



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Provider: CASTRO ,MANUEL A MD
Date of Service: 6/24/2019
Visit #: 6439957311

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

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

DOCUMENT NAME:

PSYCH OMS NP WITH NURSE

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 6439957311
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 6/13/19. On Zyprexa, Celexa, Adderall.

- Patient was seen 10 days ago and was struggling with feeling overwhelmed and "emotionally devastated" due to situation described below.
- He had increased his own Adderall and I suggested we decrease the dose back down and that he take a consistent dose of Zyprexa each night.
- After a few days of following this plan he started to feel better. Still struggling with feeling overwhelmed but improved since last visit.
- 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 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.
- Overall, patient is much improved since last visit. More easily redirected and able to answer questions more directly.

Per last visit on 6/13/19: 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

Provider: CASTRO ,MANUEL A MD**Date of Service: 6/24/2019****Visit #: 6439957311****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

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.

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)

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).

Provider: CASTRO ,MANUEL A MD**Date of Service:** 6/24/2019**Visit #:** 6439957311**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

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

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

Nutrition/Health

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

Tobacco

06/13/2019 **Smoking Status:** Never smoker

Provider: CASTRO ,MANUEL A MD

Date of Service: 6/24/2019

Visit #: 6439957311

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

Years Active Cigarette Smoker: 0
Avg # Packs Per Day (20 cigs/pack): 0

Abuse/Neglect04/22/2019 **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**

6/24/2019 14:07 EDT

Peripheral Pulse Rate**116 BPM HI**

Systolic Blood Pressure

117 mmHg

Diastolic Blood Pressure

77 mmHg

Blood Pressure Location

Left arm

BP Instrument

Machine

Blood Pressure Position

Sitting

, Measurements from flowsheet : Measurements - Standard

6/24/2019 14:07 EDT

Height Contributor (ft)

5 ft

Height Contributor (inches)

11.5 inch

Provider: CASTRO ,MANUEL A MD**Date of Service:** 6/24/2019**Visit #:** 6439957311**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

Health Maintenance

Health Maintenance

Pending (in the next year)

Due

Body Mass Index Follow-Up Plan due 06/24/19 and every

HIV Screening due 06/24/19 One-time only

Pneumococcal Vaccine due 06/24/19 One-time only

Tdap Vaccine due 06/24/19 One-time only

Tetanus Vaccine due 06/24/19 and every 10 year(s)

Due In Future

Body Mass Index not due until 06/12/20 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: Improved from last visit though still distressed and ruminative regarding situation with ex-employer.

Plan

- 1) Medication: Zyprexa 10mg at bedtime; Celexa 20mg daily. Adderall XR 20 BID
- 2) Therapy - not seeing currently
- 3) Labwork Ordered - need updated labs -
- 4) SA Treatment - Not indicated
- 5) RTC in 6 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.

Provider: CASTRO ,MANUEL A MD

Date of Service: 6/24/2019

Visit #: 6439957311

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

Electronically Signed By: PENISTON, KATHLEEN KELLY NP
06/24/2019 02:46 PM

Electronically Signed By: CASTRO, MANUEL A MD
06/28/19 10:42 AM

Provider: CASTRO ,MANUEL A MD
Date of Service: 6/24/2019
Visit #: 6439957311

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Correspondence Other

Provider: CASTRO ,MANUEL A MD

Date of Service: 6/24/2019

Visit #: 6439957311

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

11/1/1980

* Release Authorization - Auth (Verified) *

Patient Customer Service Request

Patient Information

Patient Name	Date of Birth	MRN	Gender
Williams, Leonard Clinton III	11/01/1980	E4075295	M
Address	Phone Numbers	Email	
13009 YORKRIDGE DRIVE APT 214 CHARLOTTE NC 28273	Hm: 980-613-2196 Cell: 980-613-2196	brokerc3@gmail.com	

Message

Form Title: Request Medical Records
Submitted Data

I consent to share my medical record as follows:
Release my records from: Atrium Health

Date(s) of service
From Date: Sat 08/05/2017
To Date: Mon 08/05/2019

Include these records:

