Symptoms* : No current high risk symptoms*COVID Exposure Risk Factors ID* : None/Unable to obtain

LACY , SARAH LPN - 8/11/2021 16:37 EDT

**Allergies**

(As Of: 8/11/2021 16:40:06 EDT)

Allergies (Active)

No known allergies

*Estimated Onset Date:* Unspecified ; *Created By:* FERRARO, NICHOLAS P RN; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* No known allergies ; *Type:* Allergy ; *Updated By:* FERRARO, NICHOLAS P RN; *Reviewed Date:* 8/11/2021 16:37 EDT*Latex Allergy* : No*Spina Bifida* : No*Denies Latex Signs Symptoms* : Yes*Pregnancy Status* : N/A

LACY , SARAH LPN - 8/11/2021 16:37 EDT

**Med List***Confirmation of Medication Reconciliation* : Yes

LACY , SARAH LPN - 8/11/2021 16:37 EDT

Medication List

(As Of: 8/11/2021 16:40:06 EDT)

*Prescription/Discharge Order*dextroamphetamine-  
amphetamine*:* dextroamphetamine-amphetamine ; *Status:* Prescribed ; *Ordered As Mnemonic:* Adderall XR 20 mg oral capsule, extended release ; *Simple Display Line:* 40 mg, 2 capsule, ORAL, qAM (every morning), for 30 day(s), 60 capsule, 0 Refill(s) ; *Ordering Provider:* WRIGHT , AYOFEMI I DO; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 7/10/2021 00:01:00 EDT**Provider:** SENTER ,MEREDITH STACY**Date of Service:** 8/12/2021**Visit #:** 6483410089**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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**BH Clinical Documentation**

OLANZapine : OLANZapine ; *Status:* Prescribed ; *Ordered As Mnemonic:* ZyPREXA 5 mg oral tablet ; *Simple Display Line:* 5 mg, 1 tablet, ORAL, BID (2 times a day), 60 tablet, 0 Refill(s) ; *Ordering Provider:* WRIGHT , AYOFEI I DO ; *Catalog Code:* OLANZapine ; *Order Dt/Tm:* 7/9/2021 23:58:04 EDT

dextroamphetamine-amphetamine : dextroamphetamine-amphetamine ; *Status:* Prescribed ; *Ordered As Mnemonic:* Adderall XR 20 mg oral capsule, extended release ; *Simple Display Line:* 40 mg, 2 capsule, ORAL, qAM (every morning), for 30 day(s), 60 capsule, 0 Refill(s) ; *Ordering Provider:* WRIGHT , AYOFEI I DO ; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 5/4/2021 09:35:43 EDT

dextroamphetamine-amphetamine : dextroamphetamine-amphetamine ; *Status:* Prescribed ; *Ordered As Mnemonic:* Adderall XR 20 mg oral capsule, extended release ; *Simple Display Line:* 40 mg, 2 capsule, ORAL, qAM (every morning), for 30 day(s), 60 capsule, 0 Refill(s) ; *Ordering Provider:* WRIGHT , AYOFEI I DO ; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 5/4/2021 09:35:23 EDT

dextroamphetamine-amphetamine : dextroamphetamine-amphetamine ; *Status:* Prescribed ; *Ordered As Mnemonic:* Adderall XR 20 mg oral capsule, extended release ; *Simple Display Line:* 40 mg, 2 capsule, ORAL, qAM (every morning), for 30 day(s), 60 capsule, 0 Refill(s) ; *Ordering Provider:* DANEK , FRANCIS NP ; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 4/12/2021 12:32:03 EDT

**Home Meds**

Med List Status - Updated : Med List Status - Updated ; *Status:* Documented ; *Ordered As Mnemonic:* Med List Status - Updated ; *Simple Display Line:* KKP NP, 0 Refill(s) ; *Catalog Code:* Med List Status - Updated ; *Order Dt/Tm:* 7/21/2020 14:45:23 EDT

