

**AH BH Charlotte OMS Medication****501 Billingsley Rd****Charlotte, NC 28211-****Phone:****Fax:**

PHYSICIAN FACESHEET - PATIENT DEMOGRAPHICS      UPDATED: 09/02/2021 1617

NAME : WILLIAMS,LEONARD CLINTON      ADM DATE/TIME: 09/01/2021 1700  
PT. TYPE : OP      DIS DATE : 09/01/2021 2359  
SERVICE : VEA      LOCATION : HOMS  
ADMIT SOURCE : 1  
ADDRESS #1 : 13009 YORKRIDGE DRIVE      MED REC# : 000064-20-66  
ADDRESS #2 : APT 214      ACCOUNT # : CHS64847-49533  
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 : Reserved for concepts with insufficient information to code with codable  
childrenPRI CARE MD : BRADNER,RICHARD  
ADMIT MD : UNKNOWN,ATTENDING  
ATTEND MD : SENTER,MEREDITH STACY  
REFER MD : WRIGHT,AYOFEMII  
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	:

**Provider: SENTER ,MEREDITH STACY****Date of Service: 9/1/2021****Visit #: 6484749533****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



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INSURANCE  
COMPANY :  
GROUP # :  
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INSURED : ,  
REL TO INS :  
MAIL TO : ,  
ADDRESS #1 :  
ADDRESS #2 :  
CITY/ST/ZIP :  
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COMMENT :

EXT :

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EXT :

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### Office/Clinic Visit Notes

DOCUMENT NAME:

Psychiatric Visit Note

#### BH OP Subsequent Note - Interim

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 6484749533  
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: 5pm Video stop time: 5:20pm

#### **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

#### **Chief Complaint**

"I don't have enough Adderall"

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

Patient logs onto video platform, is immediately preoccupied with Adderall. States he stretched out the Adderall he had from before and has only been fully out since yesterday. He is hyper-focused on increasing Adderall to 60mg which he states will "allow me to live a normal life", but is vague about what that entails.

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**Office/Clinic Visit Notes**

He did increase total daily Zyprexa dose to 20mg per my recommendation; has been taking 20mg qhs instead of 10 BID as prescribed, states he is too sedated if he takes an AM dose. Reports sleeping well, ~12hrs/night.

Says he was previously under stress and losing weight, but is no longer losing weight. Denies SI/HI. Denies AVH. Talking to mother daily. States mood is "good".

With every question I ask, returns to how he requires Adderall 60mg. I explained to the patient who Adderall can exacerbate mania and psychosis, and based on how he appeared at our last session (extremely irritable, perseverative on delusional thoughts), it would not be an appropriate medication at this time. He yells, "I have no had delusional thoughts in decades!" Then yells, "You've crippled me in life irreparably" (by not prescribing Adderall).

I explained that it is possible that one of our affiliated clinics would prescribe Adderall if he was maintained on a long-acting injectable. He is agreeable with considering LAI, however is concerned b/c Zyprexa has been the most helpful of the many antipsychotics he has tried.

Of note, patient is not as focused on Wells Fargo conspiracy theories as compared to our last appt, his thought process is more organized and his irritability is reduced though still present.

**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

Self-injurious behavior: denies

Violence toward others: denies

**Medical History****Medication List****Active Medications**Prescribed**Provider: SENTER ,MEREDITH STACY****Date of Service: 9/1/2021****Visit #: 6484749533****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



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### Office/Clinic Visit Notes

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

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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**

No medications found.

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**

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

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## Office/Clinic Visit Notes

### Exam

#### Mental Status Exam

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

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

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

**Attention/Concentration:** distractible, though more attentive than last appt

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

**Speech/Language:** stuttered, pressured, loud, fast (less to than at last appt)

**Mood/Affect:** Reports mood is "good" ; Affect is irritable, anxious

**Thought form/associations:** linear, perseverative

**Thought content:** hyper-focused on Adderall; no delusional content apparent (does not mention Wells Fargo conspiracy theories or desire to sue the hospital as he did at last appt); 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.

At 8/12/21 appt he was experiencing symptoms of mania including irritability, distractibility, pressured speech being very difficult to interrupt, tangential thought process/flight of ideas. He was also quite paranoid, perseverating on several paranoid delusions. Hospitalization was considered, however after conferring with colleagues who have known the patient over the past few years, his state was judged to be not far off baseline.

He was performing basic self care (seen eating on camera), reported sleeping 6hrs/night, and persistently/adamantly denied suicidal and homicidal ideation/plan/intent throughout assessment. He become 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.

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Between 8/12/21 and 9/1/21 appts, he called/messed our clinic numerous times requesting Adderall refills. During this time period I staffed the case with department chair Dr. Rachal, who agrees stimulants are inappropriate at this time. We discussed the case with director of AIC clinic, and together decided a stimulant would only be considered if patient was maintained on a long-acting injectable antipsychotic given adherence issues.

I explained this to the patient today, and he states he will consider it, but is hesitant because Zyprexa has been the most effective antipsychotic for him. Notably symptoms of mania and psychosis are markedly improved after increasing Zyprexa from 10mg qhs to 20mg qhs. He remains irritated/agitated, yelling at times when not getting his way about Adderall, speaking rapidly but improved compared to last appt. Today he does not perseverate on paranoid conspiracy theories as he was on 8/12/21. Will keep Zyprexa at current dose. Stimulant remains contraindicated.

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 (though these are now greatly improved on increased Zyprexa dose). Patient would still benefit from hospitalization for LAI initiation, 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. He does not display any symptoms or behaviors during interview that would indicate imminent threat to self or others.

**Plan**

-will not re-initiate stimulant

-continue Zyprexa 20mg qHS

-considering 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.

**-Medical:** should have antipsychotic monitoring workup (lipid and DM screening, weight); will prioritize as soon as psychiatrically stable enough to comply

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

-Patient was provided with education regarding medication and treatment plan.

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-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

-RTC 1 mo or sooner if needed (patient states he does not wish to f/u with this writer due to my not prescribing Adderall; however, I explained to the patient that I am still happy to see him if he wishes; order for f/u placed incase he changes his mind).

**Attestation**

45min spent on this case, including at least 50% in direct patient counseling and coordination of care.

Meredith Senter, MD

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

**09/03/2021 02:36 PM**

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### Electronic Orders

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

Order: <b>Virtual E&amp;M Visit (Video);HIGH MDM or 40-54 min – Est Pt Level 5 – I4124 AMB</b>		
Ordering Physician: SENTER ,MEREDITH STACY (National Provider Identifier: 1407204530)		
Electronically Signed By: SENTER ,MEREDITH STACY		
Order Details: 9/1/21 5:41:00 PM EDT Modifier: CR OFC   VVI Office/Hospital, Bipolar disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 9/1/2021 17:42 EDT	Entered By: SENTER ,MEREDITH STACY
Ordering Provider: SENTER ,MEREDITH STACY		Supervising Provider:
Order Details: 09/01/21 17:41:00 EDT Modifier: CR VVI   OFC Office/Hospital, Bipolar disorder		
Review Information:		
Doctor Cosign: Not Required		

Provider: SENTER ,MEREDITH STACY

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Sex: Male

Printed: 9/8/2021 12:37 EDT

Print ID: 493862127



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### Procedure History

Procedure: **Hospital outpatient clinic visit for assessment and management of a patient**

**Last Updated**

9/6/2021 05:21 EDT

**Procedure Date**

9/1/2021 23:59 EDT

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**Printed: 9/8/2021 12:37 EDT**

**Print ID: 493862127**