- ☐ Summary
- ☐ Discharge or clinical summary
- ☐ Emergency record
- ☐ History and physical
- ☐ Operative reports
- ☐ Lab reports
- ☐ Radiology and X-ray reports
- ☐ Entire record
- ☒ Other: Accounting Disclosure

Release these records to me

I want these records as a(n) Electronic PDF in MyAtriumHealth

Requester name: Leonard Clinton Williams III
Relationship to patient: Self

Sent Disclosure letter to MYAH; must be filled out and sent back 08/06 [DALBRI02-8/6/2019 10:56:43 AM]

11/1/1980

* Release Authorization - Auth (Verified) *



Our office has received your request for copies of your (or a family members) medical record to be sent to yourself or to someone else. To better assist you, we need more information to complete your request. We have checked the box(es) showing what information is needed. You may provide this information either by calling 704-667-9500 or by sending us this information on the original request, which we have enclosed.

- ☐ Full name at time of treatment (i.e. maiden name, proper spelling) & Date of Birth
- ☐ A description of records needed. Please provide as much information as you can, for example:
 - ___ Treatment Dates/Date Range
 - ___ Treatment Facility or Location or Treating Physician
 - ___ Documents needed (e.g. Discharge Summary, ED Visit, Labs, X-Ray report, etc.)
- ☐ Please clarify where to send the requested information
- ☐ Please clarify how to send requested information by selecting a Format/Delivery Method
- ☐ Release must be signed. The relationship to the patient must be listed if someone other than the patient signs the request.
- ☐ Release was signed by someone other than the patient or minor child's parent. Please provide the following information:
 - ___ Proof of Guardianship
 - ___ Power of Attorney/Health Care Power of Attorney (with visible notary seal)
 - ___ Documents showing Administrator/Executor of the Estate
 - ___ Death Certificate/Next of Kin Affidavit (with visible notary seal)
- ☐ We are unable to verify your identity by signature match.
 - ___ The form has an E-Signature. Please provide a wet signature.
 - ___ Please provide a copy of a valid ID
(i.e. Driver's License or other federal/state issued identification)
- ☐ We do not show a visit to our facility/practice on the date(s) that were requested.
- ☐ After an extensive search of our files, we have been unable to find that you or your family member were treated at the facility/practice listed on the request.
- ☐ Atrium Health is not the custodian of records for the facility requested, please forward your request to the facility specified.
- ☒ Other: The attached request form should be filled out and sent back either by fax, mail or email

Once you have given us the information listed above, we will provide you with the records requested. If you have any questions, please feel free to contact us at 704-667-9500. Thank you for providing us with the opportunity to serve you.

Sincerely,

Atrium Health
Corporate Health Information Management-Release of Information
Mailing: PO Box 32861, Charlotte, NC 28232
Phone: (704) 667-9500 | Fax: (704) 446-6037
Email: MedicalRecordsROI@atriumhealth.org



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Insurance

Provider: CASTRO ,MANUEL A MD

Date of Service: 6/24/2019

Visit #: 6439957311

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

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: 6439957311

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

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 6/24/2019 1:55:15 PM

Relationship to Patient: Self



039



WILLIAMS III, LEONARD CLINTON

11/1/1980

0000642066; 3714274; 0005837791; 0005837791; 0005837791; 0005837791;
0005837791; 0005837791; 0003160689
6439957311

* Insurance. - Auth (Verified) *

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Electronic Orders

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

Order: Est OV Level 3 -99213		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: 6/24/19 2:31:00 PM EDT, Bipolar disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 6/24/2019 14:31 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider: CASTRO ,MANUEL A MD	
Order Details: 06/24/19 14:31:00 EDT, Bipolar disorder		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Provider: CASTRO ,MANUEL A MD
Date of Service: 6/24/2019
Visit #: 6439957311

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

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	MRN: 0000642066	DOB: 11/1/1980
Phone: (980) 613-2196	Age: 38 Years	Gender: Male
Primary Care Provider: BRADNER , RICHARD L MD	Race: White	Ethnicity: Not Hispanic or Latino
Preferred Language: English	Allergies: No known allergies	
Visit Date: 06/24/2019		

