



**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: 6/13/2019**

**Visit #: 6439620101**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

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**Office/Clinic Visit Notes**

DOCUMENT NAME:

**PSYCH OMS NP WITH NURSE**

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 6439620101  
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 5/1/19. On Zyprexa, Celexa, Adderall.

- Called 1 week ago and reported being emotionally distraught and had increased dose of Adderall.
- Patient presents angry, irritable, agitated. He cusses and voice volume is elevated. He is not threatening or aggressive.

Situation: Pt reports a situation that continues to cause him emotional distress. He believes that his friend/co-worker got information regarding his history that he wanted to remain private and shared this with his employer. He states that people started to treat him differently and he noticed that people no longer wanted to be as friendly with him. He left the job over a year ago and did not tell me at that time that was the reason for his departure. He states that people from his past were out to get him and knew about his history of mental health treatment as well as some social struggles that he did not want others to know about. He feels betrayed and has been trying to get this person to admit this belief but she is not been willing to acknowledge this is indeed true. She was the person who also completed the INVOL paperwork when he was brought to the ED and states this was done in "bad faith" as he was not a danger. He asked to have her removed as a contact. Unfortunately, this seems to not have been completed and she was contacted when someone from our financial department contacted could not get in touch with the patient. He had a conversation with the person from the hospital and was angry and refused to give her his SS# because he did not feel that was appropriate and suspected that there was some nefarious reasons for her asking for this information.

- Patient eventually calms down and is willing to consider the unlikely role of our financial department colluding with this friend of his.
- He admits to spending time focussed on this situation daily and it does cause distress.

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- At one point he talks about it disrupting his ability to work but then later on, downplays other symptoms stating goof sleep and appetite as well as energy and concentration
- Patient is fixed in the belief he has surrounding this situation and I have no confirmation it is true. It does not appear he has specific evidence but interprets conversations and situations to confirm his suspicion
- He reports that he is not paranoid and knows this is true and will not consider that this is not the case. Again, I have no first hand knowledge of the situation and am unable to verify the information given.
- He states he believes his rights and privacy impeded and therefore is looking for legal council to bring a lawsuit against the people involved.
- He denies any recent SI. No HI. He denies AH/VH. The patient does seem to have some ideas of relating things back to himself when it is unlikely there is a connection.

**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)

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).

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## Office/Clinic Visit Notes

### 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

##### Home/Environment

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

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

##### Alcohol

06/13/2019 **Use:** Denies

##### Drug Abuse

06/13/2019 **Use:** Denies

##### Employment/School

04/22/2019 **Description:** Frelance graffic art

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### Office/Clinic Visit Notes

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

#### Nutrition/Health

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

#### Tobacco

06/13/2019 **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: Fluctuating.

Orientation: Oriented X4.

Language: Normal.

Level of consciousness: Alert.

Fund of Knowledge: Average.

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

Speech: Rapid, Overproductive, Perseverative.

Thought process: Distractible, Tangential, Perseverating.

Mood and affect: Labile, Irritable, 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

6/13/2019 13:32 EDT

Peripheral Pulse Rate

91 BPM

Systolic Blood Pressure

117 mmHg

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**Office/Clinic Visit Notes**

Diastolic Blood Pressure	78 mmHg
Blood Pressure Location	Right arm
BP Instrument	Machine
Blood Pressure Position	Sitting
, Measurements from flowsheet : Measurements - Standard	
6/13/2019 13:32 EDT	Height Contributor (ft)
	Height Contributor (inches)

**Health Maintenance****Health Maintenance****Pending** (in the next year)Due

Body Mass Index Follow-Up Plan due 06/13/19 and every  
HIV Screening due 06/13/19 One-time only  
Pneumococcal Vaccine due 06/13/19 One-time only  
Tdap Vaccine due 06/13/19 One-time only  
Tetanus Vaccine due 06/13/19 and every 10 year(s)

Due In Future

Body Mass Index not due until 04/30/20 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  
Medical Diagnoses: diabetes, elevated cholesterol and triglycerides  
Psychosocial Stressors: finances

Summary: Remains consumed with situation regarding old job and work colleague. Unclear the amount of validity as cannot confirm. Patient is distraught and agitated during the assessment. Recently increased his own Adderall.

**Plan**

- 1) Medication: Zyprexa 10mg at bedtime; Celexa 20mg daily. Adderall XR 20 BID (do not change meds or increase or decrease doses).
- 2) Therapy - not seeing currently
- 3) Labwork Ordered - need updated labs -
- 4) SA Treatment - Not indicated

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### **Office/Clinic Visit Notes**

- 5) RTC in 1-2 weeks 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.

