



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Admit Date: 4/24/2020 14:25 EDT
Disch Date: 4/24/2020 23:59 EDT
Admitting:
Attending:
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#:
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014484

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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BH Clinical Documentation

DOCUMENT NAME:

BH Telephone Contact Form Entered On: 4/24/2020 14:30 EDT
Performed On: 4/24/2020 14:30 EDT by HORNE , VERONICA

Medicaid Number

Medicaid Coverage : No

HORNE , VERONICA - 4/24/2020 14:30 EDT

BH Telephone Contact

Caller Name : Williams

Relationship to Patient : Self

Provider : PENISTON , KATHLEEN KELLY NP

Call Type : Medication Refill

Cell Phone Number : 980- [REDACTED]

Leave Voicemail : Yes

Reason for call : Pt requesting a refill on Citalopram, Adderall, and Zyprexa to be sent to AH Billingsley. Verified cell phone number is correct.

Last Visit Date : 2/4/2020 EST

HORNE , VERONICA - 4/24/2020 14:30 EDT

Follow Up

Phone Msg Communication Grid

1. Communication Date/Time : 4/24/2020 15:25 EDT

Communication Comment : sent in refills. start date on adderall is 4/28/20

PENISTON , KATHLEEN KELLY NP - 4/24/2020 15:25 EDT

2. Communication Date/Time : 4/24/2020 16:30 EDT

Communication Comment : Called pt and informed him refills were sent to pharmacy. will close.

CLEMONS , ETTA D RN - 4/24/2020 16:30 EDT

Follow-up Appointment : 04/29/20 11am

HORNE , VERONICA - 4/24/2020 14:30 EDT

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MRN: 0000642066

Acct#:

DOB: 11/1/1980

Age: 39 years

Sex: Male

Location: HOMS

Print ID: 445014484

Visit Information

Visit Information

Recorded Date	4/24/2020	
Recorded Time	14:30 EDT	
Recorded By	HORNE ,VERONICA	
Procedure		Units
Provider	PENISTON , KATHLEEN KELLY NP	

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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;

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MRN: 0000642066 Acct#:

DOB: 11/1/1980 Age: 39 years Sex: Male

Location: HOMS

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Attending: MURRAY ,PHILLIP MICHAEL MD
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DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014485

Office/Clinic Visit Notes

DOCUMENT NAME:

**WILLIAMS III, LEONARD
CLINTON**

DOB: 11/01/1980 **MRN:** 0000642066
Sex: Male **FIN:** 6453320291

Patient Information:

Provider licensed to provide medical care in the location/state of patient: Yes

History of Present Illness

Patient is a 39 year old male with a history of Bipolar D/O and ADD. Also, reports prolonged trauma secondary to certain situations that have occurred in the past few years. Meds: Zyprexa, Celexa, Adderall. Last visit 2/4/20.

- Patient reports he has applied for disability. States he has not been able to function over the last year due to situations related to job at Wells Fargo.
- This situation has been well documented previously so will not describe again. Patient does report ongoing distress and is traumatized by the events.
- Patient also relates that he has contacted the FBI re: Mobile Crisis and has several questions about the INVOL process and the timing of signatures.
- He has contact with psychologist John who has written him a letter regarding his clinical impression and has helped with questions of civil commitment.
- Finally, the patient as this writer whether I believe that he exhibits delusions or psychosis. I am unable to confirm the patient's account of these situations.
- Whether the content of the thoughts is accurate or based in reality is unclear - it is evident that the patient is convinced that his beliefs are true and they cause him significant anxiety and worry that has been debilitating.
- Patient reports his sleep schedule is variable but states he is able to get 7-9 hours in a 24 hour period. No major changes in appetite are reported.
- He describes pacing which has continued but is not as often as in the past. He states he has enough energy. Concentration varies and can be difficult when he has to complete a task. For example, reports almost missing deadlines for bankruptcy filing because he is unable to function to complete the paperwork.
- The patient has not continued taking Metformin as he has not seen PCP in awhile. Has not lost or gained significant weight.
- The patient reports recurring but fleeting thoughts of harming self with no plan or intent. No preparatory action. Is future oriented.
- NO drug or alcohol use is reported. Reports taking medications as prescribed.
- Does report depersonalization during which he feels detached. He also reports some irritability and hypervigilance at times.

Review of Systems

Constitutional: Negative for chills, fever, and flushing
Musculoskeletal: Negative except as documented in HPI.
Neurologic: Negative for abnormal balance, confusion, headache, or tremors.
Psychiatric: Negative except as documented in HPI.
ROS reviewed as documented in chart

Exam

Psychiatric:

Attention and Concentration: Ruminative
Orientation: Oriented x4.
Fund of Knowledge: Average
Recent & Remote Memory: Normal
Insight: Fair

Problem List/Past Medical History

Ongoing

None

Historical

Obesity

Obesity

Medications

Adderall XR 20 mg oral capsule, extended release,
See Instructions
Adderall XR 20 mg oral capsule, extended release,
See Instructions
Adderall XR 20 mg oral capsule, extended release,
See Instructions
citalopram 20 mg oral tablet, 20 mg, 1 tablet,
ORAL, Daily, 2 refills
Goodys Extra Strength, See Instructions
metFORMIN, 500 mg
Misc Medication
ZYPREXA 5 mg oral tablet, See Instructions, 2
refills

Allergies

No known allergies

Social History

Abuse/Neglect

History of Abuse: Past. Abuse Type: Mental,
Sexual. Comments: Sexual abuse by MGM,
emotional abuse by step-father.