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

Provider: CASTRO ,MANUEL A MD
Date of Service: 6/24/2019
Visit #: 6439957311

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

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 disorder

Today's Clinical Information:

Height:5 ft 11.5 inch

Weight: 94.0 kg

BMI: 28.5 kg/m2

Blood Pressure: 117 mmHg / 77 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

Provider: CASTRO ,MANUEL A MD

Date of Service: 6/24/2019

Visit #: 6439957311

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

Orders this Visit

No visit orders documented

Completed Information:

Laboratory and Radiology this Visit (last charted value for your 06/24/2019 visit)

No Laboratory and Radiology documented

My Medicine List

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

Provider: CASTRO ,MANUEL A MD

Date of Service: 6/24/2019

Visit #: 6439957311

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

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. 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:

Provider: CASTRO ,MANUEL A MD

Date of Service: 6/24/2019

Visit #: 6439957311

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

- 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

Provider: CASTRO ,MANUEL A MD
Date of Service: 6/24/2019
Visit #: 6439957311

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Patient Education

Patient Education



Patient Education Materials

MRN: 0000642066

Name: WILLIAMS III, LEONARD CLINTON

Visit Date: 6/24/2019 13:40:00

FIN: 6439957311

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: 6/24/2019

Visit #: 6439957311

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:28 EST

Print ID: 350115756



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Ambulatory Depart Form - Text

Ambulatory Depart Form Entered On: 6/24/2019 14:13 EDT

Performed On: 6/24/2019 14:13 EDT by MCKENZIE , KIMBERLY B

Ambulatory Educational Assessment

Identified Learning Needs : Medications

(Comment: citalopram, olanzepine , Dextroamphetamine [MCKENZIE , KIMBERLY B - 6/24/2019 14:13 EDT])

Preferred Learning Methods : Discussion, Observing

Barriers to Learning : None evident

MCKENZIE , KIMBERLY B - 6/24/2019 14:13 EDT

Provider: CASTRO ,MANUEL A MD

Date of Service: 6/24/2019

Visit #: 6439957311

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Education/Pt. Response Form - Text

Education/Pt. Response Entered On: 6/24/2019 14:29 EDT

Performed On: 6/24/2019 14:29 EDT by PENISTON , KATHLEEN KELLY NP

Response to Education

Response to Teaching : Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 6/24/2019 14:29 EDT

Provider: CASTRO ,MANUEL A MD

Date of Service: 6/24/2019

Visit #: 6439957311

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

DOCUMENT NAME:

**Outpatient Medication Clinic - BH Entered On: 6/24/2019 14:10 EDT
Performed On: 6/24/2019 14:07 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 - 6/24/2019 14:07 EDT

Allergies

(As Of: 6/24/2019 14:10:02 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:* 6/24/2019
14:07 EDT

Latex Allergy : No

Spina Bifida : No

Denies Latex Signs Symptoms : Yes

Pregnancy Status : N/A

MCKENZIE , KIMBERLY B - 6/24/2019 14:07 EDT

Med List

Medication Information Obtained From : Patient/family

MCKENZIE , KIMBERLY B - 6/24/2019 14:07 EDT

Medication List

(As Of: 6/24/2019 14:10:02 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

Provider: CASTRO ,MANUEL A MD

Date of Service: 6/24/2019

Visit #: 6439957311

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

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:* 6/13/2019 14:58:44

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

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**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 6/24/2019**Visit #:** 6439957311**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation*Presenting Problem* : F/U

MCKENZIE , KIMBERLY B - 6/24/2019 14:07 EDT

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

MCKENZIE , KIMBERLY B - 6/24/2019 14:07 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 - 6/24/2019 14:07 EDT

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

MCKENZIE , KIMBERLY B - 6/24/2019 14:07 EDT

CSSRS Short Version - Reassessment*CSSRS Reassess Able to Assess* : Yes1. *Have you wished you were dead or wished you could go to sleep and not wake up? (ref)* : Since last visit, no2. *Have you actually had any thoughts of killing yourself? (ref)* : Since last visit, no6. *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 - 6/24/2019 14:07 EDT

