



## AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

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Admit Date: 2/4/2020 13:40 EST  
Disch Date: 2/4/2020 23:59 EST  
Admitting: PENISTON ,KATHLEEN KELLY NP  
Attending: CASTRO ,MANUEL A MD  
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 0000642066 Acct#: 6449507368  
DOB: 11/1/1980 Age: 39 years Sex: Male  
Location: HOMS  
Print ID: 445014482

## Office/Clinic Visit Notes

DOCUMENT NAME:

### PSYCH OMS NP WITH NURSE

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 6449507368  
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 11/5/19. On Zyprexa, Celexa, Adderall.

Patient has made many call center calls and sent several messages to this writer over the past week. He has attached several letters including one that was sent today. I have read all the letter in their entirety. He reports a lot anxiety and agitation and has had yelled and used profane language in his communication with the staff. I have expressed to him directly this was unacceptable and could lead to dismissal from the clinic. He has expressed interest in considering treatments specific for PTSD such as EMDR and other meds (Zoloft).

- Patient presents in a similar manner to previous visits. Rapid speech and remains focussed on the situation with Wells Fargo, his former employer.
- He is currently in the process of applying for bankruptcy. AS part of this process, he plans to report Wells Fargo. He reports they are legally liable for his loss of employment and his pain and suffering.
- WE have discussed this situation at several visits. He reports he has proof that they were getting his private health information and disseminate this to other employees.
- The patient reports a previous trauma in the past when he states he was stigmatized due to his mental illness. States he left western NC in an attempt to start fresh. Now, feels like he is reliving the trauma.
- Discussed that I was concerned about the potential adverse effect of stimulants for anxiety and PTSD symptoms and that is the reason I would not suggest an increase in the dose.
- Attempted to refocus on his symptoms but patient is not interested in changing medications today. Discussed possibly switching to Zoloft but he would rather stick with Celexa.
- Patient adamantly denies any thoughts of harming self or others. H does report that when he is "shell shocked" he will sometimes wish he was dead to escape the feeling. Denies plan, intent, prep action.
- Patient denies any drug or alcohol use. Again, discussed that increased dose of Adderall is not recommended and wold not be in his best interest given the reports of anxiety and severe PTSD.
- Discussed with patient that my goal is to provide safe effective care and I am very sorry he is not feeling well lately. I empathize with his PTSD symptoms and recent struggles due to finances.
- Patient also reports that a phone number for someone he does not know somehow ended up on in his medical record. I checked his emergency contact which had his phone number only.
- He reports having spoken to the privacy department several times about situations with his medical records and his concerns about privacy. They have done an investigation regarding his complaints.

Considerations: Patient clearly anxious at times during the evaluation. Some deep breaths at times to calm himself down. I did feel the need to reiterate the expectations of behavior for all patients and asked that he be respectful of the staff. I empathized that I realize he reports this verbal aggression is secondary to his PTSD. Patient became very

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angry and his demeanor changed. He raised his voice and said that if they could not deal with the symptoms of mental health patients, they should get another job. I allowed him to express self but as he started posturing in a way that indicated he was getting physically agitated I ended the session expressing that I was not comfortable with him yelling at me and I asked him to leave the office.

### Review of Systems

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

### Health Status

#### Allergies:

##### Allergic Reactions (All)

No known allergies

#### Current medications: (Selected)

##### Prescriptions

##### *Prescribed*

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

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

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

ZyPREXA 5 mg oral tablet: See Instructions, 1-2 tablets at bedtime, 60 tablet, 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

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## Office/Clinic Visit Notes

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

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

##### Drug Abuse

11/05/2019 **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

11/05/2019 **Currently Using Any Form of Tobacco:** No

**Smoking Status:** Never smoker

**# Years Active Cigarette Smoker:** 0

**Current or Former Smoking History - Avg # Packs/Day (20 cigs)** 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.

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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.  
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.

