



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

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**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/1/2019**

**Visit #: 6437855822**

**Pt Name: WILLIAMS III, LEONARD CLINTON**

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

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Phone:

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**Office/Clinic Visit Notes**

DOCUMENT NAME:

**PSYCH OMS NP WITH NURSE**

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 6437855822  
Age: **38 years** Sex: **Male** DOB: **11/1/1980**  
Associated Diagnoses: **None**  
Author: **PENISTON , KATHLEEN KELLY NP**

**Visit Information****Visit type****Accompanied by****History limitation****History of Present Illness**

Nursing assessment reviewed. Last seen in OMS by this writer on 4/25/19. On Zyprexa, Celexa, Adderall.

- Patient was seen one week ago. Missed Celexa x 2 days. Some low mood.
- Sleep: good. Appetite: fair Energy: good Concentration: fair
- Turned down for job in South Carolina - said there was a better fit.
- Still working on own business - trying to get business started.
- No SI/HI/Psychosis. Patient denies any ETOH or drug use.
- Patient has a lot of confidence in professional abilities. Does not like corporate.

**Review of Systems**

**Constitutional:** Negative except as documented in history of present illness.

**Health Status****Allergies:**Allergic Reactions (All)

No known allergies

**Current medications:** (Selected)Prescriptions*Prescribed*

Adderall XR 20 mg oral capsule, extended release: See Instructions, 2 capsules each am, 60 capsule, 0  
Refill(s)

Adderall XR 20 mg oral capsule, extended release: See Instructions, 2 capsules each am, 60 capsule, 0  
Refill(s)

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 5/1/2019**Visit #:** 6437855822**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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**Office/Clinic Visit Notes**

Adderall XR 20 mg oral capsule, extended release: See Instructions, 2 capsules each am, 60 capsule, 0 Refill(s)

ZyPREXA 5 mg oral tablet: See Instructions, 1-2 tablets at bedtime, 60 tablet, 3 Refill(s)

citalopram 20 mg oral tablet: 20 mg, 1 tablet, ORAL, Daily, 30 tablet, 3 Refill(s)

Documented Medications

*Documented*

Goodys Extra Strength: See Instructions, 1 packet as needed

Med List Status - Updated: KKP NP, 0 Refill(s)

metFORMIN: 500 mg, daily, 0 Refill(s)

**Problem list:**

All Problems

Resolved: Obesity / SNOMED CT 2535065012

This Problem was set by a rule (CHS\_EKS\_BMI\_PROB).

This Problem was resolved by a rule (CHS\_EKS\_BMI\_PROB).

**Histories**

**Past Medical History:**

Resolved

Obesity (2535065012): Resolved on 3/12/2019 at 38 years.

Comments:

7/2/2018 EDT 13:23 EDT - SYSTEM

This Problem was set by a rule (CHS\_EKS\_BMI\_PROB).

3/12/2019 EDT 11:24 EDT - SYSTEM

This Problem was resolved by a rule (CHS\_EKS\_BMI\_PROB).

**Family History:**

HYPERTENSION

GM, Maternal

Cancer

Father

GM, Paternal

GF, Paternal

GM, Maternal

**Procedure history:**

No active procedure history items have been selected or recorded.

**Social History**

**Social & Psychosocial Habits**

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### Office/Clinic Visit Notes

#### Home/Environment

04/22/2019 **Marital Status:** Single

**Family Comments:** lives in an apartment by himself

#### Alcohol

04/25/2019 **Use:** Denies

#### Drug Abuse

04/25/2019 **Use:** Denies

#### Employment/School

04/22/2019 **Description:** Freelance graphic art

04/22/2019 **Highest Education:** College graduate

#### Nutrition/Health

04/22/2019 **Home Diet:** Diabetic

#### Tobacco

04/25/2019 **Smoking Status:** Never smoker

**# Years Active Cigarette Smoker:** 0

**Avg # Packs Per Day (20 cigs/pack):** 0

#### Abuse/Neglect

04/22/2019 **History of Abuse:** Past

**Abuse Type:** Mental, Sexual

**Abuse/Neglect Comments:** Sexual abuse by MGM, emotional abuse by step-father.

#### Physical Examination

##### Mental Status Examination:

General appearance: Appropriately dressed and groomed.