**Provider:** SENTER ,MEREDITH STACY**Date of Service:** 8/12/2021**Visit #:** 6483410089**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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**BH Clinical Documentation**

misc medication : misc medication ; *Status:* Documented ; *Ordered As Mnemonic:* Misc Medication ; *Simple Display Line:* 5 hour energy shots prn, 0 Refill(s) ; *Catalog Code:* misc medication ; *Order Dt/Tm:* 4/29/2020 09:24:07 EDT

metFORMIN : metFORMIN ; *Status:* Documented ; *Ordered As Mnemonic:* metFORMIN ; *Simple Display Line:* 500 mg, daily, 0 Refill(s) ; *Catalog Code:* metFORMIN ; *Order Dt/Tm:* 4/15/2016 15:22:33 EDT

APAP/ASA/caffeine : APAP/ASA/caffeine ; *Status:* Documented ; *Ordered As Mnemonic:* Goodys Extra Strength ; *Simple Display Line:* See Instructions, 1 packet as needed ; *Catalog Code:* acetaminophen/aspirin/caffeine ; *Order Dt/Tm:* 11/3/2011 16:02:16 EDT

**General Admission Information**

*Legal Guardian :* No  
*Information Given By :* Patient  
*Cultural/Spiritual Practices Impact Tx :* No  
*Presenting Problem :* MED F/U, DEPRESSION, ANXIETY

LACY , SARAH LPN - 8/11/2021 16:37 EDT

**Communication**

*Communication Barriers :* None  
*Preferred Language for Healthcare :* English

LACY , SARAH LPN - 8/11/2021 16:37 EDT

**Advance Care Plan**

*Advance Directive Documents in EMR RTF :* No Advance Directive documents available.

*Advance Directive Completed :* No or does not know  
*Reason No Living Will or POA :* Unable/Did not wish to provide advance directive  
*Advance Directive More Info Requested :* No

LACY , SARAH LPN - 8/11/2021 16:37 EDT

**Risk for Harm to Others**

*Assaultive Ideations :* No  
*Homicidal Ideations :* No  
*Does Patient Have a Plan :* No

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**BH Clinical Documentation**

*Recent Attempt to Harm Others* : No

*Access to Firearms/Weapons* : No

*History of Danger to others* : No

LACY , SARAH LPN - 8/11/2021 16:37 EDT

**CSSRS Short Version - Reassessment**

*CSSRS Reassess Able to Assess* : Yes

1. *Have you wished you were dead or wished you could go to sleep and not wake up? (ref)* : Since last contact, yes

*CSSRS Screen Wish to be Dead ReAsses Details* : DAILY

2. *Have you actually had any thoughts of killing yourself? (ref)* : Since last contact, no

6. *Have you done anything, started to do anything, or prepared to do anything to end your life? (ref)* : Since last contact, no

LACY , SARAH LPN - 8/11/2021 16:37 EDT

**Social History**

Social History

(As Of: 8/11/2021 16:40:06 EDT)

Tobacco:

Smokeless Tobacco Use: Never. Never smoker, 0 Yrs Smoker.  
0 Avg # Packs Per Day. (Last Updated: 8/11/2021 16:38:24  
EDT by LACY , SARAH LPN)

Vape/E-Cigarette:

Use: Never. (Last Updated: 8/11/2021 16:38:27 EDT by LACY ,  
SARAH LPN)

Alcohol:

Denies (Last Updated: 8/11/2021 16:38:30 EDT by LACY ,  
SARAH LPN)

Drug Abuse:

Denies (Last Updated: 8/11/2021 16:38:34 EDT by LACY ,  
SARAH LPN)

Home/Environment:

Marital Status: Single. lives in an apartment by himself (Last  
Updated: 4/22/2019 01:00:41 EDT by WALLACE , ANNE S RN)

Nutrition/Health:

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**BH Clinical Documentation**

Home Diet: Diabetic. (Last Updated: 4/22/2019 01:00:53 EDT  
by WALLACE , ANNE S RN)

**Abuse/Neglect:**

History of Abuse: Past. Abuse Type: Mental, Sexual.  
Comments: Sexual abuse by MGM, emotional abuse by  
step-father. (Last Updated: 4/22/2019 01:01:30 EDT by  
WALLACE , ANNE S RN)

**Employment/School:**

Frelance graffic art (Last Updated: 4/22/2019 01:02:13 EDT by  
WALLACE , ANNE S RN) Highest Education: College  
graduate. (Last Updated: 4/22/2019 01:02:24 EDT by  
WALLACE , ANNE S RN)

