



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 : HOMS

ADDRESS #1 : [REDACTED] ADMIT SOURCE : 1
ADDRESS #2 : [REDACTED] MED REC# : 000064-20-66
CITY : CHARLOTTE ACCOUNT # : [REDACTED]
CO/ST/ZIP : NC 28273 PHONE (H) : (980) [REDACTED]
RACE : White or Caucasian PHONE (W) : [REDACTED]
PHONE (M) : (980) [REDACTED]

BIRTHDATE : 11/01/1980 SEX : MALE
SS # : XXX-XX [REDACTED]

ACCIDENT :
ACCIDENT DATE:

ADMIT DX : Bipolar disorder, unspecified
WORKING DX : Other specified behavioral and emotional disorders with onset usually
occurring in childhood and adolescence
PRI 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 : [REDACTED]
ADDRESS #2 : [REDACTED]

CITY : CHARLOTTE
ST/ZIP : NC 28273

PHONE (W) :
REL TO PT :SELF

RELATIVE : WILLIAMS,LEONARD

REL ADDRESS 1: [REDACTED]

REL ADDRESS 2:

REL CITY : CHARLOTTE

REL ST/ZIP : NC 28212

REL PHONE (H): (980) [REDACTED]

REL PHONE (W):

REL TO PT : FRIEND

EMPLOYER :

ADDRESS #1 :

ADDRESS #2 :

CITY :

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



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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



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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

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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.

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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

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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

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Insurance

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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: 6441913522

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 8/15/2019 9:58:06 AM

Relationship to Patient: Self



039



WILLIAMS III, LEONARD CLINTON

0000642066; 3714274; 0005837791; 0005837791; 0005837791; 0005837791;
0005837791; 0005837791; 0003160689
6441913522

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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: 8/15/19 11:05:00 AM EDT, ADD (attention deficit disorder) Bipolar 1 disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 8/15/2019 11:05 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP		Supervising Provider: CASTRO ,MANUEL A MD
Order Details: 08/15/19 11:05:00 EDT, Bipolar 1 disorder ADD (attention deficit disorder)		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

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



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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: 08/15/2019

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:ADD (attention deficit disorder); Bipolar 1 disorder

Today's Clinical Information:

Height:5 ft 11.5 inch

Weight: 97.5 kg

BMI: 29.56 kg/m2

Blood Pressure: 104 mmHg / 75 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 08/15/2019 visit)

No Laboratory and Radiology documented

My Medicine List

	New Medicines to take at Home	Prescription	Next Dose Due
1.	citalopram (citalopram 20 mg oral tablet) 1 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
2.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) See Instructions 2 capsules each am	Sent to CMC RANDOLPH PHARMACY 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
3.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) See Instructions 2 capsules each am	Sent to CMC RANDOLPH PHARMACY 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
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5.	OLANzapine (ZyPREXA 5 mg oral tablet) See Instructions 1-2 tablets at bedtime	Sent to CMC RANDOLPH PHARMACY	

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Discharge Information - Patient Education

		501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
	Continue Taking These Medicines at Home	Next Dose Due	
1.	APAP/ASA/caffeine (Goodys Extra Strength) See Instructions 1 packet as needed		
2.	metFORMIN (metFORMIN) 500 mg daily		

*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****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:

Discharge Information - Patient Education

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:

- 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: 8/15/2019

Visit #: 6441913522

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Patient Education

Patient Education



Patient Education Materials

MRN: 0000642066

Name: WILLIAMS III, LEONARD CLINTON

Visit Date: 8/15/2019 11:00:00

FIN: 6441913522

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: 8/15/2019

Visit #: 6441913522

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:28 EST

Print ID: 350115755



AH BH Charlotte OMS Medication

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Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Ambulatory Depart Form - Text

Ambulatory Depart Form Entered On: 8/15/2019 10:42 EDT
Performed On: 8/15/2019 10:42 EDT by OWENS , DACHONNE LPN

Ambulatory Educational Assessment

Identified Learning Needs : Medications

(Comment: citalopram,zyprexa,adderall [OWENS , DACHONNE LPN - 8/15/2019 10:44 EDT])

OWENS , DACHONNE LPN - 8/15/2019 10:44 EDT

{ [~~Medications~~] -- previously charted by OWENS , DACHONNE LPN at 8/15/2019 10:42 EDT [Comment]
citalopram,zyprexa -- [OWENS , DACHONNE LPN at 8/15/2019 10:42 EDT])};

Preferred Learning Methods : Discussion, Observing

Barriers to Learning : None evident

OWENS , DACHONNE LPN - 8/15/2019 10:42 EDT

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:

Discharge Information - Patient Education

DOCUMENT NAME:

Education/Pt. Response Form - Text

Education/Pt. Response Entered On: 8/15/2019 11:05 EDT

Performed On: 8/15/2019 11:05 EDT by PENISTON , KATHLEEN KELLY NP

Response to Education

Response to Teaching : Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 8/15/2019 11:05 EDT

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**

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Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

DOCUMENT NAME:

Outpatient Medication Clinic - BH Entered On: 8/15/2019 10:40 EDT
Performed On: 8/15/2019 10:37 EDT by OWENS , DACHONNE LPN

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

OWENS , DACHONNE LPN - 8/15/2019 10:37 EDT

Allergies

(As Of: 8/15/2019 10:40:47 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:* 8/15/2019
10:37 EDT

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

OWENS , DACHONNE LPN - 8/15/2019 10:37 EDT

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

OWENS , DACHONNE LPN - 8/15/2019 10:37 EDT

Medication List

(As Of: 8/15/2019 10:40:47 EDT)

*Prescription/Discharge Order*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:*
GALLENT , FRANCIS E NP; *Catalog Code:*

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**

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Phone:

Fax:

BH Clinical Documentation

dextroamphetamine-amphetamine ; *Order Dt/Tm:* 7/18/2019 12:50:34

citalopram : citalopram ; *Status:* Prescribed ; *Ordered As Mnemonic:* citalopram 20 mg oral tablet ; *Simple Display Line:* 20 mg, 1 tablet, ORAL, Daily, 30 tablet, 0 Refill(s) ; *Ordering Provider:* GALLENT , FRANCIS E NP ; *Catalog Code:* citalopram ; *Order Dt/Tm:* 7/18/2019 12:50:36

OLANzapine : OLANzapine ; *Status:* Prescribed ; *Ordered As Mnemonic:* ZYPREXA 5 mg oral tablet ; *Simple Display Line:* See Instructions, 1-2 tablets at bedtime, 60 tablet, 0 Refill(s) ; *Ordering Provider:* GALLENT , FRANCIS E NP ; *Catalog Code:* OLANzapine ; *Order Dt/Tm:* 7/18/2019 12:50:37

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

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

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

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

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Phone:

Fax:

BH Clinical Documentation

Presenting Problem : follow up and med refill.

OWENS , DACHONNE LPN - 8/15/2019 10:37 EDT

Communication

Communication Barriers : None

Preferred Language for Healthcare : English

OWENS , DACHONNE LPN - 8/15/2019 10:37 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

OWENS , DACHONNE LPN - 8/15/2019 10:37 EDT

Risk for Harm to Others

Assaultive Ideations : No

Homicidal Ideations : No

Access to Firearms/Weapons : No

OWENS , DACHONNE LPN - 8/15/2019 10:37 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

6. *Have you done anything, started to do anything, or prepared to do anything to end your life? (ref)* : Since last visit, no

OWENS , DACHONNE LPN - 8/15/2019 10:37 EDT

Social HistorySocial History

(As Of: 8/15/2019 10:40:47 EDT)

Tobacco:

Currently Using Any Form of Tobacco: No. Never smoker, 0 Yrs
Smoker. 0 Avg # Packs Per Day. (Last Updated: 8/15/2019
10:38:14 EDT by OWENS , DACHONNE LPN)

Alcohol:

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

Drug Abuse:

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



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Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

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:

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

OWENS , DACHONNE LPN - 8/15/2019 10:37 EDT

Communications - Acute

Primary Care Provider : BRADNER , RICHARD L MD

Cell Phone Number : 980-613-2196***

Leave Voicemail : Yes

Phone Number Availability : Phone willl 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 Practice 3 : Therapist none

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:

BH Clinical Documentation*Provider Comment 3 :* not at this time 08/15/19

OWENS , DACHONNE LPN - 8/15/2019 10:37 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 :* 8/15/2019 10:37 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".

