

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

PHYSICIAN FACESHEET - PATIENT DEMOGRAPHICS UPDATED: 11/11/2019 645

NAME : WILLIAMS,LEONARD CLINTON ADM DATE/TIME: 11/05/2019 1440
PT. TYPE : OP DIS DATE : 11/05/2019 2359

[REDACTED]

[REDACTED], 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 III, [REDACTED]

[REDACTED]

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: 11/5/2019****Visit #: 6446109019****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



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INSURANCE
COMPANY :
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PHONE :

APPROV/REF :
COMMENT :

EXT :

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COMPANY :
GROUP # :
POL/SS # :
INSURED : ,
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COMMENT :

EXT :

Provider: CASTRO ,MANUEL A MD
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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: 6446109019
Age: **39 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 8/15/19. On Zyprexa, Celexa, Adderall.

- Doing fair. Sleeping well. Appetite unchanged but some weight gain. Energy fair and concentration varies.
- Has some stressors. Financial issues and not steadily employed. States mom has been helping with bills.
- Patient continues to voice being traumatized by situation at Wells Fargo. Concerned about the security of his identity and MH history.
- He is much calmer today and able to discuss other things without the entire time being consumed with situation above.
- He denies any SI. No HI. He denies AH/VH. No ETOH or drugs. Believes meds are helpful.

Review of Systems

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

Health Status

Allergies:

Allergic Reactions (All)

No known allergies

Current medications: (Selected)

Prescriptions

Prescribed

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

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

Provider: **CASTRO ,MANUEL A MD**

Date of Service: 11/5/2019

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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, 2 Refill(s)

citalopram 20 mg oral tablet: 20 mg, 1 tablet, ORAL, Daily, 30 tablet, 2 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

Obesity / SNOMED CT 2535065012 / Confirmed

This Problem was set by a rule (CHS_EKS_BMI_PROB).

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

Provider: CASTRO ,MANUEL A MD

Date of Service: 11/5/2019

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Office/Clinic Visit Notes

Social & Psychosocial Habits

Home/Environment

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

Family Comments: lives in an apartment by himself

Alcohol

11/05/2019 **Use:** Denies

Drug Abuse

11/05/2019 **Use:** Denies

Employment/School

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

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

Nutrition/Health

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

Tobacco

11/05/2019 **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: Discheveled, Malodorous.

Gait & station: Normal.

Strength & tone: Not tested.

Attention & concentration: Fluctuating.

Orientation: Oriented X4.

Provider: CASTRO ,MANUEL A MD

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Office/Clinic Visit Notes

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: 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

11/5/2019 14:45 EST

Peripheral Pulse Rate

96 BPM

Systolic Blood Pressure

127 mmHg

Diastolic Blood Pressure

85 mmHg

, Measurements from flowsheet : Measurements - Standard

11/5/2019 14:45 EST

Height Contributor (ft)

5 ft

Height Contributor (inches)

11.5 inch

Health Maintenance

Health Maintenance

Pending (in the next year)

Due

Tdap Vaccine due 11/05/19 One-time only

Tetanus Vaccine due 11/05/19 and every 10 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.

Provider: CASTRO ,MANUEL A MD

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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

11/05/2019 04:45 PM

Electronically Signed By: CASTRO, MANUEL A MD

11/13/19 03:55 PM

Provider: CASTRO ,MANUEL A MD

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Correspondence & Follow Up

Provider: CASTRO ,MANUEL A MD

Date of Service: 11/5/2019

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Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

JOHN E. MONGUILLOT, Ph.D.

NC License 2146

TO WHOM IT MAY CONCERN

I am a licensed psychologist in North Carolina who previously treated Leonard Williams in the community when I worked in Newland. He has consulted me recently regarding how to manage some stressful situations and I need to be consulted if there are any significant issues in his status. He shows clear signs of Post Traumatic Stress Disorder which are interfering with his ability to manage daily affairs. I can be contacted at 828-387-0354 or jemphd@gmail.com.

Leonard Williams
DOB 11-1-80
MNH # 642066



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Insurance

Provider: CASTRO ,MANUEL A MD

Date of Service: 11/5/2019

Visit #: 6446109019

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: 6446109019

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.

