



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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

EMPLOYER :
ADDRESS #1 : CITY :
ADDRESS #2 : ST/ZIP :

INSURANCE 1
COMPANY : SELF PAY
GROUP # :
POL/SS # :
INSURED : WILLIAMS,LEONARD CLINTON
REL TO INS :
MAIL TO :
ADDRESS #1 :
ADDRESS #2 :
CITY/ST/ZIP:
PHONE : EXT:

APPROV/REF :

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

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



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 :

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

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: **SENER , 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.

Provider: **SENER ,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

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

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**



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

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

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

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

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.

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

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

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.

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

-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

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

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Electronic Orders

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

Order: Virtual E&M Visit (Video);HIGH MDM or 40-54 min – Est Pt Level 5 – I4124 AMB		
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**Date of Service:** 9/1/2021**Visit #:** 6484749533**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:

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

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

Printed: 9/8/2021 12:37 EDT

Print ID: 493862127