Gait & station: Normal.

Strength & tone: Not tested.

Attention & concentration: Normal.

Orientation: Oriented X4.

Language: Normal.

Level of consciousness: Alert.

Fund of Knowledge: Average.

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### Office/Clinic Visit Notes

Recent & Remote Memory: No impairment in recent or remote.

Speech: Rapid, Overproductive, Perserverative.

Thought process: Perseverating.

Mood and affect: Anxious.

Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts, patient has fixed beliefs surrounding the situation with friend. Cannot confirm or refute validity of the situation. .

Perceptions+: No abnormalities.

Insight: Fair.

Judgment: Fair.

#### VS/Measurements

##### Vital Signs

5/1/2019 11:00 EDT

Peripheral Pulse Rate

98 BPM

Systolic Blood Pressure

133 mmHg

Diastolic Blood Pressure

82 mmHg

, Measurements from flowsheet : Measurements - Standard

5/1/2019 11:00 EDT

Height Contributor (ft)

5 ft

Height Contributor (inches)

11.5 inch

#### Health Maintenance

##### Health Maintenance

**Pending** (in the next year)

###### OverDue

- Pneumococcal Vaccine due One-time only

###### Due

Body Mass Index Follow-Up Plan due 05/01/19 and every

HIV Screening due 05/01/19 One-time only

Influenza Vaccination due 05/01/19 and every

Tdap Vaccine due 05/01/19 One-time only

Tetanus Vaccine due 05/01/19 and every 10 year(s)

###### Due In Future

Body Mass Index not due until 04/24/20 and every 1 year(s)

**Satisfied** (in the past 1 year)

There are no satisfied recommendations within the defined date range

#### Impression and Plan

##### Dx/Order Association Plan

Psychiatric Diagnoses: Bipolar, type I MRE mixed; ADD; cluster A traits

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### Office/Clinic Visit Notes

Medical Diagnoses: diabetes, elevated cholesterol and triglycerides  
Psychosocial Stressors: finances

Summary: Doing fair since last visit 1 week ago.

#### Plan

- 1) Medication: Zyprexa 5mg 1-2 tab at HS; Celexa 20mg daily. Adderall XR 20 BID.
- 2) Therapy - Patient is seeing a neurologist and plans to have neuropsych testing
- 3) Labwork Ordered - need updated labs -
- 4) SA Treatment - Not indicated
- 5) RTC in 2 months for further evaluation of medication.
- 6) Patient was provided with education regarding medication and treatment plan.
- 7) Patient is aware of emergency services availability including Psychiatric ED and Mobile Crisis.
- 8) Patient is aware to contact OMS for any needed medication adjustments.
- 9) Return to work written and given to patient.

#### Professional Services

Amount of time spent with patient - Minutes

Greater than 50% of the time spent with patient was devoted to counseling and coordination of care.

**Electronically Signed By: PENISTON, KATHLEEN KELLY NP**

**05/01/2019 11:18 AM**

**Electronically Signed By: CASTRO, MANUEL A MD**

**05/01/19 02:32 PM**

**Provider: CASTRO ,MANUEL A MD**

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**Phone:**

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**Insurance**

**Provider: CASTRO ,MANUEL A MD**

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**Sex: Male**

11/1/1980

\* Insurance. - Auth (Verified) \*

**Insurance Verification Letter**

Patient's Name: Williams, Leonard Clinton III  
Admit Date: No admission date for patient encounter.  
Account Number: [REDACTED]

Most insurance companies require the hospital to notify them of your admission/visit and advise them of your progress. Please take a few minutes and verify that the insurance information we have on file for you is correct. If your visit today is for the birth of a child, please let us know if the insurance information below will also apply to the newborn baby's account.

Primary Insurance Name: N/A

Secondary Insurance Name: N/A

No Insurance Coverage/Self Pay: SELF-PAY

If you are currently without Medicare, Medicaid, or insurance coverage (uninsured) for today's visit then you may be eligible to apply and/or be screened for other coverage options and financial assistance.

If you have Medicaid "Be Smart" Family Planning coverage, your coverage is limited to applicable outpatient services. Inpatient and emergency department services are not covered under the Medicaid "Be Smart" Family Planning Program therefore you will be financially responsible for today's services and billed as self-pay.