Coverage changed? No

E-Signature

Signature: Signature captured with Topaz by Williams, Leonard Clinton III at 11/5/2019 2:37:00 PM

Relationship to Patient:



039



WILLIAMS III, LEONARD CLINTON

0000642066; 3714274; 0005837791; 0005837791; 0005837791; 0005837791;
0005837791; 0005837791; 0003160689
6446109019

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: Est OV Level 3 -99213		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: 11/5/19 3:33:00 PM EST, ADD (attention deficit disorder) Bipolar illness		
Order Comment:		
Action Type: Order	Action Date/Time: 11/5/2019 15:33 EST	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP		Supervising Provider: CASTRO ,MANUEL A MD
Order Details: 11/05/19 15:33:00 EST, Bipolar illness ADD (attention deficit disorder)		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Provider: CASTRO ,MANUEL A MD**Date of Service:** 11/5/2019**Visit #:** 6446109019**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	MRN: 0000642066	DOB: 11/1/1980
Phone: (980) 613-2196	Age: 39 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: 11/05/2019		

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: 11/5/2019
Visit #: 6446109019

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



AH BH Charlotte OMS Medication

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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:ADD (attention deficit disorder); Bipolar illness

Today's Clinical Information:

Height:5 ft 11.5 inch

Weight: 102.1 kg

BMI: 30.96 kg/m2

Blood Pressure: 127 mmHg / 85 mmHg

[Additional Information:](#)

Problem List:

Obesity

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: 11/5/2019

Visit #: 6446109019

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH BH Charlotte OMS Medication**

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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 11/05/2019 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 Atrium Health Pharmacy Billingsley 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 Atrium Health Pharmacy Billingsley 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 Atrium Health Pharmacy Billingsley 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
4.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) See Instructions 2 capsules each am	Sent to Atrium Health Pharmacy Billingsley 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
5.	OLANzapine (ZyPREXA 5 mg oral tablet) See Instructions 1-2 tablets at bedtime	Sent to Atrium Health Pharmacy Billingsley	

Provider: CASTRO ,MANUEL A MD**Date of Service:** 11/5/2019**Visit #:** 6446109019**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Fax:

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:** 11/5/2019**Visit #:** 6446109019**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



AH BH Charlotte OMS Medication

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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: 11/5/2019

Visit #: 6446109019

Pt Name: WILLIAMS III, LEONARD CLINTON

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DOB: 11/1/1980

Sex: Male



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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: 11/5/2019 14:40:00

FIN: 6446109019

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: 11/5/2019

Visit #: 6446109019

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:28 EST

Print ID: 350115754



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Discharge Information - Patient Education

DOCUMENT NAME:

Ambulatory Depart Form - Text

Ambulatory Depart Form Entered On: 11/5/2019 14:55 EST
Performed On: 11/5/2019 14:54 EST by CLEMONS , ETTA D RN

Ambulatory Educational Assessment

Identified Learning Needs : Medications, Pain management, Other: Adderall, Zyprexa, Citalopram

Preferred Learning Methods : Discussion, Observing

Barriers to Learning : None evident

CLEMONS , ETTA D RN - 11/5/2019 14:54 EST

Provider: CASTRO ,MANUEL A MD

Date of Service: 11/5/2019

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Pt Name: WILLIAMS III, LEONARD CLINTON

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DOB: 11/1/1980

Sex: Male



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Discharge Information - Patient Education

DOCUMENT NAME:

Education/Pt. Response Form - Text

Education/Pt. Response Entered On: 11/5/2019 15:32 EST

Performed On: 11/5/2019 15:32 EST by PENISTON , KATHLEEN KELLY NP

Response to Education

Response to Teaching : Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 11/5/2019 15:32 EST

Provider: CASTRO ,MANUEL A MD

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Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

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BH Clinical Documentation

DOCUMENT NAME:

Outpatient Medication Clinic - BH Entered On: 11/5/2019 14:52 EST
Performed On: 11/5/2019 14:45 EST by CLEMONS , ETTA D RN

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

CLEMONS , ETTA D RN - 11/5/2019 14:45 EST

Allergies

(As Of: 11/5/2019 14:52:55 EST)

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*: 11/5/2019 14:45 EST

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

CLEMONS , ETTA D RN - 11/5/2019 14:45 EST

Med List*Confirmation of Medication Reconciliation* : Yes

CLEMONS , ETTA D RN - 11/5/2019 14:45 EST

Medication List

(As Of: 11/5/2019 14:52:55 EST)

