



# AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

PHYSICIAN FACESHEET - PATIENT DEMOGRAPHICS UPDATED: 05/04/2021 1031

NAME : WILLIAMS,LEONARD CLINTON ADM DATE/TIME: 03/12/2021 1040  
PT. TYPE : OP DIS DATE : 03/12/2021 2359  
SERVICE : VEA LOCATION : HOMS  
ADMIT SOURCE : 1

[REDACTED]

ACCIDENT :  
ACCIDENT DATE:

ADMIT DX : Bipolar disorder, unspecified (CMS/HCC)  
WORKING DX : Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence  
PRI CARE MD : BRADNER,RICHARD  
ADMIT MD : UNKNOWN,ATTENDING  
ATTEND MD : WRIGHT,AYOFEMII  
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: 3/12/2021 10:40 EST  
Disch Date: 3/12/2021 23:59 EST  
Admitting: WRIGHT ,AYOFEMI I DO  
Attending: WRIGHT ,AYOFEMI I DO  
Printed: 7/29/2021 15:26 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 0000642066 Acct#: 6468341909  
DOB: 11/1/1980 Age: 40 years Sex: Male  
Location: HOMS  
Print ID: 482505635

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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:** 6468341909

### 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)

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)

#### 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.

Frelance graffia art

##### Home/Environment

Marital Status: Single. lives in an apartment by himself

##### Nutrition/Health

Home Diet: Diabetic.

### Chief Complaint

Follow-up

### History of Present Illness

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

1. ADD (attention deficit disorder)

2. Bipolar disorder

3. PTSD (post-traumatic stress disorder)

He presents as a transfer/fu SVV. He was last seen in clinic by Dr. Murray on 2/15/21.

### At last visit, the plan was as indicated below:

–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 is an excellent historian, however, interview is notable for some difficulty interrupting given pressured speech.

He also has a diagnosis of ASD from Dr. Crane. He was diagnosed at age 35. He has severe PTSD from a former employer. He describes "shell shock like" symptoms and he paces the floor. He also has an inability to concentrate. He states everything takes effort. He has depersonalization when he has the shell shock symptoms. He states bizarre things happen during periods of depersonalization. He believes that he has a brain injury from PTSD. He wants to get a brain scan.

The shell shock like symptoms have improved over time with progressive relaxation. When they do happen they are triggered by intrusive memories.

He is prescribed 40 mg of Adderall and this helps more than anything with the "profound inability to concentrate." He will occasionally take an extra 20 mg. He was told 3 days worth of extras were built in. He states that when the symptoms of stress and focus get severe, it helps. Per chart review, he is on a 28 day schedule.

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Location: HOMS

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## Office/Clinic Visit Notes

Trazodone helps with sleep. He is not currently prescribed Trazodone, however he restarted Trazodone a few days ago on his own because he was having trouble sleeping. He was cautioned about mood dysregulation with use of antidepressants. He states that the pressured, rapid speech is normal for him. He is still taking Zyprexa. If he takes 15 mg, he starts to have cognitive impairment. He staggers the dose. A few nights, he will take 10 and then go back to 5 mg. He uses the 10 mg dose more frequently.

He is having cognitive problems starting in Oct 2019, and he is now seeing a Neurologist for this. Imaging has been ordered, however Neurology feels the cognitive impairment is likely related to the use of Zyprexa. Zyprexa has been the most efficacious of all the psychotropics he has trialed. On Depakote, he did not notice any benefits and he was having mixed episodes, so he went back to Zyprexa. While inpatient at Novant, he did well for a while with Invega, however once he was discharged his symptoms returned. He does report that he feels better without Celexa.

Despite, the rapid, pressured speech, he feels that the bipolar symptoms are stable.

On his own, he started taking Benadryl 2-3 weeks ago to address "shell shock." He was cautioned on the risk of cognitive impairment with use of antihistamines. He does EMDR virtually on this website.

He reports ongoing issues with attention to ADLs. He does not clean his home or attend to other responsibilities because of "psychological paralysis."

He wants to increase Adderall to 60 mg, but previous providers have advised against this.

He is convinced he is permanently disabled because of multiple treatments.

He has good and bad days, but states he never goes into total remission.

When asked about his mood today, he states that he is having feelings of worthlessness from PTSD. People are intimidating to him. He feels he is not fit to be around people and gets hostile. The irritability is constantly present. He can get triggered by small things.

He denies SI.

### Exam

#### Mental Status Exam

General appearance: Appropriately dressed and groomed.

Gait & station: Normal.

Strength & tone: Not tested.

Attention & concentration: Normal.

Orientation: Oriented X4.

#### Tobacco

Smokeless Tobacco Use: Never. Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day.

#### Vape/E-Cigarette

Use: Never.

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## Office/Clinic Visit Notes

Language: Normal.  
Level of consciousness: Alert.  
Fund of Knowledge: Average.  
Recent & Remote Memory: No impairment in recent or remote.  
Speech: rapid, difficult to interrupt.  
Thought process: evasive, circumstantial  
Mood and affect: irritable, anxious  
Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts.  
Perceptions+: No abnormalities.  
Insight: present  
Judgment: Fair.

### **Assessment and Plan**

1. Bipolar disorder

Ordered:

Follow-Up Appt

2. ADD (attention deficit disorder)

Ordered:

Follow-Up Appt

3. PTSD (post-traumatic stress disorder)

Ordered:

Follow-Up Appt

*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. Also, sleep has been problematic. On his own, he started using an old prescription of Trazodone. Also, he is using otc Benadryl to deal with "shell shock" symptoms. He was cautioned about risk of mood dysregulation with use of antidepressants. He was also cautioned about adjusting his own meds. He denies safety concerns. He requests an increase in Adderall to deal with ongoing PTSD sx's, however, it is not recommended given risk of mood dysregulation.

–Continue Adderall at current doses

–Continue olanzapine to 5 mg BID

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## Office/Clinic Visit Notes

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

--Counseled on potential side effects and reasons seek emergency services

RTC in 4 weeks for further evaluation of medication.

Patient was provided with education regarding medication and treatment plan.

Patient is aware of emergency services availability including Psychiatric ED and Mobile Crisis.

Patient is aware to contact OMS for any needed medication adjustments.

**Electronically Signed By: WRIGHT, AYOFE MI DO**  
**03/23/2021 06:05 PM**

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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:**

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## Electronic Orders

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

Order: <b>Est OV Level 4;Mod MDM or 30-39 Mins -99214</b>		
Ordering Physician: WRIGHT ,AYOFEMI I DO (National Provider Identifier: 1952664245)		
Electronically Signed By: WRIGHT ,AYOFEMI I DO		
Order Details: 3/23/21 6:05:00 PM EDT, PTSD (post-traumatic stress disorder)   ADD (attention deficit disorder)   Bipolar disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 3/23/2021 18:05 EDT	Entered By: WRIGHT ,AYOFEMI I DO
Ordering Provider: WRIGHT ,AYOFEMI I DO	Supervising Provider:	
Order Details: 03/23/21 18:05:00 EDT, Bipolar disorder   ADD (attention deficit 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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