If you have no coverage, you understand that by signing this form you are indicating that you have no insurance coverage and that you will cooperate and participate in the efforts to help you qualify for any applicable coverage such as Medicaid. Failure to fully cooperate with these efforts will disqualify you from eligibility for any financial assistance. Information on financial assistance is available on the Atrium Health website at [www.atriumhealth.org](http://www.atriumhealth.org)

I attest the information above is correct to the best of my knowledge and reflects my current insurance coverage or my confirmation that I have no coverage (Insurance, Medicare, or Medicaid) for these services. I have also been advised to notify the hospital as soon as possible if there are any changes to the insurance coverage listed above to ensure I am not held financially responsible for services that could be covered by insurance. I understand that failure to disclose insurance coverage may result in the responsible party having to pay for services that would have been paid by insurance if the hospital is unable to bill the insurer within their billing deadlines.

E-Signature

A handwritten signature in black ink, appearing to be "L. Clinton III", written over a white background within a rectangular box.

Signature: Wed May 22 2015 01:10:10 PM  
Signature captured with Topaz by Williams, Leonard Clinton III at 5/4/2015 10:28:36 AM

Relationship to Patient:



039





WILLIAMS III, LEONARD CLINTON

11/1/1980

\* Insurance. - Auth (Verified) \*

0000642066; 3714274; 0005837791; 0005837791; 0005837791; 0005837791;  
0005837791; 0005837791; 0003160689  
6437855822

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**Electronic Orders**

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

Order: <b>Est OV Level 3 -99213</b>		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: 5/1/19 11:20:00 AM EDT, Bipolar disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 5/1/2019 11:20 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider: CASTRO ,MANUEL A MD	
Order Details: 05/01/19 11:20:00 EDT, Bipolar disorder		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

**Provider:** CASTRO ,MANUEL A MD  
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### Discharge Information - Patient Education

DOCUMENT NAME:

Amb Depart Summary

Amb Depart Summary



CMC Randolph OMS Medication Clinic

501 Billingsley Rd  
Charlotte, NC 28211

### Patient Visit Summary

<b>Name:</b> WILLIAMS III, LEONARD CLINTON	<b>MRN:</b> 0000642066	<b>DOB:</b> 11/1/1980
<b>Phone:</b> (980) 613-2196	<b>Age:</b> 38 Years	<b>Gender:</b> Male
<b>Primary Care Provider:</b> BRADNER , RICHARD L MD	<b>Race:</b> White	<b>Ethnicity:</b> Not Hispanic or Latino
<b>Preferred Language:</b> English	<b>Allergies:</b> No known allergies	<b>Visit Date:</b> 05/01/2019

*Atrium Health thanks you for allowing us to assist you with your healthcare needs. The following includes patient education materials and some information regarding your health. Information from today's visit may be missing or incomplete if your Atrium Health facility/provider has yet to transition to*

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**DOB:** 11/1/1980 **Sex:** Male



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### Discharge Information - Patient Education

*all aspects of the electronic medical record. Should you have any questions or concerns regarding your visit, please contact your physician or healthcare provider at your convenience.*

**Your regular doctor is:**MURRAY , PHILLIP MICHAEL MD

**Your doctor or location today:**PENISTON , KATHLEEN KELLY NP

**Reason for Visit:**

**Today's Diagnosis:**Bipolar disorder

**Today's Clinical Information:**

**Height:**5 ft 11.5 inch

**Weight:** 94.4 kg

**BMI:** 28.62 kg/m2

**Blood Pressure:** 133 mmHg / 82 mmHg

### [Additional Information:](#)

### **Problem List:**

No Problems  
found

### **Recorded at this visit:**

### **Procedures**

No Procedures documented

### **Medications and Immunizations Administered During This Visit**

No medication administered during this visit

### **Orders this Visit**

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**Discharge Information - Patient Education**

