



# AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

PHYSICIAN FACESHEET - PATIENT DEMOGRAPHICS UPDATED: 02/19/2021 203

NAME : WILLIAMS,LEONARD CLINTON ADM DATE/TIME: 02/15/2021 1240  
PT. TYPE : OP DIS DATE : 02/15/2021 2359  
SERVICE : VEA LOCATION : HOMS  
ADMIT SOURCE : 1

[REDACTED]

ACCIDENT :  
ACCIDENT DATE:

ADMIT DX : Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence

WORKING DX : Bipolar disorder, unspecified (CMS/HCC) PRI CARE MD : BRADNER,RICHARD  
ADMIT MD : UNKNOWN,ATTENDING  
ATTEND MD : MURRAY,PHILLIP MICHAEL  
REFER MD : MURRAY,PHILLIP MICHAEL  
ER MD : UNKNOWN,ATTENDING

[REDACTED]

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: 2/15/2021 12:40 EST  
Disch Date: 2/15/2021 23:59 EST  
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#: 6466717620  
DOB: 11/1/1980 Age: 40 years Sex: Male  
Location: HOMS  
Print ID: 445014511

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## Office/Clinic Visit Notes

DOCUMENT NAME:

**WILLIAMS III, LEONARD  
CLINTON**

**DOB:** 11/01/1980 **MRN:** 0000642066  
**Sex:** Male **FIN:** 6466717620

### Patient Information:

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

### Chief Complaint

Follow-up phone visit

### History of Present Illness

40-year-old male presents today for follow-up phone visit. He consents to today's visit and confirms he is at home. He denies current SI, HI, AH, VH. He states he has been having traumatic distress symptoms for the past hour. He states he worries about irritability. He states overall he feels that the day was a good day as far as his symptoms. He states he is not had many symptoms, states that these could occur recently. He states he has been doing EMDR, and measures his day based on the amount of usable hours that he has. He speaks about his daily work activities, and how this interacts with some of his difficulty with focusing. In fatigue that can come from extending more effort and times and he feels this leads to more subsequent symptoms. He feels that EMDR is helping him quite a bit. He plans to follow-up with a neurologist about his PTSD symptoms. He states he also plans to speak with a neurologist, and see if he can appeal for disability. He states he can have tenderness during the day with cleaning his home, completing his daily tasks and stressors. He states this can also occur when he does not feel that he is having significant symptoms. He states he can have significant psychological symptoms, but people are not able to tell it by just looking at him. He feels that this can be a part of his difficulties, he relates this to a significant case of PTSD, stating that he is in the top 1% of severity. He states that he does better with a smaller dose of olanzapine, but if it is split during the day. He states he stopped taking citalopram after his most recent hospitalization. He feels he continues to require stimulant medication that will focus. He currently denies 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

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

### Problem List/Past Medical History

#### Ongoing

ADD (attention deficit disorder)  
Bipolar disorder  
PTSD (post-traumatic stress disorder)

#### Historical

Obesity  
Obesity

### Medications

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

### 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.  
Freelance 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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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.

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

He reports some difficulty since most recent visit, but reports feeling better after stopping citalopram. At this time we will discontinue citalopram, continue olanzapine and Adderall. We will increase olanzapine to 5 mg twice daily dosing to maximize effect and minimize potential side effects per his report. We will continue to monitor, with a goal of safely maximizing stimulant medications for underlying focus issues, while maximizing appropriate treatment for prior trauma symptoms. He has been counseled on potential side effects and reasons to seek emergency services. He will follow-up in 1 month.

–Discontinue citalopram

–Continue Adderall at current doses

–Increase olanzapine to 5 mg BID

–Counseled on potential side effects and reasons seek emergency services

–Follow-up in 1 month

### 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

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**Time spent in coordination of care and phone time:** A total of 5 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. 9 minutes was spent on the phone portion of visit.

**Electronically Signed By: MURRAY, PHILLIP MICHAEL MD**  
**02/18/2021 08:34 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, 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

<b>Order: Virtual Check-in (Phone) Est Pt 5-10 Min AMB -I4114</b>		
Ordering Physician: MURRAY ,PHILLIP MICHAEL MD (National Provider Identifier: 1154646487)		
Electronically Signed By: MURRAY ,PHILLIP MICHAEL MD		
Order Details: 2/18/21 8:34:00 AM EST Modifier: CR OFC   VVI Office/Hospital, PTSD (post-traumatic stress disorder)   Bipolar disorder   ADD (attention deficit disorder)		
Order Comment:		
Action Type: Order	Action Date/Time: 2/18/2021 08:34 EST	Entered By: MURRAY ,PHILLIP MICHAEL MD
Ordering Provider: MURRAY ,PHILLIP MICHAEL MD	Supervising Provider:	
Order Details: 02/18/21 8:34:00 EST Modifier: CR VVI   OFC Office/Hospital, ADD (attention deficit disorder)   Bipolar disorder   PTSD (post-traumatic stress 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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