#### **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**

**06/13/2019 04:47 PM**

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

**06/18/19 10:23 AM**

**Provider: CASTRO ,MANUEL A MD**

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**Insurance**

**Provider: CASTRO ,MANUEL A MD**

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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: 6439620101

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  
  
Signature: Signature captured with Topaz by Williams, Leonard Clinton III at 6/13/2019 1:20:28 PM

Relationship to Patient:



039



WILLIAMS III, LEONARD CLINTON

0000642066; 3714274; 0005837791; 0005837791; 0005837791; 0005837791;  
0005837791; 0005837791; 0003160689  
6439620101

11/1/1980

\* Insurance. - Auth (Verified) \*

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**Electronic Orders**

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

Order: <b>Est OV Level 4 -99214</b>		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: 6/13/19 3:00:00 PM EDT, Bipolar 1 disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 6/13/2019 15:00 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider: CASTRO ,MANUEL A MD	
Order Details: 06/13/19 15:00:00 EDT, Bipolar 1 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

**Name:**

WILLIAMS III, LEONARD  
CLINTON

**Phone:**

(980) [REDACTED]

**Primary Care Provider:**

BRADNER, RICHARD L MD

**Preferred Language:**

English

**Visit Date:** 06/13/2019

**MRN:**

0000642066

**Age:**

38 Years

**Race:**

White

**Allergies:**

No known allergies

**DOB:**

11/1/1980

**Gender:**

Male

**Ethnicity:**

Not Hispanic or Latino

*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*

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### Discharge Information - Patient Education

*today's visit may be missing or incomplete if your Atrium Health facility/provider has yet to transition to 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 1 disorder

**Today's Clinical Information:**

**Height:**5 ft 11.5 inch

**Weight:** 96.0 kg

**BMI:** 29.11 kg/m2

**Blood Pressure:** 117 mmHg / 78 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

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**Discharge Information - Patient Education****Orders this Visit**

No visit orders documented

**Completed Information:****Laboratory and Radiology this Visit** (last charted value for your 06/13/2019 visit)

No Laboratory and Radiology documented

**My Medicine List**

	New Medicines to take at Home	Prescription	Next Dose Due
1.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> See Instructions 2 capsules each am	Sent to CMC RANDOLPH PHARMACY 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
	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>metFORMIN (metFORMIN)</b> 500 mg daily		
4.	<b>OLANzapine (ZyPREXA 5 mg oral tablet)</b> See Instructions 1-2 tablets at bedtime		
<b><i>These Medicines have been Changed or Stopped</i></b>			
<b>Medicine has changed. See #1 in New Medications above.</b> <b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> See Instructions 2 capsules each am			
<b>Medicine has changed. See #1 in New Medications above.</b> <b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b>			

Provider: CASTRO ,MANUEL A MD

Date of Service: 6/13/2019

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

See Instructions 2 capsules each am

\*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 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**

##### **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.

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

Nurses, pharmacists, or doctors answer your questions. For help, call the poison control center at **1-800-222-1222**.

**National Suicide Prevention Lifeline 1-800-273-TALK (8255)**

**National Domestic Violence Hotline 1-800-799-SAFE**

**National Human Trafficking Hotline 1-888-373-7888**

**Substance Abuse and Mental Health Services Administration (SAMHSA) 1-800-662-HELP (4357)**

#### **Patient Online Access:**

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

- Send a message to your doctor
  - Look at your health record, medications and health videos
  - 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://my.atriumhealth.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**

**MRN:** 0000642066

**Name:** WILLIAMS III, LEONARD CLINTON

**Visit Date:** 6/13/2019 13:40:00

**FIN:** 6439620101

**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*

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 6/13/2019

**Visit #:** 6439620101

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:28 EST

**Print ID:** 350115757



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**Discharge Information - Patient Education**

**DOCUMENT NAME:**

**Ambulatory Depart Form - Text**

**Ambulatory Depart Form Entered On: 6/13/2019 13:38 EDT**  
**Performed On: 6/13/2019 13:38 EDT by ELMORE , SHANELLE LPN**

**Ambulatory Educational Assessment**

*Identified Learning Needs :* Medications

(Comment: Celexa, Zyprexa, Adderall [ELMORE , SHANELLE LPN - 6/13/2019 13:38 EDT] )

*Preferred Learning Methods :* Discussion, Observing

*Barriers to Learning :* None evident

**ELMORE , SHANELLE LPN - 6/13/2019 13:38 EDT**

**Provider: CASTRO ,MANUEL A MD**

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**Discharge Information - Patient Education**

