

Office/Clinic Visit Notes

DOCUMENT NAME:

**WILLIAMS III, LEONARD
CLINTON**

DOB: 11/01/1980 **MRN:** 0000642066
Sex: Male **FIN:** 6463901625

Problem List/Past Medical History

Ongoing

None

Historical

Obesity

Obesity

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 man presents today for follow-up phone visit. He consents to today's appointment and confirms current location. He denies current SI, HI, AH, VH. He states he has bizarre episodes of depersonalization, where he will start to receive himself as being evil and cruel. He is convinced that he would benefit from a brain scan for this. He also reports that he will require his medical records to be corrected retroactively to more accurately reflect aspects he feels that his condition that were misrepresented. He states he requires disability benefits, states that his family is running out of money. He states he has a profound inability to concentrate, and states he is only able to get things done when he takes extra Adderall. He feels that he is not able to do anything about his life, and that he is consistently wanting it not to do well. He states he is asking for increased Adderall as well. I expressed concerns about potential for Adderall to increased irritability and paranoia. He explains that he was unlawfully he will up during observation stay in April 2019. He expresses this is a collaboration between Wells Fargo in the hospital system, stating that he was kidnapped and the IVC paperwork was altered. He becomes irate, and yells stating that providers have not believed him, and that he does not lie. He states that he is better able to deal with his PTSD with higher doses of Adderall. I informed him that this is not the recommended treatment for PTSD, and we can discuss altering doses of citalopram or olanzapine. Patient is eventually able to calm, but states that he will not participate in interview much longer. He agrees to changing dose of olanzapine.

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 perseverative thought process. Paranoid thought content. Currently denies SI, HI, AH, VH. Limited insight and judgment, with limited impulse control.

Assessment/Plan

ADD (attention deficit disorder), Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
Bipolar disorder, Bipolar disorder, unspecified
Post-traumatic stress disorder, unspecified, 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

Medications

Adderall XR 20 mg oral capsule, extended release, 40 mg, 2 capsule, ORAL, qAM (every morning)
citalopram 20 mg oral tablet, 20 mg, 1 tablet, ORAL, Daily, 1 refills
Goodys Extra Strength, See Instructions
Med List Status - Updated
metFORMIN, 500 mg, **Not taking**
Misc Medication
ZyPREXA 7.5 mg oral tablet, 7.5 mg, 1 tablet, ORAL, qHS (each night at bedtime), 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 graffic 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.

Admit Date: 1/12/2021 13:20 EST
Disch Date: 1/12/2021 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#: 6463901625
DOB: 11/1/1980 Age: 40 years Sex: Male
Location: HOMS
Print ID: 445014510

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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.

He is focused on increasing Adderall dose, feeling that it helps with focus, and trauma symptoms. He still exhibits some paranoid content, which is unclear if this is related to a thought disorder, or reaction to circumstances of most recent observation stay in April 2019. Patient's frustration with process for involuntary commitment is understandable, but thoughts that hospital system is working in collusion with banking system does seem bizarre, and reveal paranoid content. Patient did become irate on the phone, yelling during the interaction, but did not make any direct threats. He has limited insight, but at this time does not represent imminent risk to himself or others. Continue to be concerned about raising Adderall past current dose with history of irritability and paranoia.

Through shared decision making we will increase olanzapine to 7.5 mg daily as patient has agreed to mild increase. We will continue citalopram and Adderall at current doses. 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.

–Continue citalopram and Adderall at current doses

–Increase olanzapine to 7.5 mg nightly

–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.

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

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- 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

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. 17 minutes was spent on the phone portion of visit.

Electronically Signed By: MURRAY, PHILLIP MICHAEL MD
01/17/2021 11:23 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

Order: Virtual Check-in (Phone) Est Pt 11-20 Min AMB -I4115		
Ordering Physician: MURRAY ,PHILLIP MICHAEL MD (National Provider Identifier: 1154646487)		
Electronically Signed By: MURRAY ,PHILLIP MICHAEL MD		
Order Details: 1/12/21 3:39:00 PM EST Modifier: CR OFC VVI Office/Hospital, PTSD (post-traumatic stress disorder) ADD (attention deficit disorder) Bipolar disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 1/12/2021 15:40 EST	Entered By: MURRAY ,PHILLIP MICHAEL MD
Ordering Provider: MURRAY ,PHILLIP MICHAEL MD	Supervising Provider:	
Order Details: 01/12/21 15:39:00 EST Modifier: CR VVI OFC Office/Hospital, 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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