No visit orders documented

**Completed Information:**

**Laboratory and Radiology this Visit** (last charted value for your 05/01/2019 visit)

No Laboratory and Radiology documented

**My Medicine List**

	Continue Taking These Medicines at Home	Next Dose Due
1.	<b>APAP/ASA/caffeine (Goodys Extra Strength)</b> See Instructions 1 packet as needed	
2.	<b>citalopram (citalopram 20 mg oral tablet)</b> 1 tablet by mouth every day	
3.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> See Instructions 2 capsules each am	
4.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> See Instructions 2 capsules each am	
5.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> See Instructions 2 capsules each am	
6.	<b>metFORMIN (metFORMIN)</b> 500 mg daily	
7.	<b>OLANzapine (ZyPREXA 5 mg oral tablet)</b> See Instructions 1-2 tablets at bedtime	

\*This is a list of current information in your Atrium Health medical record. It may include information from your visits to other offices or medications you told us were prescribed by other physicians or

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### **Discharge Information - Patient Education**

health care providers. If you have questions about this information, please contact your physician or health care provider.

#### **Reminders:**

1. If you have questions about your medicines, please ask your Doctor or a pharmacist.
2. Please bring your medicine list and pill bottles to **all** Doctor visits, medical testing, or if you are going to the ER or Hospital.
3. Remember to discard old medicine lists and update any records.

#### **Follow-Up**

##### **Appointments You Need to Make**

##### **Appointments You Already Have**

You will get a text message or phone call with appointments already made for you. If you do not receive a text message or phone call, please call the doctor's office listed.

#### **Patient Safety Information**

##### **Call 911 for All Emergencies**

**Quit Smoking or Tobacco Use** For more information, call **1-800-784-8669**

**Suicide Information** National Suicide Prevention 24-Hour Call Center at **1-800-273-8255**.

**Poison Control Center** A poison can be anything if it is used in the wrong way, amount, or by the wrong person. Poisons can include household cleaning products, plants, and medicines. Snake and spider bites are also poisons. Nurses, pharmacists, or doctors answer your questions. For help, call the poison control center at **1-800-222-1222**.

#### **MyAtriumHealth Patient Online Access**

Atrium Health now offers MyAtriumHealth. It provides easy and secure online access to your health information. With MyAtriumHealth, you can:

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### **Discharge Information - Patient Education**

- Send a message to your doctor
- Look at your health record
- View lab and other test results
- Pay your bill

These are just some of the things you can do with MyAtriumHealth. For more information and to get started, visit <https://myatriumhealth.org> Choose **Enroll Online**.

### **Non-Discrimination Policy Statement**

Atrium Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Atención: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-821-1535.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-821-1535

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## Discharge Information - Patient Education

DOCUMENT NAME:

Patient Education

Patient Education



## Patient Education Materials

\_\_\_\_\_  
\_\_\_\_\_  
DOB: 11/1/1980

*Atrium Health thanks you for allowing us to assist you with your healthcare needs. Should you have any questions or concerns regarding your visit, please contact your physician at your convenience*

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**Printed:** 1/31/2020 08:29 EST

**Print ID:** 350115758





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**Fax:**

**Discharge Information - Patient Education**

**DOCUMENT NAME:**

**Ambulatory Depart Form - Text**

**Ambulatory Depart Form Entered On: 5/1/2019 11:05 EDT**  
**Performed On: 5/1/2019 11:04 EDT by MCKENZIE , KIMBERLY B**

**Ambulatory Educational Assessment**

*Identified Learning Needs :* Medications, Other: adderall, zyprexa celexa

*Preferred Learning Methods :* Discussion, Observing

*Barriers to Learning :* None evident

**MCKENZIE , KIMBERLY B - 5/1/2019 11:04 EDT**

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/1/2019**

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**Fax:**

**Discharge Information - Patient Education**

**DOCUMENT NAME:**

**Education/Pt. Response Form - Text**

**Education/Pt. Response Entered On: 5/1/2019 11:19 EDT**

**Performed On: 5/1/2019 11:19 EDT by PENISTON , KATHLEEN KELLY NP**

**Response to Education**

*Response to Teaching :* Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 5/1/2019 11:19 EDT

**Provider: CASTRO ,MANUEL A MD**

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### BH Clinical Documentation

DOCUMENT NAME:

**Abnormal Involuntary Movement Scale Entered On: 5/1/2019 11:03 EDT**  
**Performed On: 5/1/2019 11:03 EDT by MCKENZIE , KIMBERLY B**