Social HistorySocial History

(As Of: 6/24/2019 14:10:02 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)

Provider: CASTRO ,MANUEL A MD**Date of Service:** 6/24/2019**Visit #:** 6439957311**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

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)

Social History Categories Addressed : Tobacco, Alcohol, Drug abuse

MCKENZIE , KIMBERLY B - 6/24/2019 14:07 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 - 6/24/2019 14:07 EDT

Provider: CASTRO ,MANUEL A MD

Date of Service: 6/24/2019

Visit #: 6439957311

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation**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 : 6/24/2019 14:07 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 - 6/24/2019 14:07 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

BH Comments : consent revoked 5-1-19

MCKENZIE , KIMBERLY B - 6/24/2019 14:07 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

MCKENZIE , KIMBERLY B - 6/24/2019 14:07 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) : 94.0 kg

Weight Actual or Stated? : Actual

Clinical Weight Documented in (UOM) : kg

Weight : 94 kg

Body Mass Index : 28.5 kg/m2

Provider: CASTRO ,MANUEL A MD**Date of Service:** 6/24/2019**Visit #:** 6439957311**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

Body Surface Area : 2.18 m2
Peripheral Pulse Rate : 116 BPM (HI)
Systolic Blood Pressure : 117 mmHg
Diastolic Blood Pressure : 77 mmHg
Blood Pressure Location : Left arm
Blood Pressure Position : Sitting
BP Instrument : Machine
Weight (lbs.) : 207.23 lb
Height (ft.) : 5.96 ft

Pain History

Pain Present : No

MCKENZIE , KIMBERLY B - 6/24/2019 14:07 EDT

MCKENZIE , KIMBERLY B - 6/24/2019 14:07 EDT

Provider: CASTRO ,MANUEL A MD
Date of Service: 6/24/2019
Visit #: 6439957311

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Vitals View

Recorded Date	6/24/2019	
Recorded Time	14:07 EDT	
Recorded By	MCKENZIE ,KIMBERLY B	
Procedure		Units
Height	181.61	cm
Weight	94	kg
BSA	2.18	m2
Body Mass Index	28.5	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Peripheral Pulse Rate	116 ^H	BPM
Systolic Blood Pressure	117	mmHg
Diastolic Blood Pressure	77	mmHg
Blood Pressure Location	Left arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	No	

Provider: CASTRO ,MANUEL A MD

Date of Service: 6/24/2019

Visit #: 6439957311

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Patient Assessment

Patient Assessment

Recorded Date	6/24/2019
Recorded Time	14:07 EDT
Recorded By	MCKENZIE ,KIMBERLY B
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

Provider: CASTRO ,MANUEL A MD

Date of Service: 6/24/2019

Visit #: 6439957311

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Psychosocial

Psychosocial

	Recorded Date	6/24/2019
	Recorded Time	14:07 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: 6/24/2019

Visit #: 6439957311

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Visit Information

Visit Information

Recorded Date	6/24/2019	
Recorded Time	14:07 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: 6/24/2019

Visit #: 6439957311

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

General Admission History

General Admission History

Recorded Date	6/24/2019
Recorded Time	14:07 EDT
Procedure	
Advance Directive Completed	No or does not know
Advance Directive More Info Requested	No
Recent Travel Outside United States MERS	See Below ^{T1}
Pregnant	N/A

Textual Results

T1: 6/24/2019 14:07 EDT (Recent Travel Outside United States MERS)
No travel/no contact within past 14 days

Provider: CASTRO ,MANUEL A MD
Date of Service: 6/24/2019
Visit #: 6439957311

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

TB Screen - Latex Sensitive - Skin Testing

TB Screen/Latex Sensitivity/Skin Testing

Recorded Date	6/24/2019
Recorded Time	14:07 EDT
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