### Health Maintenance

#### Health Maintenance

**Pending** (in the next year)

##### OverDue

- Tobacco Use Screening and Cessation due and every
- Due
- Body Mass Index Follow-Up Plan due 02/04/20 and every
- HIV Screening due 02/04/20 One-time only
- Influenza Vaccination due 02/04/20 and every
- Tdap Vaccine due 02/04/20 One-time only

##### Due In Future

Body Mass Index not due until 11/04/20 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: Patient was able to stay calm for the majority of the session but after I expressed the expectations for the clinic regarding behavior he started yelling and was physically agitated. He has previously been told that continued verbal assault to staff will result in discharge from the clinic.

#### Plan

- 1) Medication: Zyprexa 5-10mg at bedtime; Celexa 20mg daily. Adderall XR 20 BID
- 2) Therapy - not seeing currently - does speak with a psychologist John Monguillot.
- 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.

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- 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**

**02/04/2020 06:08 PM**

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

**02/05/20 12:26 PM**

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## Medication Compliance Status

### Admission Medication Reconciliation

#### Med Name

acetaminophen/aspirin/caffeine (Goodys Extra Strength)

**Display Line** See Instructions, 1 packet as needed, 0, 11/03/11 16:02:00 EDT

**Compliance Status:** **Compliance Comments:**

Still taking, as prescribed

OLANzapine (ZyPREXA 5 mg oral tablet)

**Display Line** 5 mg per 1 tablet, ORAL, BID (2 times a day), 60 tablet, 1, 1, 02/15/21 12:56:00 EST

**Compliance Status:** **Compliance Comments:**

dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)

**Display Line** 40 mg per 2 capsule, ORAL, qAM (every morning), 60 capsule, 0, 0, 02/15/21 12:56:00 EST

**Compliance Status:** **Compliance Comments:**

metFORMIN (metFORMIN)

**Display Line** 500 mg per, daily, 0, 04/15/16 15:22:00 EDT

**Compliance Status:** **Compliance Comments:**

Not taking

misc medication (Misc Medication)

**Display Line** 5 hour energy shots prn, 0, 04/29/20 9:24:00 EDT

**Compliance Status:** **Compliance Comments:**

Still taking, as prescribed

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## Correspondence Other

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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	
██████████ ██████████ ██████████ CHARLOTTE NC 28273	Hm: 980-██████████ Cell: 980-██████████	brokerc3@gmail.com	

## Message

Form Title: Request Medical Records  
Submitted Data

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I consent to share my medical record as follows:

Release my records from: Every facility within or outside of Atrium Health that Atrium Health Keeps records of

Date(s) of service

From Date: Mon 11/28/2011

To Date: Thu 04/09/2020

Include these records:

☐ Summary

☐ Discharge or clinical summary

☐ Emergency record

☐ History and physical

☐ Operative reports

☐ Lab reports

☐ Radiology and X-ray reports

☐ Radiology and X-ray images

☒ Entire record

☒ Other: I want every single document you have for me. I requested this earlier and got 422 pages. I have previously requested intake documents and got 1500 pages. My number is 980-613-2196. Please call me if you have questions about what I want. I want everything

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

EMR released: FULL CHART - 1,787 pgs.

Records uploaded via MYAH 04/10/2020[AHOWAR17-4/10/2020 11:01:12 AM]

## Insurance

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11/1/1980

\* Insurance. - Auth (Verified) \*

**Insurance Verification Letter**

Patient's Name: Williams, Leonard Clinton III  
Admit Date: 2/4/2020  
Account Number: 6449507368

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

Primary Insurance Name: N/A

Secondary Insurance Name: N/A

No Insurance Coverage/Self Pay: SELF-PAY


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

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

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

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

Coverage changed? No

E-Signature  
  
Signature captured with Topaz by Williams, Leonard Clinton III at 2/4/2020 02:09 PM

Signature: \_\_\_\_\_

Relationship to Patient:



039



WILLIAMS III, LEONARD CLINTON

0000642066; 3714274; 0005837791; 0005837791; 0005837791; 0005837791;  
0005837791; 0005837791; 0003160689  
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11/1/1980