**Medicaid Number**

*Medicaid Coverage :* No

MCKENZIE , KIMBERLY B - 5/1/2019 11:03 EDT

**Abnormal Involuntary Movement Scale**

*Muscles of Facial Expression :* 0

*Lips and Perioral Area :* 0

*Jaw :* 0

*Tongue :* 0

*Upper (arms, wrists, hands, fingers) :* 0

*Lower (legs, knees, ankles, toes) :* 0

*Neck, Shoulders, Hips :* 0

*Severity of Abnormal Movements :* 0

*Incapacitation Due to Abnormal Movements :* 0

*Client Awareness of Abnormal Movements :* 0 = No awareness

*Current Problems with Teeth and/or Dentures :* 0 = No

*Does Client Usually Wear Dentures? :* 0 = No

MCKENZIE , KIMBERLY B - 5/1/2019 11:03 EDT

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**BH Clinical Documentation**

DOCUMENT NAME:

**Outpatient Medication Clinic Initial - BH Entered On: 5/1/2019 11:03 EDT**  
**Performed On: 5/1/2019 11:00 EDT by MCKENZIE , KIMBERLY B**

**Travel History***Pregnant :* N/A*Recent Travel Outside of United States :* No travel/no contact within past 14 days

MCKENZIE , KIMBERLY B - 5/1/2019 11:00 EDT

**Allergies**

(As Of: 5/1/2019 11:03:21 EDT)

Allergies (Active)

No known allergies

*Estimated Onset Date:* Unspecified ; *Created By:* FERRARO,  
NICHOLAS P RN; *Reaction Status:* Active ; *Category:* Drug ;  
*Substance:* No known allergies ; *Type:* Allergy ; *Updated By:*  
FERRARO, NICHOLAS P RN; *Reviewed Date:* 5/1/2019  
11:00 EDT

*Latex Allergy :* No*Spina Bifida :* No*Denies Latex Signs Symptoms :* Yes*Pregnancy Status :* N/A

MCKENZIE , KIMBERLY B - 5/1/2019 11:00 EDT

**Med List***Medication Information Obtained From :* Patient/family*Confirmation of Medication Reconciliation :* Yes

MCKENZIE , KIMBERLY B - 5/1/2019 11:00 EDT

Medication List

(As Of: 5/1/2019 11:03:21 EDT)

*Prescription/Discharge Order*

citalopram

*:* citalopram ; *Status:* Prescribed ; *Ordered As Mnemonic:*  
citalopram 20 mg oral tablet ; *Simple Display Line:* 20 mg, 1  
tablet, ORAL, Daily, 30 tablet, 3 Refill(s) ; *Ordering Provider:*  
PENISTON , KATHLEEN KELLY NP; *Catalog Code:* citalopram  
; *Order Dt/Tm:* 4/2/2019 11:24:24

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**BH Clinical Documentation**

dextroamphetamine-amphetamine : dextroamphetamine-amphetamine ; *Status:* Prescribed ;  
*Ordered As Mnemonic:* Adderall XR 20 mg oral capsule, extended release ; *Simple Display Line:* See Instructions, 2 capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 4/2/2019 11:26:40

dextroamphetamine-amphetamine : dextroamphetamine-amphetamine ; *Status:* Prescribed ;  
*Ordered As Mnemonic:* Adderall XR 20 mg oral capsule, extended release ; *Simple Display Line:* See Instructions, 2 capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 4/2/2019 11:26:02

dextroamphetamine-amphetamine : dextroamphetamine-amphetamine ; *Status:* Prescribed ;  
*Ordered As Mnemonic:* Adderall XR 20 mg oral capsule, extended release ; *Simple Display Line:* See Instructions, 2 capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 4/2/2019 11:24:26

OLANZapine : OLANZapine ; *Status:* Prescribed ; *Ordered As Mnemonic:* ZyPREXA 5 mg oral tablet ; *Simple Display Line:* See Instructions, 1-2 tablets at bedtime, 60 tablet, 3 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* OLANZapine ; *Order Dt/Tm:* 4/2/2019 11:24:22

*Home Meds*  
APAP/ASA/caffeine : APAP/ASA/caffeine ; *Status:* Documented ; *Ordered As Mnemonic:* Goodys Extra Strength ; *Simple Display Line:* See Instructions, 1 packet as needed ; *Catalog Code:* acetaminophen/aspirin/caffeine ; *Order Dt/Tm:* 11/3/2011 16:02:16