*Do You Want to Stop Using Tobacco? :* N/A

*Social History Categories Addressed :* Tobacco, Alcohol, Drug abuse

LACY , SARAH LPN - 8/11/2021 16:37 EDT

**Communications - Acute**

*Primary Care Provider :* NO PCP

*Cell Phone Number :* 980-613-2196

*Home Phone Number :* 980-613-2196

*Leave Voicemail :* Yes

*Phone Number Availability :* Phone will be off at work. Please leave message

*Provider of Record 1 :* BRADNER , RICHARD L MD

*Provider Practice 1 :* PCP

*Provider of Record 2 :* SENDER, MERIDITH

*Provider Practice 2 :* Psychiatrist

*Provider of Record 3 :* None

*Provider Practice 3 :* Therapist none

*Provider Comment 3 :* not at this time 08/15/19

LACY , SARAH LPN - 8/11/2021 16:37 EDT

**Communications - BH**

*Patient Agreement Comm BH :* The patient gives oral or written consent for AH to verbally share his/her health information with the individuals listed below [this includes, but is not limited to, diagnosis, prognosis, medications (dosage and side effects, if any) and progress].

*Legal Guardian Information :* Legal Guardian: No

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**BH Clinical Documentation**

*BH Comm Share Info with others :* Yes

*OC Reviewed Contact List :* 8/11/2021 16:37 EDT

*Consent Valid BH :* This consent will be valid for one year unless revoked prior to expiration. Enter "End Date" for all BH encounters one year after "Date Identified".

LACY , SARAH LPN - 8/11/2021 16:37 EDT

BH Communication Grid

1. *BH Consent Date Obtained :* 4/23/2019 EDT

*BH Consent End Date - 1 year from date obtained :* 4/22/2020 EDT

*Contact Name :* Angie Haun

*Contact Number :* 423-213-3176

*Relationship :* Mother

*BH Witnessed By Name :* N/A - Patient signed paper consent (see scanned documents)

*BH Witnessed By Relationship :* AH Staff Member

*BH Comments :* consent revoked 5-1-19

LACY , SARAH LPN - 8/11/2021 16:37 EDT

2. *BH Consent Date Obtained :* 4/23/2019 EDT

*BH Consent End Date - 1 year from date obtained :* 4/22/2020 EDT

*Contact Name :* Jennifer Cox

*Contact Number :* 704-607-3908

*Relationship :* Co-worker / Friend

*BH Witnessed By Name :* N/A - Patient signed paper consent (see scanned documents)

*BH Witnessed By Relationship :* AH Staff Member

*BH Comments :* consent revoked 5-1-19

LACY , SARAH LPN - 8/11/2021 16:37 EDT

3. *BH Consent Date Obtained :* 1/17/2020 EST

*BH Consent End Date - 1 year from date obtained :* 1/17/2021 EST

*Contact Name :* John Monguillot

*Contact Number :* 828-387-0354

*Relationship :* psychologist

*BH Witnessed By Name :* Other: Keisha Wade RN and Shannon Fang RN

*BH Witnessed By Relationship :* AH Staff Member

LACY , SARAH LPN - 8/11/2021 16:37 EDT

**Provider:** SENTER ,MEREDITH STACY

**Date of Service:** 8/12/2021

**Visit #:** 6483410089

**Pt Name:** WILLIAMS III, LEONARD CLINTON

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male





**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Patient Assessment**

**Patient Assessment**

Recorded Date	8/11/2021
Recorded Time	16:37 EDT
Recorded By	LACY ,SARAH LPN
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

**Provider: SENTER ,MEREDITH STACY**

**Date of Service: 8/12/2021**

**Visit #: 6483410089**

**Pt Name: WILLIAMS III, LEONARD CLINTON**

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 9/8/2021 12:33 EDT**

**Print ID: 493860219**



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**Fax:**

## Psychosocial

### Psychosocial

	Recorded Date	8/11/2021
	Recorded Time	16:37 EDT
	Recorded By	LACY ,SARAH LPN
Procedure	Units	
CSSRS Reassess Able to Assess		Yes
CSSRS Screen Wish to be Dead ReAsses		Since last contact, yes
CSSRS Screen Suicidal Thoughts ReAsses		Since last contact, no
CSSRS Screen Suicide Behavior ReAsses		Since last contact, no