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6449507368

11/1/1980

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## Electronic Orders

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

Order: <b>Est OV Level 4 -99214</b>		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: 2/4/20 2:59:00 PM EST, PTSD (post-traumatic stress disorder)   Bipolar disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 2/4/2020 14:59 EST	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider: CASTRO ,MANUEL A MD	
Order Details: 02/04/20 14:59:00 EST, Bipolar disorder   PTSD (post-traumatic stress disorder)		
Review Information:		
Doctor Cosign: Not Required		

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## Discharge Information - Patient Education

DOCUMENT NAME:

Amb Depart Summary

Amb Depart Summary



Atrium Health

CMC Randolph OMS Medication Clinic

501 Billingsley Rd  
Charlotte, NC 28211

### Patient Visit Summary

---

<b>Name:</b> WILLIAMS III, LEONARD CLINTON	<b>MRN:</b> 0000642066	<b>DOB:</b> 11/1/1980
<b>Phone:</b> (980) [REDACTED]	<b>Age:</b> 39 Years	<b>Gender:</b> Male
<b>Primary Care Provider:</b> BRADNER , RICHARD L MD	<b>Race:</b> White	<b>Ethnicity:</b> Not Hispanic or Latino
<b>Preferred Language:</b> English	<b>Allergies:</b> No known allergies	
<b>Visit Date:</b> 02/04/2020		

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

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## Discharge Information - Patient Education

### Today's Clinical Information:

**Height:** 5 ft 11.5 inch

**Weight:** 98.8 kg

**BMI:** 29.96 kg/m<sup>2</sup>

**Blood Pressure:** 121 mmHg / 83 mmHg

### Additional Information:

### Problem List:

No Problems  
found

### Recorded at this visit:

### Procedures

No Procedures documented

### Medications and Immunizations Administered During This Visit

No medication administered during this visit

### Orders this Visit

No visit orders documented

### Completed Information:

### Laboratory and Radiology this Visit (last charted value for your 02/04/2020 visit)

No Laboratory and Radiology documented

### My Medicine List

	New Medicines to take at Home	Prescription	Next Dose Due
1.	<b>citalopram (citalopram 20 mg oral tablet)</b> 1 tablet by mouth every day	Sent to Atrium Health Pharmacy Billingsley 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	

Admit Date: 2/4/2020 13:40 EST  
Disch Date: 2/4/2020 23:59 EST  
Admitting: PENISTON ,KATHLEEN KELLY NP  
Attending: CASTRO ,MANUEL A MD  
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 0000642066 Acct#: 6449507368  
DOB: 11/1/1980 Age: 39 years Sex: Male  
Location: HOMS  
Print ID: 445014482

## Discharge Information - Patient Education

2.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> See Instructions 2 capsules each am	Sent to Atrium Health Pharmacy Billingsley 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
3.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> See Instructions 2 capsules each am	Sent to Atrium Health Pharmacy Billingsley 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
4.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> See Instructions 2 capsules each am	Sent to Atrium Health Pharmacy Billingsley 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
5.	<b>OLANzapine (ZyPREXA 5 mg oral tablet)</b> See Instructions 1-2 tablets at bedtime	Sent to Atrium Health Pharmacy Billingsley 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
<b>Continue Taking These Medicines at Home</b>			<b>Next Dose Due</b>
1.	<b>APAP/ASA/caffeine (Goodys Extra Strength)</b> See Instructions 1 packet as needed		
2.	<b>metFORMIN (metFORMIN)</b> 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

Admit Date: 2/4/2020 13:40 EST  
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 Location: HOMS  
 Print ID: 445014482

## Discharge Information - Patient Education

### 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:

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

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

### Non-Discrimination Policy Statement

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

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

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

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Location: HOMS  
Print ID: 445014482

## Discharge Information - Patient Education

DOCUMENT NAME:

Patient Education

### Patient Education



## Patient Education Materials

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**MRN:** 0000642066

**Name:** WILLIAMS III, LEONARD CLINTON

**Visit Date:** 2/4/2020 13:40:00

**FIN:** 6449507368

**DOB:** 11/1/1980

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

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Admit Date: 2/4/2020 13:40 EST  
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DOB: 11/1/1980 Age: 39 years Sex: Male  
Location: HOMS  
Print ID: 445014482



## Discharge Information - Patient Education

DOCUMENT NAME:

Ambulatory Depart Form - Text

Ambulatory Depart Form Entered On: 2/4/2020 14:24 EST  
Performed On: 2/4/2020 14:23 EST by ELMORE , SHANELLE LPN

### Ambulatory Educational Assessment

*Identified Learning Needs :* Medications, Pain management

(Comment: Celexa, Zyprexa, Adderall [ELMORE , SHANELLE LPN - 2/4/2020 14:23 EST] )

*Preferred Learning Methods :* Discussion, Observing

*Barriers to Learning :* None evident

ELMORE , SHANELLE LPN - 2/4/2020 14:23 EST

Admit Date: 2/4/2020 13:40 EST  
Disch Date: 2/4/2020 23:59 EST  
Admitting: PENISTON ,KATHLEEN KELLY NP  
Attending: CASTRO ,MANUEL A MD  
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 0000642066 Acct#: 6449507368  
DOB: 11/1/1980 Age: 39 years Sex: Male  
Location: HOMS  
Print ID: 445014482

## Discharge Information - Patient Education

DOCUMENT NAME:

Education/Pt. Response Form - Text

**Education/Pt. Response Entered On: 2/4/2020 14:59 EST**  
**Performed On: 2/4/2020 14:59 EST by PENISTON , KATHLEEN KELLY NP**

### Response to Education

*Response to Teaching :* Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 2/4/2020 14:59 EST

Admit Date: 2/4/2020 13:40 EST  
Disch Date: 2/4/2020 23:59 EST  
Admitting: PENISTON ,KATHLEEN KELLY NP  
Attending: CASTRO ,MANUEL A MD  
Printed: 3/5/2021 14:02 EST

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DOB: 11/1/1980 Age: 39 years Sex: Male  
Location: HOMS  
Print ID: 445014482

## BH Clinical Documentation

DOCUMENT NAME:

Outpatient Medication Clinic - BH Entered On: 2/4/2020 14:21 EST  
Performed On: 2/4/2020 14:15 EST by ELMORE , SHANELLE LPN

### Infectious Disease Risk Screening

Recent Travel Outside the United States : No recent travel

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

### Allergies

(As Of: 2/4/2020 14:21:14 EST)

#### 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: 2/4/2020  
14:15 EST

Latex Allergy : No

Spina Bifida : No

Denies Latex Signs Symptoms : Yes

Pregnancy Status : N/A

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

### Med List

Medication Information Obtained From : Patient/family

Medication Status : Medication list updated

Confirmation of Medication Reconciliation : Yes

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

#### Medication List

(As Of: 2/4/2020 14:21:14 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, 2 Refill(s) ; Ordering Provider:  
PENISTON , KATHLEEN KELLY NP; Catalog Code: citalopram  
; Order Dt/Tm: 11/5/2019 15:28:47 EST

OLANZapine

: OLANZapine ; Status: Prescribed ; Ordered As Mnemonic:  
ZyPREXA 5 mg oral tablet ; Simple Display Line: See  
Instructions, 1-2 tablets at bedtime, 60 tablet, 2 Refill(s) ;  
Ordering Provider: PENISTON , KATHLEEN KELLY NP;  
Catalog Code: OLANZapine ; Order Dt/Tm: 11/5/2019  
15:28:43 EST

dextroamphetamine-  
amphetamine

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

Admit Date: 2/4/2020 13:40 EST  
Disch Date: 2/4/2020 23:59 EST  
Admitting: PENISTON ,KATHLEEN KELLY NP  
Attending: CASTRO ,MANUEL A MD  
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON  
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DOB: 11/1/1980 Age: 39 years Sex: Male  
Location: HOMS  
Print ID: 445014482