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, 0 Refill(s) ; *Ordering Provider*:
BENTLEY , MONICA A NP; *Catalog Code*: citalopram ; *Order*
Dt/Tm: 10/15/2019 13:16:56

dextroamphetamine-
amphetamine

: dextroamphetamine-amphetamine ; *Status*: Prescribed ;
Ordered As Mnemonic: Adderall XR 20 mg oral capsule,

Provider: CASTRO ,MANUEL A MD**Date of Service:** 11/5/2019**Visit #:** 6446109019**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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BH Clinical Documentation

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:* 8/15/2019 11:03:51

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:* 8/15/2019 11:03:13

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:* 8/15/2019 11:01:41

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:* BENTLEY , MONICA A NP; *Catalog Code:* OLANZapine ; *Order Dt/Tm:* 10/15/2019 13:16:41

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*

Provider: CASTRO ,MANUEL A MD**Date of Service:** 11/5/2019**Visit #:** 6446109019**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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BH Clinical Documentation

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

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

General Admission Information

Legal Guardian : No
Information Given By : Patient
Cultural/Spiritual Practices Impact Tx : No
Presenting Problem : Refills

CLEMONS , ETTA D RN - 11/5/2019 14:45 EST

Communication

Communication Barriers : None
Preferred Language for Healthcare : English

CLEMONS , ETTA D RN - 11/5/2019 14:45 EST

Advance Care Plan

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

CLEMONS , ETTA D RN - 11/5/2019 14:45 EST

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

CLEMONS , ETTA D RN - 11/5/2019 14:45 EST

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, yes
CSSRS Screen Wish to be Dead ReAsses Details : "When I am in bed, though goes through his mind, but he does not
want it to happen"

Provider: CASTRO ,MANUEL A MD**Date of Service: 11/5/2019****Visit #: 6446109019****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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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
CLEMONS , ETTA D RN - 11/5/2019 14:45 EST

Social HistorySocial History

(As Of: 11/5/2019 14:52:55 EST)

Tobacco:

Currently Using Any Form of Tobacco: No. Never smoker, 0 Yrs
Smoker. 0 Avg # Packs Per Day. (Last Updated: 11/5/2019
14:48:16 EST by CLEMONS , ETTA D RN)

Alcohol:

Denies (Last Updated: 11/5/2019 14:48:19 EST by CLEMONS ,
ETTA D RN)

Drug Abuse:

Denies (Last Updated: 11/5/2019 14:48:27 EST by CLEMONS ,
ETTA D RN)

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

Provider: CASTRO ,MANUEL A MD**Date of Service:** 11/5/2019**Visit #:** 6446109019**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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graduate. (Last Updated: 4/22/2019 01:02:24 EDT by
WALLACE , ANNE S RN)

Social History Categories Addressed : Tobacco, Alcohol, Drug abuse

CLEMONS , ETTA D RN - 11/5/2019 14:45 EST

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 at this time 08/15/19

CLEMONS , ETTA D RN - 11/5/2019 14:45 EST

Communications - BH

Patient Agreement Comm BH : The patient gives oral or written consent for AH 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].

Legal Guardian Information : Legal Guardian: No

BH Comm Share Info with others : Yes

OC Reviewed Contact List : 11/5/2019 14:45 EST

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".

CLEMONS , ETTA D RN - 11/5/2019 14:45 EST

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 Haun

Contact Number : 423-213-3176

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

CLEMONS , ETTA D RN - 11/5/2019 14:45 EST

Provider: CASTRO ,MANUEL A MD**Date of Service: 11/5/2019****Visit #: 6446109019****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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BH Clinical Documentation*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 : 704-607-3908**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*

CLEMONS , ETTA D RN - 11/5/2019 14:45 EST

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) : 102.1 kg**Weight Actual or Stated? : Actual**Clinical Weight Documented in (UOM) : kg**Weight : 102.1 kg**Body Mass Index : 30.96 kg/m2**Body Surface Area : 2.27 m2**Peripheral Pulse Rate : 96 BPM**Systolic Blood Pressure : 127 mmHg**Diastolic Blood Pressure : 85 mmHg**Weight (lbs.) : 225.09 lb**Height (ft.) : 5.96 ft*

CLEMONS , ETTA D RN - 11/5/2019 14:45 EST

Pain History*Pain Present : Yes**Able to Self Report Pain : Numeric**Numerical Rating Scale Used : Yes*