**Provider: CASTRO ,MANUEL A MD****Date of Service:** 5/1/2019**Visit #:** 6437855822**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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**BH Clinical Documentation**

Med List Status - Updated : Med List Status - Updated ; *Status:* Documented ; *Ordered As Mnemonic:* Med List Status - Updated ; *Simple Display Line:* KKP NP, 0 Refill(s) ; *Catalog Code:* Med List Status - Updated ; *Order Dt/Tm:* 4/25/2019 15:10:55

metFORMIN : metFORMIN ; *Status:* Documented ; *Ordered As Mnemonic:* metFORMIN ; *Simple Display Line:* 500 mg, daily, 0 Refill(s) ; *Catalog Code:* metFORMIN ; *Order Dt/Tm:* 4/15/2016 15:22:33

**General Admission Information***Legal Guardian :* No*Information Given By :* Patient*Cultural/Spiritual Practices Impact Tx :* No*Presenting Problem :* F/U

MCKENZIE , KIMBERLY B - 5/1/2019 11:00 EDT

**Communication***Communication Barriers :* None*Preferred Language for Healthcare :* English

MCKENZIE , KIMBERLY B - 5/1/2019 11:00 EDT

**Advance Directives***Advance Directive Documents in EMR RTF :* No Advance Directive documents available.*Advance Directive Completed :* No or does not know*Reason No Living Will or POA :* Unable/Did not wish to provide advance directive*Advance Directive More Info Requested :* No

MCKENZIE , KIMBERLY B - 5/1/2019 11:00 EDT

**Risk for Harm to Others***Assaultive Ideations :* No*Homicidal Ideations :* No*Access to Firearms/Weapons :* No

MCKENZIE , KIMBERLY B - 5/1/2019 11:00 EDT

**CSSRS Short Version - Reassessment***CSSRS Reassess Able to Assess :* Yes*1. Have you wished you were dead or wished you could go to sleep and not wake up? (ref) :* Since last visit, no*2. Have you actually had any thoughts of killing yourself? (ref) :* Since last visit, no**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 5/1/2019**Visit #:** 6437855822**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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**BH Clinical Documentation**

6. Have you done anything, started to do anything, or prepared to do anything to end your life? (ref) : Since last visit, no  
MCKENZIE , KIMBERLY B - 5/1/2019 11:00 EDT

**Social History**Social History

(As Of: 5/1/2019 11:03:21 EDT)

## Tobacco:

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day. (Last  
Updated: 4/25/2019 14:06:21 EDT by LACY , SARAH LPN)

## Alcohol:

Denies (Last Updated: 4/25/2019 14:06:24 EDT by LACY ,  
SARAH LPN)

## Drug Abuse:

Denies (Last Updated: 4/25/2019 14:06:26 EDT by LACY ,  
SARAH LPN)

## Home/Environment:

Marital Status: Single. lives in an apartment by himself (Last  
Updated: 4/22/2019 01:00:41 EDT by WALLACE , ANNE S RN)

## Nutrition/Health:

Home Diet: Diabetic. (Last Updated: 4/22/2019 01:00:53 EDT  
by WALLACE , ANNE S RN)

## Abuse/Neglect:

History of Abuse: Past. Abuse Type: Mental, Sexual.  
Comments: Sexual abuse by MGM, emotional abuse by  
step-father. (Last Updated: 4/22/2019 01:01:30 EDT by  
WALLACE , ANNE S RN)

## Employment/School:

Frelance graffic art (Last Updated: 4/22/2019 01:02:13 EDT by  
WALLACE , ANNE S RN) Highest Education: College  
graduate. (Last Updated: 4/22/2019 01:02:24 EDT by  
WALLACE , ANNE S RN)

**Provider: CASTRO ,MANUEL A MD****Date of Service: 5/1/2019****Visit #: 6437855822****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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**BH Clinical Documentation***Social History Categories Addressed :* Tobacco, Alcohol, Drug abuse