## 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:* 11/5/2019 15:28:40 EST

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:* 11/5/2019 15:28:44 EST

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:* 11/5/2019 15:28:45 EST

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

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 EDT

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 EDT

### General Admission Information

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

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

Admit Date: 2/4/2020 13:40 EST  
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Location: HOMS  
Print ID: 445014482

## BH Clinical Documentation

### Communication

Communication Barriers : None

Preferred Language for Healthcare : English

ELMORE , SHANELLE LPN - 2/4/2020 14:15 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

ELMORE , SHANELLE LPN - 2/4/2020 14:15 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

ELMORE , SHANELLE LPN - 2/4/2020 14:15 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, no

2. Have you actually had any thoughts of killing yourself? (ref) : Since last visit, no

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

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

### Social History

#### Social History

(As Of: 2/4/2020 14:21:14 EST)

Tobacco:

Smokeless Tobacco Use: Never. Never smoker, 0 Yrs Smoker.

0 Avg # Packs Per Day. (Last Updated: 2/4/2020 14:19:08 EST

by ELMORE , SHANELLE LPN)

Vape/E-Cigarette:

Use: Never. (Last Updated: 2/4/2020 14:19:12 EST by

ELMORE , SHANELLE LPN)

Alcohol:

Denies (Last Updated: 2/4/2020 14:19:14 EST by ELMORE ,  
SHANELLE LPN)

Drug Abuse:

Denies (Last Updated: 2/4/2020 14:19:16 EST by ELMORE ,  
SHANELLE LPN)

Home/Environment:

Admit Date: 2/4/2020 13:40 EST  
Disch Date: 2/4/2020 23:59 EST  
Admitting: PENISTON ,KATHLEEN KELLY NP  
Attending: CASTRO ,MANUEL A MD  
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MRN: 0000642066 Acct#: 6449507368  
DOB: 11/1/1980 Age: 39 years Sex: Male  
Location: HOMS  
Print ID: 445014482

## BH Clinical Documentation

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

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

### Communications - Acute

Primary Care Provider : BRADNER , RICHARD L MD

Cell Phone Number : 980- [REDACTED]

Leave Voicemail : Yes

Phone Number Availability : Phone will be off at work. Please leave message

Provider of Record 1 : BRADNER , RICHARD L MD

Provider Practice 1 : PCP

Provider of Record 2 : PENISTON , KATHLEEN KELLY NP

Provider Practice 2 : Psychiatrist

Provider of Record 3 : None

Provider Practice 3 : Therapist none

Provider Comment 3 : not at this time 08/15/19

ELMORE , SHANELLE LPN - 2/4/2020 14:15 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 : 2/4/2020 14:15 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".

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

### BH Communication Grid

Admit Date: 2/4/2020 13:40 EST  
Disch Date: 2/4/2020 23:59 EST  
Admitting: PENISTON ,KATHLEEN KELLY NP  
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DOB: 11/1/1980 Age: 39 years Sex: Male  
Location: HOMS  
Print ID: 445014482

## BH Clinical Documentation

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- [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

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

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

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

Contact Name : Jennifer Cox

Contact Number : 704- [REDACTED]

Relationship : Co-worker / Friend

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

BH Witnessed By Relationship : AH Staff Member

BH Comments : consent revoked 5-1-19

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

3. BH Consent Date Obtained : 1/17/2020 EST

BH Consent End Date - 1 year from date obtained : 1/17/2021 EST

Contact Name : John Monguillot

Contact Number : 828- [REDACTED]

Relationship : psychologist

BH Witnessed By Name : Other: Keisha Wade RN and Shannon Fang RN

BH Witnessed By Relationship : AH Staff Member

ELMORE , SHANELLE LPN - 2/4/2020 14:15 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) : 98.8 kg