Provider: CASTRO ,MANUEL A MD

Date of Service: 6/24/2019

Visit #: 6439957311

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Interdisciplinary and Patient Education

Interdisciplinary and Patient Education

Recorded Date	6/24/2019
Recorded Time	14:13 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: 6/24/2019

Visit #: 6439957311

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Behavioral Health

Behavioral Health

	Recorded Date Recorded Time Recorded By	6/24/2019 14:07 EDT MCKENZIE ,KIMBERLY B	
Procedure			Units
Presenting Problem		See Below ^{T1}	
Cultural/Spiritual Practices Impact Tx		No	
Assaultive Ideations		No	
Homicidal Ideations		No	
Access to Firearms/Weapons		No	

Textual Results

T1: 6/24/2019 14:07 EDT (Presenting Problem)
F/U

Provider: CASTRO ,MANUEL A MD
Date of Service: 6/24/2019
Visit #: 6439957311

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Procedure History

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

Last Updated

6/28/2019 05:23 EDT

Procedure Date

6/24/2019 23:59 EDT

Provider: CASTRO ,MANUEL A MD

Date of Service: 6/24/2019

Visit #: 6439957311

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:28 EST

Print ID: 350115756

**AH BH Charlotte OMS Medication****501 Billingsley Rd****Charlotte, NC 28211-****Phone:****Fax:**

PHYSICIAN FACESHEET - PATIENT DEMOGRAPHICS UPDATED: 08/20/2019 1206

NAME : WILLIAMS,LEONARD CLINTON ADM DATE/TIME: 08/15/2019 1100
PT. TYPE : OP DIS DATE : 08/15/2019 2359
SERVICE : VEA LOCATION : HOMSADDRESS #1 : 13009 YORKRIDGE DRIVE ADMIT SOURCE : 1
ADDRESS #2 : APT 214 MED REC# : 000064-20-66
CITY : CHARLOTTE ACCOUNT # : CHS64419-13522
CO/ST/ZIP : NC 28273 PHONE (H) : (980)613-2196
RACE : White or Caucasian PHONE (W) :
PHONE (M) : (980)613-2196BIRTHDATE : 11/01/1980 SEX : MALE
SS # : XXX-XX-4844ACCIDENT :
ACCIDENT DATE:ADMIT DX : Bipolar disorder, unspecified
WORKING DX : Other specified behavioral and emotional disorders with onset usually
occurring in childhood and adolescencePRI CARE MD : BRADNER,RICHARD

ADMIT MD : PENISTON CNS,KATHLEEN K

ATTEND MD : CASTRO,MANUEL A

REFER MD : ,

ER MD : PENISTON CNS,KATHLEEN K

GUARANTOR : WILLIAMS,LEONARD CLINTON

ADDRESS #1 : 13009 YORKRIDGE DRIVE

ADDRESS #2 : APT 214

CITY : CHARLOTTE

ST/ZIP : NC 28273

PHONE (W) :

REL TO PT :SELF

RELATIVE : WILLIAMS,LEONARD

REL ADDRESS 1: 7235 CITY VIEW DRIVE

REL ADDRESS 2:

REL CITY : CHARLOTTE

REL ST/ZIP : NC 28212

REL PHONE (H): (980)613-2196

REL PHONE (W):

REL TO PT : FRIEND

EMPLOYER :

ADDRESS #1 :

CITY :

ADDRESS #2 :

ST/ZIP :

INSURANCE 1

COMPANY : SELF PAY

GROUP # :

POL/SS # :

INSURED : WILLIAMS,LEONARD CLINTON

REL TO INS :

MAIL TO : ,

ADDRESS #1 :

ADDRESS #2 :

CITY/ST/ZIP:

PHONE :

EXT:

APPROV/REF :

INSURANCE

COMPANY :

GROUP # :

POL/SS # :

INSURED : ,

REL TO INS :

MAIL TO : ,

ADDRESS #1 :

ADDRESS #2 :

CITY/ST/ZIP :

PHONE :

EXT:

APPROV/REF :

Provider: CASTRO ,MANUEL A MD**Date of Service: 8/15/2019****Visit #: 6441913522****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