CLEMONS , ETTA D RN - 11/5/2019 14:45 EST

NRS Pain Scale*Pain Location : Head**Primary Pain Laterality : Midline**Numeric Rating Pain Scale : 2**Numeric Rating Pain Score : 2**Primary Pain Quality : Aching**Primary Pain Time Pattern : Constant***Provider: CASTRO ,MANUEL A MD****Date of Service: 11/5/2019****Visit #: 6446109019****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



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BH Clinical Documentation

CLEMONS , ETTA D RN - 11/5/2019 14:45 EST

Provider: CASTRO ,MANUEL A MD
Date of Service: 11/5/2019
Visit #: 6446109019

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



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Vitals View

Recorded Date	11/5/2019	
Recorded Time	14:45 EST	
Recorded By	CLEMONS ,ETTA D RN	
Procedure		Units
Height	181.61	cm
Weight	102.1	kg
BSA	2.27	m2
Body Mass Index	30.96	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Peripheral Pulse Rate	96	BPM
Systolic Blood Pressure	127	mmHg
Diastolic Blood Pressure	85	mmHg
Pain Present	Yes	
Numeric Rating Scale Used	Yes	
Primary Pain Location	Head	
Primary Pain Laterality	Midline	
Primary Pain Time Pattern	Constant	
Primary Pain Quality	Aching	
Able to Self Report Pain	Numeric	
Numeric Rating Pain Scale	2	
Numeric Rating Pain Score	2	

Provider: CASTRO ,MANUEL A MD

Date of Service: 11/5/2019

Visit #: 6446109019

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:28 EST

Print ID: 350115754



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Phone:

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Patient Assessment

Patient Assessment

Recorded Date	11/5/2019
Recorded Time	14:45 EST
Recorded By	CLEMONS ,ETTA D RN
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

Provider: CASTRO ,MANUEL A MD

Date of Service: 11/5/2019

Visit #: 6446109019

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Phone:

Fax:

Psychosocial

Psychosocial

	Recorded Date	11/5/2019
	Recorded Time	14:45 EST
	Recorded By	CLEMONS ,ETTA D RN
Procedure	Units	
CSSRS Reassess Able to Assess		Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, yes
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: 11/5/2019

Visit #: 6446109019

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Fax:

Visit Information

Visit Information

Recorded Date	11/5/2019	
Recorded Time	14:45 EST	
Recorded By	CLEMONS ,ETTA D RN	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
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: 11/5/2019

Visit #: 6446109019

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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General Admission History

General Admission History

Recorded Date	11/5/2019
Recorded Time	14:45 EST
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: 11/5/2019 14:45 EST (Recent Travel Outside United States MERS)
No travel/no contact within past 14 days

Provider: CASTRO ,MANUEL A MD

Date of Service: 11/5/2019

Visit #: 6446109019

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Phone:

Fax:

TB Screen - Latex Sensitive - Skin Testing

TB Screen/Latex Sensitivity/Skin Testing

Recorded Date	11/5/2019
Recorded Time	14:45 EST
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

Provider: CASTRO ,MANUEL A MD

Date of Service: 11/5/2019

Visit #: 6446109019

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Phone:

Fax:

Interdisciplinary and Patient Education

Interdisciplinary and Patient Education

Recorded Date	11/5/2019
Recorded Time	14:54 EST
Recorded By	CLEMONS ,ETTA D RN
Procedure	
Preferred Learning Methods	Discussion, Observing
Barriers to Learning	None evident

Provider: CASTRO ,MANUEL A MD

Date of Service: 11/5/2019

Visit #: 6446109019

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Fax:

Behavioral Health

Behavioral Health

Recorded Date	11/5/2019	
Recorded Time	14:45 EST	
Recorded By	CLEMONS ,ETTA D RN	
Procedure		Units
Presenting Problem	See Below ^{T1}	
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: 11/5/2019 14:45 EST (Presenting Problem)
Refills

Provider: CASTRO ,MANUEL A MD
Date of Service: 11/5/2019
Visit #: 6446109019

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



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Phone:

Fax:

Procedure History

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

Last Updated

11/12/2019 05:25 EST

Procedure Date

11/5/2019 23:59 EST

Provider: CASTRO ,MANUEL A MD

Date of Service: 11/5/2019

Visit #: 6446109019

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:28 EST

Print ID: 350115754