Weight Actual or Stated? : Actual

Clinical Weight Documented in (UOM) : kg

Weight : 98.8 kg

Body Mass Index : 29.96 kg/m2

Body Surface Area : 2.23 m2

Peripheral Pulse Rate : 97 BPM

Systolic Blood Pressure : 121 mmHg

Diastolic Blood Pressure : 83 mmHg (HI)

Blood Pressure Location : Left arm

Blood Pressure Position : Sitting

BP Instrument : Machine

Weight (lbs.) : 217.82 lb

Height (ft.) : 5.96 ft

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

### Pain History

Pain Present : Yes

Admit Date: 2/4/2020 13:40 EST  
Disch Date: 2/4/2020 23:59 EST  
Admitting: PENISTON ,KATHLEEN KELLY NP  
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Location: HOMS  
Print ID: 445014482

## BH Clinical Documentation

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

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

### **NRS Pain Scale**

*Pain Location :* Generalized  
*Primary Pain Laterality :* Bilateral  
*Numeric Rating Pain Scale :* 3  
*Numeric Rating Pain Score :* 3  
*Primary Pain Quality :* Aching  
*Primary Pain Onset :* Gradual  
*Primary Pain Time Pattern :* Intermittent

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

Admit Date: 2/4/2020 13:40 EST  
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Admitting: PENISTON ,KATHLEEN KELLY NP  
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Location: HOMS  
Print ID: 445014482



## Vitals View

Recorded Date	2/4/2020	
Recorded Time	14:15 EST	
Recorded By	ELMORE ,SHANELLE LPN	
Procedure		Units
Height	181.61	cm
Weight	98.8	kg
BSA	2.23	m2
Body Mass Index	29.96	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Peripheral Pulse Rate	97	BPM
Systolic Blood Pressure	121	mmHg
Diastolic Blood Pressure	83 <sup>H</sup>	mmHg
Blood Pressure Location	Left arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	Yes	
Numeric Rating Scale Used	Yes	
Primary Pain Location	Generalized	
Primary Pain Laterality	Bilateral	
Primary Pain Time Pattern	Intermittent	
Primary Pain Quality	Aching	
Able to Self Report Pain	Numeric	
Numeric Rating Pain Scale	3	
Numeric Rating Pain Score	3	
Primary Pain Onset	Gradual	

Admit Date: 2/4/2020 13:40 EST  
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 Print ID: 445014482

## Patient Assessment

### Patient Assessment

Recorded Date	2/4/2020
Recorded Time	14:15 EST
Recorded By	ELMORE ,SHANELLE LPN
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

Admit Date: 2/4/2020 13:40 EST  
Disch Date: 2/4/2020 23:59 EST  
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Location: HOMS  
Print ID: 445014482

## Psychosocial

### Psychosocial

	Recorded Date	2/4/2020
	Recorded Time	14:15 EST
	Recorded By	ELMORE ,SHANELLE LPN
Procedure	Units	
CSSRS Reassess Able to Assess		Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, no
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no

Admit Date: 2/4/2020 13:40 EST  
Disch Date: 2/4/2020 23:59 EST  
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Location: HOMS  
Print ID: 445014482

## Visit Information

### Visit Information

Recorded Date	2/4/2020	
Recorded Time	14:15 EST	
Recorded By	ELMORE ,SHANELLE LPN	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Medication Information Obtained From	Patient/family	
Primary Care Provider	BRADNER , RICHARD L MD	
Medication Status	Medication list updated	
Communication Barriers	None	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

Admit Date: 2/4/2020 13:40 EST  
Disch Date: 2/4/2020 23:59 EST  
Admitting: PENISTON ,KATHLEEN KELLY NP  
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DOB: 11/1/1980 Age: 39 years Sex: Male  
Location: HOMS  
Print ID: 445014482

## General Admission History

### General Admission History

Recorded Date	2/4/2020
Recorded Time	14:15 EST
Procedure	
Advance Directive Completed	No or does not know
Advance Directive More Info Requested	No
Recent Travel Outside of United States	No recent travel