MCKENZIE , KIMBERLY B - 5/1/2019 11:00 EDT

**Communications - Acute***Primary Care Provider :* BRADNER , RICHARD L MD*Cell Phone Number :* 980-613-2196\*\*\**Leave Voicemail :* Yes*Phone Number Availability :* Phone will be off at work. Please leave message*Provider of Record 1 :* BRADNER , RICHARD L MD*Provider Practice 1 :* PCP*Provider of Record 2 :* PENISTON , KATHLEEN KELLY NP*Provider Practice 2 :* Psychiatrist*Provider of Record 3 :* None*Provider Practice 3 :* Therapist none*Provider Comment 3 :* not interested at this time 04/17/18

MCKENZIE , KIMBERLY B - 5/1/2019 11:00 EDT

**Communications - BH***Patient Agreement Comm BH :* The patient gives oral or written consent for CHS to verbally share his/her health information with the individuals listed below [this includes, but is not limited to, diagnosis, prognosis, medications (dosage and side effects, if any) and progress].*BH Comm Share Info with others :* Yes*OC Reviewed Contact List :* 5/1/2019 11:00 EDT*Consent Valid BH :* This consent will be valid for one year unless revoked prior to expiration. Enter "End Date" for all BH encounters one year after "Date Identified".

MCKENZIE , KIMBERLY B - 5/1/2019 11:00 EDT

**BH Communication Grid***1. BH Consent Date Obtained :* 4/23/2019 EDT*BH Consent End Date - 1 year from date obtained :* 4/22/2020 EDT

[REDACTED]

*Relationship :* Mother*BH Witnessed By Name :* N/A - Patient signed paper consent (see scanned documents)*BH Witnessed By Relationship :* AH Staff Member*BH Comments :* consent revoked 5-1-19

MCKENZIE , KIMBERLY B - 5/1/2019 11:00 EDT

*2. BH Consent Date Obtained :* 4/23/2019 EDT*BH Consent End Date - 1 year from date obtained :* 4/22/2020 EDT

[REDACTED]

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 5/1/2019**Visit #:** 6437855822**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male





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**BH Clinical Documentation**

*Relationship :* Co-worker / Friend

*BH Witnessed By Name :* N/A - Patient signed paper consent (see scanned documents)

*BH Witnessed By Relationship :* AH Staff Member

*BH Comments :* consent revoked 5-1-19

MCKENZIE , KIMBERLY B - 5/1/2019 11:00 EDT

**Vitals**

*Height Actual or Stated? :* Stated/Estimated

*Height Documented in (UOM) :* feet/inches

*Height :* 181.61 cm

*Height Contributor (ft) :* 5 ft

*Height Contributor (inches) :* 11.5 inch

*Clinical Weight Contributor (kg) :* 94.4 kg

*Weight Actual or Stated? :* Actual

*Clinical Weight Documented in (UOM) :* kg

*Weight :* 94.4 kg

*Body Mass Index :* 28.62 kg/m2

*Body Surface Area :* 2.18 m2

*Peripheral Pulse Rate :* 98 BPM

*Systolic Blood Pressure :* 133 mmHg

*Diastolic Blood Pressure :* 82 mmHg

*Weight (lbs.) :* 208.12 lb

*Height (ft.) :* 5.96 ft

MCKENZIE , KIMBERLY B - 5/1/2019 11:00 EDT

**Pain History**

*Pain Present :* No

MCKENZIE , KIMBERLY B - 5/1/2019 11:00 EDT

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 5/1/2019

**Visit #:** 6437855822

**Pt Name:** WILLIAMS III, LEONARD CLINTON

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



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**Fax:**

### Vitals View

Recorded Date	5/1/2019	
Recorded Time	11:00 EDT	
Recorded By	MCKENZIE ,KIMBERLY B	
Procedure		Units
Height	181.61	cm
Weight	94.4	kg
BSA	2.18	m2
Body Mass Index	28.62	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Peripheral Pulse Rate	98	BPM
Systolic Blood Pressure	133	mmHg
Diastolic Blood Pressure	82	mmHg
Pain Present	No	

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/1/2019**

**Visit #: 6437855822**

**Pt Name: WILLIAMS III, LEONARD CLINTON**

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Patient Assessment**

**Patient Assessment**

Recorded Date	5/1/2019
Recorded Time	11:00 EDT
Recorded By	MCKENZIE ,KIMBERLY B
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/1/2019**