**DOCUMENT NAME:**

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

**Education/Pt. Response Entered On: 6/13/2019 15:00 EDT**

**Performed On: 6/13/2019 15:00 EDT by PENISTON , KATHLEEN KELLY NP**

**Response to Education**

*Response to Teaching :* Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 6/13/2019 15:00 EDT

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**BH Clinical Documentation**

DOCUMENT NAME:

**Outpatient Medication Clinic - BH Entered On: 6/13/2019 13:38 EDT**  
**Performed On: 6/13/2019 13:32 EDT by ELMORE , SHANELLE LPN**

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

ELMORE , SHANELLE LPN - 6/13/2019 13:32 EDT

**Allergies**

(As Of: 6/13/2019 13:38:04 EDT)

Allergies (Active)

No known allergies

*Estimated Onset Date:* Unspecified ; *Created By:* COON ,  
NICHOLAS F; *Reaction Status:* Active ; *Category:* Drug ;  
*Substance:* No known allergies ; *Type:* Allergy ; *Updated By:*  
COON , NICHOLAS F; *Reviewed Date:* 6/13/2019 13:33 EDT

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

ELMORE , SHANELLE LPN - 6/13/2019 13:32 EDT

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

ELMORE , SHANELLE LPN - 6/13/2019 13:32 EDT

Medication List

(As Of: 6/13/2019 13:38:04 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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Fax:

**BH Clinical Documentation**

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

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

*Home Meds*  
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

**Provider: CASTRO ,MANUEL A MD****Date of Service:** 6/13/2019**Visit #:** 6439620101**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

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

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

ELMORE , SHANELLE LPN - 6/13/2019 13:32 EDT

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

ELMORE , SHANELLE LPN - 6/13/2019 13:32 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 name surrogate decision maker, Unable/Did not wish to provide advance directive*Advance Directive More Info Requested :* No

ELMORE , SHANELLE LPN - 6/13/2019 13:32 EDT

**Risk for Harm to Others***Assaultive Ideations :* No*Homicidal Ideations :* No*Does Patient Have a Plan :* No*Recent Attempt to Harm Others :* No*Access to Firearms/Weapons :* No*History of Danger to others :* No

ELMORE , SHANELLE LPN - 6/13/2019 13:32 EDT

**CSSRS Short Version - Reassessment****Provider:** CASTRO ,MANUEL A MD**Date of Service:** 6/13/2019**Visit #:** 6439620101**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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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

6. Have you done anything, started to do anything, or prepared to do anything to end your life? (ref) : Since last visit, no  
ELMORE , SHANELLE LPN - 6/13/2019 13:32 EDT

**Social History**

Social History

(As Of: 6/13/2019 13:38:04 EDT)

Tobacco:

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day. (Last Updated: 6/13/2019 13:35:31 EDT by ELMORE , SHANELLE LPN)

Alcohol:

Denies (Last Updated: 6/13/2019 13:35:33 EDT by ELMORE , SHANELLE LPN)

Drug Abuse:

Denies (Last Updated: 6/13/2019 13:35:35 EDT by ELMORE , SHANELLE 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:

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 6/13/2019**

**Visit #: 6439620101**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

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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)

Do You Want to Stop Using Tobacco? : N/A

Social History Categories Addressed : Tobacco, Alcohol, Drug abuse

ELMORE , SHANELLE LPN - 6/13/2019 13:32 EDT

**Communications - Acute**

Primary Care Provider : BRADNER , RICHARD L MD

Cell Phone Number : 980- [REDACTED]

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

ELMORE , SHANELLE LPN - 6/13/2019 13:32 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 : 6/13/2019 13:32 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".

ELMORE , SHANELLE LPN - 6/13/2019 13:32 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

Contact Name : Angie [REDACTED]

Contact Number : 423- [REDACTED]

Relationship : Mother

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

BH Witnessed By Relationship : AH Staff Member

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**Provider: CASTRO ,MANUEL A MD****Date of Service: 6/13/2019****Visit #: 6439620101****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**





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**BH Clinical Documentation**

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

ELMORE , SHANELLE LPN - 6/13/2019 13:32 EDT

2. *BH Consent Date Obtained :* 4/23/2019 EDT

*BH Consent End Date - 1 year from date obtained :* 4/22/2020 EDT

*Contact Name :* Jennifer Cox

*Contact Number :* 704- [REDACTED]