Admit Date: 2/4/2020 13:40 EST  
Disch Date: 2/4/2020 23:59 EST  
Admitting: PENISTON ,KATHLEEN KELLY NP  
Attending: CASTRO ,MANUEL A MD  
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 0000642066 Acct#: 6449507368  
DOB: 11/1/1980 Age: 39 years Sex: Male  
Location: HOMS  
Print ID: 445014482

## Social Habits

### Social Habits

Recorded Date	2/4/2020
Recorded Time	14:15 EST
Procedure	
Do You Want to Stop Using Tobacco?	N/A

Admit Date: 2/4/2020 13:40 EST  
Disch Date: 2/4/2020 23:59 EST  
Admitting: PENISTON ,KATHLEEN KELLY NP  
Attending: CASTRO ,MANUEL A MD  
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 0000642066 Acct#: 6449507368  
DOB: 11/1/1980 Age: 39 years Sex: Male  
Location: HOMS  
Print ID: 445014482

## TB Screen - Latex Sensitive - Skin Testing

### TB Screen/Latex Sensitivity/Skin Testing

Recorded Date	2/4/2020
Recorded Time	14:15 EST
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

Admit Date: 2/4/2020 13:40 EST  
Disch Date: 2/4/2020 23:59 EST  
Admitting: PENISTON ,KATHLEEN KELLY NP  
Attending: CASTRO ,MANUEL A MD  
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 0000642066 Acct#: 6449507368  
DOB: 11/1/1980 Age: 39 years Sex: Male  
Location: HOMS  
Print ID: 445014482

## Interdisciplinary and Patient Education

### Interdisciplinary and Patient Education

Recorded Date	2/4/2020
Recorded Time	14:23 EST
Recorded By	ELMORE ,SHANELLE LPN
Procedure	
Preferred Learning Methods	Discussion, Observing
Barriers to Learning	None evident

Admit Date: 2/4/2020 13:40 EST  
Disch Date: 2/4/2020 23:59 EST  
Admitting: PENISTON ,KATHLEEN KELLY NP  
Attending: CASTRO ,MANUEL A MD  
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 0000642066 Acct#: 6449507368  
DOB: 11/1/1980 Age: 39 years Sex: Male  
Location: HOMS  
Print ID: 445014482



## Behavioral Health

### Behavioral Health

Recorded Date	2/4/2020	
Recorded Time	14:15 EST	
Recorded By	ELMORE ,SHANELLE LPN	
Procedure		Units
Presenting Problem	See Below <sup>T1</sup>	
Cultural/Spiritual Practices Impact Tx	No	
Assaultive Ideations	No	
Homicidal Ideations	No	
Does Patient Have a Plan	No	
Recent Attempt to Harm Others	No	
Access to Firearms/Weapons	No	
History of Danger to others	No	

### Textual Results

T1: 2/4/2020 14:15 EST (Presenting Problem)  
f/u

Admit Date: 2/4/2020 13:40 EST  
Disch Date: 2/4/2020 23:59 EST  
Admitting: PENISTON ,KATHLEEN KELLY NP  
Attending: CASTRO ,MANUEL A MD  
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 0000642066 Acct#: 6449507368  
DOB: 11/1/1980 Age: 39 years Sex: Male  
Location: HOMS  
Print ID: 445014482

## Allergy History

Substance **No known allergies**

Recorded Date/Time

11/3/2011 16:19 EDT

**Allergy Type** Allergy; **Recorded On Behalf Of** FERRARO,NICHOLAS P RN; **Reaction Status** Active; **Reviewed Date/Time** 6/9/2020 16:36 EDT; **Reviewed By** PENISTON , KATHLEEN KELLY NP;

Admit Date: 2/4/2020 13:40 EST  
Disch Date: 2/4/2020 23:59 EST  
Admitting: PENISTON ,KATHLEEN KELLY NP  
Attending: CASTRO ,MANUEL A MD  
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 0000642066 Acct#: 6449507368  
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