**Visit #: 6437855822**

**Pt Name: WILLIAMS III, LEONARD CLINTON**

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Fax:**

## Neurological

### Neurological

	Recorded Date	5/1/2019
	Recorded Time	11:03 EDT
	Recorded By	MCKENZIE ,KIMBERLY B
Procedure	Units	
Muscles of Facial Expression		0
Lips and Perioral Area		0
Jaw		0
Tongue		0
Upper (arms,wrists,hands,fingers)		0
Lower (legs,knees,ankles,toes)		0
Neck,Shoulders,Hips		0
Severity of Abnormal Movements		0
Incapacitation Due to Abnormal Movements		0
Client Awareness of Abnormal Movements		0 = No awareness
Current Problems with Teeth/Dentures		0 = No
Does Client Usually Wear Dentures?		0 = No

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/1/2019**

**Visit #: 6437855822**

**Pt Name: WILLIAMS III, LEONARD CLINTON**

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Phone:**

**Fax:**

## Psychosocial

### Psychosocial

	Recorded Date	5/1/2019
	Recorded Time	11:00 EDT
	Recorded By	MCKENZIE ,KIMBERLY B
Procedure	Units	
CSSRS Reassess Able to Assess		Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, no
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/1/2019**

**Visit #: 6437855822**

**Pt Name: WILLIAMS III, LEONARD CLINTON**

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Fax:**

### Visit Information

#### Visit Information

Recorded Date	5/1/2019	
Recorded Time	11:00 EDT	
Recorded By	MCKENZIE ,KIMBERLY B	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Medication Information Obtained From	Patient/family	
Primary Care Provider	BRADNER , RICHARD L MD	
Communication Barriers	None	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/1/2019**

**Visit #: 6437855822**

**Pt Name: WILLIAMS III, LEONARD CLINTON**

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Fax:**

### General Admission History

#### General Admission History

Recorded Date	5/1/2019
Recorded Time	11:00 EDT
Procedure	
Advance Directive Completed	No or does not know
Advance Directive More Info Requested	No
Recent Travel Outside United States MERS	See Below <sup>T1</sup>
Pregnant	N/A

#### Textual Results

T1: 5/1/2019 11:00 EDT (Recent Travel Outside United States MERS)  
No travel/no contact within past 14 days

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/1/2019**

**Visit #: 6437855822**

**Pt Name: WILLIAMS III, LEONARD CLINTON**

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Phone:**

**Fax:**

**TB Screen - Latex Sensitive - Skin Testing**

**TB Screen/Latex Sensitivity/Skin Testing**

Recorded Date	5/1/2019
Recorded Time	11:00 EDT
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/1/2019**

**Visit #: 6437855822**

**Pt Name: WILLIAMS III, LEONARD CLINTON**

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**





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**Fax:**

### Interdisciplinary and Patient Education

#### Interdisciplinary and Patient Education

Recorded Date	5/1/2019
Recorded Time	11:04 EDT
Recorded By	MCKENZIE ,KIMBERLY B
Procedure	
Preferred Learning Methods	Discussion, Observing
Barriers to Learning	None evident

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/1/2019**

**Visit #: 6437855822**

**Pt Name: WILLIAMS III, LEONARD CLINTON**

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Fax:**

### Behavioral Health

#### Behavioral Health

Recorded Date	5/1/2019	
Recorded Time	11:00 EDT	
Recorded By	MCKENZIE ,KIMBERLY B	
Procedure		Units
Presenting Problem	See Below <sup>T1</sup>	
Cultural/Spiritual Practices Impact Tx	No	
Assaultive Ideations	No	
Homicidal Ideations	No	
Access to Firearms/Weapons	No	

#### Textual Results

T1: 5/1/2019 11:00 EDT (Presenting Problem)  
F/U

**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 5/1/2019  
**Visit #:** 6437855822

**Pt Name:** WILLIAMS III, LEONARD CLINTON  
**Org MRN#:** 0000642066  
**DOB:** 11/1/1980 **Sex:** Male



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**Fax:**

### Procedure History

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

**Last Updated**

5/7/2019 05:25 EDT

**Procedure Date**

5/1/2019 23:59 EDT

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/1/2019**

**Visit #: 6437855822**

**Pt Name: WILLIAMS III, LEONARD CLINTON**

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:29 EST**

**Print ID: 350115758**