INSURANCE
COMPANY :
GROUP # :
POL/SS # :
INSURED : ,
REL TO INS :
MAIL TO : ,
ADDRESS #1 :
ADDRESS #2 :
CITY/ST/ZIP:
PHONE :

APPROV/REF :
COMMENT :

EXT :

INSURANCE
COMPANY :
GROUP # :
POL/SS # :
INSURED : ,
REL TO INS :
MAIL TO : ,
ADDRESS #1 :
ADDRESS #2 :
CITY/ST/ZIP :
PHONE :

APPROV/REF :
COMMENT :

EXT :

Provider: CASTRO ,MANUEL A MD
Date of Service: 8/15/2019
Visit #: 6441913522

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

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

DOCUMENT NAME:

PSYCH OMS NP WITH NURSE

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 6441913522
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 6/24/19. On Zyprexa, Celexa, Adderall.

- Doing fair. Good sleep and appetite. Energy and concentration are well.
- Patient continues to have concerns about his medical record being compromised and information shared with unauthorized persons.
- Less focussed and distraught about situation at work and with friends that has been causing him distress over the past several months.
- He denies any recent SI. No HI. He denies AH/VH. No ETOH or drugs.

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)

ZyPREXA 5 mg oral tablet: See Instructions, 1-2 tablets at bedtime, 60 tablet, 0 Refill(s)

citalopram 20 mg oral tablet: 20 mg, 1 tablet, ORAL, Daily, 30 tablet, 0 Refill(s)

Provider: CASTRO ,MANUEL A MD**Date of Service:** 8/15/2019**Visit #:** 6441913522**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

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

Home/Environment

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

Provider: CASTRO ,MANUEL A MD

Date of Service: 8/15/2019

Visit #: 6441913522

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

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:** Freelance graphic art

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

Nutrition/Health

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

Tobacco

08/15/2019 **Currently Using Any Form of Tobacco:** No

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, Perserverative.

Provider: CASTRO ,MANUEL A MD

Date of Service: 8/15/2019

Visit #: 6441913522

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

Thought process: Distractible, Tangential, Perseverating.

Mood and affect: Anxious.

Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts.

Perceptions+: No abnormalities.

Insight: Fair.

Judgment: Fair.

VS/Measurements

Vital Signs

8/15/2019 10:37 EDT

Peripheral Pulse Rate

105 BPM HI

Systolic Blood Pressure

104 mmHg LOW

Diastolic Blood Pressure

75 mmHg

Blood Pressure Location

Right arm

BP Instrument

Machine

Blood Pressure Position

Sitting

, Measurements from flowsheet : Measurements - Standard

8/15/2019 10:37 EDT

Height Contributor (ft)

5 ft

Height Contributor (inches)

11.5 inch

Health Maintenance

Health Maintenance

Pending (in the next year)

Due

Body Mass Index Follow-Up Plan due 08/15/19 and every

HIV Screening due 08/15/19 One-time only

Influenza Vaccination due 08/15/19 and every

Pneumococcal Vaccine due 08/15/19 One-time only

Tdap Vaccine due 08/15/19 One-time only

Tetanus Vaccine due 08/15/19 and every 10 year(s)

Due In Future

Body Mass Index not due until 08/14/20 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

Provider: CASTRO ,MANUEL A MD

Date of Service: 8/15/2019

Visit #: 6441913522

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

Psychosocial Stressors: finances

Summary: Improved from last visit.

Plan

- 1) Medication: Zyprexa 5-10mg at bedtime; Celexa 20mg daily. Adderall XR 20 BID
- 2) Therapy - not seeing currently - plans to see Karen Crane.
- 3) Labwork Ordered - need updated labs - needs to f/u with PCP.
- 4) SA Treatment - Not indicated
- 5) RTC in 3 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.

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

08/15/2019 11:11 AM

Electronically Signed By: CASTRO, MANUEL A MD

08/21/19 02:06 PM

Provider: CASTRO ,MANUEL A MD

Date of Service: 8/15/2019

Visit #: 6441913522

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male