*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

ELMORE , SHANELLE LPN - 6/13/2019 13:32 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) :* 96.0 kg

*Weight Actual or Stated? :* Actual

*Clinical Weight Documented in (UOM) :* kg

*Weight :* 96 kg

*Body Mass Index :* 29.11 kg/m2

*Body Surface Area :* 2.2 m2

*Peripheral Pulse Rate :* 91 BPM

*Systolic Blood Pressure :* 117 mmHg

*Diastolic Blood Pressure :* 78 mmHg

*Blood Pressure Location :* Right arm

*Blood Pressure Position :* Sitting

*BP Instrument :* Machine

*Weight (lbs.) :* 211.64 lb

*Height (ft.) :* 5.96 ft

ELMORE , SHANELLE LPN - 6/13/2019 13:32 EDT

**Pain History**

*Pain Present :* No

ELMORE , SHANELLE LPN - 6/13/2019 13:32 EDT

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 6/13/2019

**Visit #:** 6439620101

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



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**Phone:**

**Fax:**

### Vitals View

Recorded Date	6/13/2019	
Recorded Time	13:32 EDT	
Recorded By	ELMORE ,SHANELLE LPN	
Procedure		Units
Height	181.61	cm
Weight	96	kg
BSA	2.2	m2
Body Mass Index	29.11	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Peripheral Pulse Rate	91	BPM
Systolic Blood Pressure	117	mmHg
Diastolic Blood Pressure	78	mmHg
Blood Pressure Location	Right arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	No	

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 6/13/2019**

**Visit #: 6439620101**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Fax:**

**Patient Assessment**

**Patient Assessment**

Recorded Date	6/13/2019
Recorded Time	13:32 EDT
Recorded By	ELMORE ,SHANELLE LPN
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 6/13/2019**

**Visit #: 6439620101**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Fax:**

## Psychosocial

### Psychosocial

	Recorded Date	6/13/2019
	Recorded Time	13:32 EDT
	Recorded By	ELMORE ,SHANELLE LPN
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:** 6/13/2019

**Visit #:** 6439620101

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

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Phone:

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**Visit Information****Visit Information**

Recorded Date	6/13/2019	
Recorded Time	13:32 EDT	
Recorded By	ELMORE ,SHANELLE LPN	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Medication Information Obtained From	Patient/family	
Primary Care Provider	BRADNER , RICHARD L MD	
Medication Status	Medication list updated	
Communication Barriers	None	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 6/13/2019**Visit #:** 6439620101**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	6/13/2019
Recorded Time	13:32 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: 6/13/2019 13:32 EDT (Recent Travel Outside United States MERS)  
No travel/no contact within past 14 days

**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 6/13/2019  
**Visit #:** 6439620101

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



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**Fax:**

### **Social Habits**

#### **Social Habits**

Recorded Date	6/13/2019
Recorded Time	13:32 EDT
Procedure	
Do You Want to Stop Using Tobacco?	N/A

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 6/13/2019**

**Visit #: 6439620101**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:28 EST**

**Print ID: 350115757**



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**Fax:**

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

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

Recorded Date	6/13/2019
Recorded Time	13:32 EDT
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 6/13/2019**

**Visit #: 6439620101**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**





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### **Interdisciplinary and Patient Education**

#### **Interdisciplinary and Patient Education**

Recorded Date	6/13/2019
Recorded Time	13:38 EDT
Recorded By	ELMORE ,SHANELLE LPN
Procedure	
Preferred Learning Methods	Discussion, Observing
Barriers to Learning	None evident

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 6/13/2019**

**Visit #: 6439620101**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Phone:**

**Fax:**

### Behavioral Health

#### Behavioral Health

Recorded Date	6/13/2019	
Recorded Time	13:32 EDT	
Recorded By	ELMORE ,SHANELLE LPN	
Procedure		Units
Presenting Problem	See Below <sup>T1</sup>	
Cultural/Spiritual Practices Impact Tx	No	
Assaultive Ideations	No	
Homicidal Ideations	No	
Does Patient Have a Plan	No	
Recent Attempt to Harm Others	No	
Access to Firearms/Weapons	No	
History of Danger to others	No	

#### Textual Results

T1: 6/13/2019 13:32 EDT (Presenting Problem)  
f/u

**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 6/13/2019  
**Visit #:** 6439620101

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



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### Procedure History

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

**Last Updated**

6/19/2019 05:24 EDT

**Procedure Date**

6/13/2019 23:59 EDT

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 6/13/2019**

**Visit #: 6439620101**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:28 EST**

**Print ID: 350115757**