**Provider: SENTER ,MEREDITH STACY**

**Date of Service: 8/12/2021**

**Visit #: 6483410089**

**Pt Name: WILLIAMS III, LEONARD CLINTON**

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Fax:**

### Visit Information

#### Visit Information

Recorded Date	8/11/2021	
Recorded Time	16:37 EDT	
Recorded By	LACY ,SARAH LPN	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Primary Care Provider	NO PCP	
Communication Barriers	None	
Preferred Language for Healthcare	English	

**Provider: SENTER ,MEREDITH STACY**

**Date of Service: 8/12/2021**

**Visit #: 6483410089**

**Pt Name: WILLIAMS III, LEONARD CLINTON**

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 9/8/2021 12:33 EDT**

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**Fax:**

### General Admission History

#### General Admission History

Recorded Date	8/11/2021
Recorded Time	16:37 EDT
Procedure	
Advance Directive Completed	No or does not know
Advance Directive More Info Requested	No
Infectious Disease Symptoms	No current high risk symptoms

**Provider:** SENTER ,MEREDITH STACY

**Date of Service:** 8/12/2021

**Visit #:** 6483410089

**Pt Name:** WILLIAMS III, LEONARD CLINTON

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 9/8/2021 12:33 EDT

**Print ID:** 493860219



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### **Social Habits**

#### **Social Habits**

Recorded Date	8/11/2021
Recorded Time	16:37 EDT
Procedure	
Do You Want to Stop Using Tobacco?	N/A

**Provider: SENTER ,MEREDITH STACY**

**Date of Service: 8/12/2021**

**Visit #: 6483410089**

**Pt Name: WILLIAMS III, LEONARD CLINTON**

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 9/8/2021 12:33 EDT**

**Print ID: 493860219**



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**Fax:**

**TB Screen - Latex Sensitive - Skin Testing**

**TB Screen/Latex Sensitivity/Skin Testing**

Recorded Date	8/11/2021
Recorded Time	16:37 EDT
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

**Provider: SENTER ,MEREDITH STACY**

**Date of Service: 8/12/2021**

**Visit #: 6483410089**

**Pt Name: WILLIAMS III, LEONARD CLINTON**

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 9/8/2021 12:33 EDT**

**Print ID: 493860219**



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**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

### **Interdisciplinary and Patient Education**

#### **Interdisciplinary and Patient Education**

Recorded Date	8/11/2021
Recorded Time	16:40 EDT
Recorded By	LACY ,SARAH LPN
Procedure	
Preferred Learning Methods	Discussion
Barriers to Learning	Emotional state

**Provider: SENTER ,MEREDITH STACY**

**Date of Service: 8/12/2021**

**Visit #: 6483410089**

**Pt Name: WILLIAMS III, LEONARD CLINTON**

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

## Behavioral Health

### Behavioral Health

Recorded Date	8/11/2021	
Recorded Time	16:37 EDT	
Recorded By	LACY ,SARAH LPN	
Procedure		Units
Presenting Problem	See Below <sup>T1</sup>	
Cultural/Spiritual Practices Impact Tx	No	
Assaultive Ideations	No	
Homicidal Ideations	No	
Does Patient Have a Plan	No	
Recent Attempt to Harm Others	No	
Access to Firearms/Weapons	No	
History of Danger to others	No	

### Textual Results

T1: 8/11/2021 16:37 EDT (Presenting Problem)  
MED F/U, DEPRESSION, ANXIETY

Provider: SENTER ,MEREDITH STACY

Date of Service: 8/12/2021

Visit #: 6483410089

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 9/8/2021 12:33 EDT

Print ID: 493860219





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**501 Billingsley Rd**

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**Fax:**

### Procedure History

Procedure: **Psychiatric diagnostic evaluation with medical services**

**Last Updated**

8/17/2021 05:23 EDT

**Procedure Date**

8/12/2021 23:59 EDT

**Provider: SENTER ,MEREDITH STACY**

**Date of Service: 8/12/2021**

**Visit #: 6483410089**

**Pt Name: WILLIAMS III, LEONARD CLINTON**

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 9/8/2021 12:33 EDT**

**Print ID: 493860219**