OWENS , DACHONNE LPN - 8/15/2019 10:37 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

OWENS , DACHONNE LPN - 8/15/2019 10:37 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

OWENS , DACHONNE LPN - 8/15/2019 10:37 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) :* 97.5 kg*Weight Actual or Stated? :* Actual*Clinical Weight Documented in (UOM) :* kg**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:

BH Clinical Documentation

Weight : 97.5 kg
Body Mass Index : 29.56 kg/m²
Body Surface Area : 2.22 m²
Peripheral Pulse Rate : 105 BPM (HI)
Systolic Blood Pressure : 104 mmHg (LOW)
Diastolic Blood Pressure : 75 mmHg
Blood Pressure Location : Right arm
Blood Pressure Position : Sitting
BP Instrument : Machine
Weight (lbs.) : 214.95 lb
Height (ft.) : 5.96 ft

Pain History

Pain Present : No

OWENS , DACHONNE LPN - 8/15/2019 10:37 EDT

OWENS , DACHONNE LPN - 8/15/2019 10:37 EDT

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:

BH Clinical Documentation

DOCUMENT NAME:

**BH Universal Progress Note Entered On: 11/5/2019 16:07 EST
Performed On: 11/5/2019 16:06 EST by FANG , SHANNON RN**

Universal Progress Note

Program : BHC OMS Medication Clinic

Universal Progress Note : Pt saw Kathy in OMS today, Kathy sent rx for Adderall to BHC Pharmacy today with fill date 11/8/19. Pt asking if he can fill today, Kathy says she meant to have pt fill it today, BHC Pharmacy and pt notified can fill today. Will close.

Medicaid Coverage : No

FANG , SHANNON RN - 11/5/2019 16:06 EST

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

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Phone:

Fax:

Vitals View

Recorded Date	8/15/2019	
Recorded Time	10:37 EDT	
Recorded By	OWENS ,DACHONNE LPN	
Procedure		Units
Height	181.61	cm
Weight	97.5	kg
BSA	2.22	m2
Body Mass Index	29.56	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Peripheral Pulse Rate	105 ^H	BPM
Systolic Blood Pressure	104 ^L	mmHg
Diastolic Blood Pressure	75	mmHg
Blood Pressure Location	Right arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	No	

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:

Patient Assessment

Patient Assessment

Recorded Date	8/15/2019
Recorded Time	10:37 EDT
Recorded By	OWENS ,DACHONNE LPN
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

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

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Phone:

Fax:

Psychosocial

Psychosocial

	Recorded Date	8/15/2019
	Recorded Time	10:37 EDT
	Recorded By	OWENS ,DACHONNE 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: 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**

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Phone:

Fax:

Visit Information**Visit Information**

Recorded Date	8/15/2019	
Recorded Time	10:37 EDT	
Recorded By	OWENS ,DACHONNE 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:** 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:

General Admission History

General Admission History

Recorded Date	8/15/2019
Recorded Time	10:37 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: 8/15/2019 10:37 EDT (Recent Travel Outside United States MERS)
No travel/no contact within past 14 days

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

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Charlotte, NC 28211-

Phone:

Fax:

Social Habits

Social Habits

Recorded Date	8/15/2019
Recorded Time	10:37 EDT
Procedure	
Do You Want to Stop Using Tobacco?	N/A

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

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Charlotte, NC 28211-

Phone:

Fax:

TB Screen - Latex Sensitive - Skin Testing

TB Screen/Latex Sensitivity/Skin Testing

Recorded Date	8/15/2019
Recorded Time	10:37 EDT
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

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

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Charlotte, NC 28211-

Phone:

Fax:

Interdisciplinary and Patient Education

Interdisciplinary and Patient Education

Recorded Date	8/15/2019
Recorded Time	10:42 EDT
Recorded By	OWENS ,DACHONNE LPN
Procedure	
Preferred Learning Methods	Discussion, Observing
Barriers to Learning	None evident

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**

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Charlotte, NC 28211-

Phone:

Fax:

Behavioral Health**Behavioral Health**

	Recorded Date	11/5/2019	8/15/2019	
	Recorded Time	16:06 EST	10:37 EDT	
	Recorded By	FANG ,SHANNON RN	OWENS ,DACHONNE LPN	
	Procedure			Units
	Universal Progress Note	See Below ^{T1}	-	
	Presenting Problem	-	See Below ^{T2}	
	Cultural/Spiritual Practices Impact Tx	-	No	
	Assaultive Ideations	-	No	
	Homicidal Ideations	-	No	
	Access to Firearms/Weapons	-	No	

Textual Results

T1: 11/5/2019 16:06 EST (Universal Progress Note)

Pt saw Kathy in OMS today, Kathy sent rx for Adderall to BHC Pharmacy today with fill date 11/8/19. Pt asking if he can fill today, Kathy says she meant to have pt fill it today, BHC Pharmacy and pt notified can fill today. Will close.

T2: 8/15/2019 10:37 EDT (Presenting Problem)

follow up and med refill.

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

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Charlotte, NC 28211-

Phone:

Fax:

Procedure History

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

Last Updated

8/21/2019 05:25 EDT

Procedure Date

8/15/2019 23:59 EDT

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

Printed: 1/31/2020 08:28 EST

Print ID: 350115755