Alcohol

Denies

Drug Abuse

Denies

Employment/School

Highest Education: College graduate.
Freelance graphic art

Home/Environment

Marital Status: Single. lives in an apartment by
himself

Nutrition/Health

Home Diet: Diabetic.

Tobacco

Smokeless Tobacco Use: Never. Never smoker,
0 Yrs Smoker. 0 Avg # Packs Per Day.

Vape/E-Cigarette

Use: Never.

Family History

Cancer: Father, GF, Paternal, GM, Maternal and
GM, Paternal.
Coronary artery disease (CAD): Negative: Mother,
Father, Sister, Brother, GF, Maternal, GF,

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Office/Clinic Visit Notes

Judgment: Fair
Mood and Affect: Anxious. Affect congruent (per phone call)
Thought Process: circumstantial and difficult to follow at times.
Associations: Intact
Thought Content: Denies any homicidal ideation. SI - no plan or intent.
Perceptions: Denies any auditory or visual hallucinations.
Language: Normal
Speech: Rapid, pressured.

Assessment/Plan

ADD (attention deficit disorder)

Ordered:

Follow-Up Appt

Virtual Check-in (Phone) Est Pt 20+ Min AMB - I4116

Bipolar disorder

Ordered:

Follow-Up Appt

Virtual Check-in (Phone) Est Pt 20+ Min AMB - I4116

Posttraumatic stress disorder

Assessment: Patient appears to be struggling with ongoing symptoms and is in the process of applying for disability. He denies any danger to self or others. He denies hallucinations. Reports that he would like to continue on same medications.

1) Medication:

- Zyprexa

- Celexa

- Adderall

2) Therapy - Patient has psychologist John who he speaks to.

3) Labwork Ordered - Need to get updated labs. Has PCP but has not seen recently.

4) SA Treatment - Not indicated

5) RTC in 3 month 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 fully aware to contact OMS for any changes in symptoms, medication adjustments, development of side effects, or if in crisis.

Consent:

- Patient's identity was confirmed.
- Medical condition or illness was discussed with the patient/personal representative.
- Current proposed treatment for medical condition or illness was explained to patient/personal representative along with the likely benefits, significant risks and complications associated with the treatment.
- The patient/personal representative verbally authorized treatment to be provided by telephone, which may include a limited review of patient's current health status, medication or other treatment recommendations,

Paternal, GM, Maternal, GM, Paternal and Grandparent.

Diabetes mellitus: Negative: Mother, Father, Sister, Brother, GF, Maternal, GF, Paternal, GM, Maternal, GM, Paternal and Grandparent.

HYPERTENSION: GM, Maternal.

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Office/Clinic Visit Notes

patient education and an opportunity to ask questions about condition and treatment.

Verbal Consent Granted: Yes

Time spent in coordination of care and phone time: A total of 60 minutes was spent in review of pertinent medical records, evaluation of the patient problem, and coordination of a care plan as part of this phone visit. 45 minutes was spent on the phone portion of visit.

Electronically Signed By: PENISTON, KATHLEEN KELLY NP
04/29/2020 01:17 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:**

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Correspondence Other

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Electronic Orders

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

Order: Virtual Check-in (Phone) Est Pt 20+ Min AMB -I4116		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: 4/29/20 11:57:00 AM EDT Modifier: CR VVI, Bipolar disorder ADD (attention deficit disorder)		
Order Comment:		
Action Type: Order	Action Date/Time: 4/29/2020 11:57 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider: CASTRO ,MANUEL A MD	
Order Details: 04/29/20 11:57:00 EDT Modifier: CR VVI, ADD (attention deficit disorder) Bipolar 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

Name: WILLIAMS III, LEONARD CLINTON	MRN: 0000642066	DOB: 11/1/1980
Phone: (980) [REDACTED]	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: 04/29/2020		

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:ADD (attention deficit disorder); Bipolar disorder

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Discharge Information - Patient Education

Today's Clinical Information:

Height: 5 ft 11.5 inch

Weight: 98.6 kg

BMI: 29.89 kg/m²

Blood Pressure: /

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 04/29/2020 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	

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Discharge Information - Patient Education

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 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		
3.	misc medication (Misc Medication) 5 hour energy shots prn		

*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.

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Follow-Up

Appointments You Need to Make

Appointments You Already Have

You will get a text message or phone call with appointments already made for you. If you do not receive a text message or phone call, please call the doctor's office listed.

Patient Safety Information

Call 911 for All Emergencies

Quit Smoking or Tobacco Use

For more information, call **1-800-784-8669**

Poison Control Center:

A poison can be anything if it is used in the wrong way, amount, or by the wrong person. Poisons can include household cleaning products, plants, and medicines. Snake and spider bites are also poisons.

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

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

National Domestic Violence Hotline 1-800-799-SAFE

National Human Trafficking Hotline 1-888-373-7888

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

Patient Online Access:

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

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

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

Non-Discrimination Policy Statement

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

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

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

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Discharge Information - Patient Education

DOCUMENT NAME:

Patient Education

Patient Education



Patient Education Materials

MRN: 0000642066

Name: WILLIAMS III, LEONARD CLINTON

Visit Date: 4/29/2020 11:00:00

FIN: 6453320291

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

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Discharge Information - Patient Education

DOCUMENT NAME:

Ambulatory Depart Form - Text

Ambulatory Depart Form Entered On: 4/29/2020 9:33 EDT
Performed On: 4/29/2020 9:32 EDT by MCKENZIE , KIMBERLY B

Ambulatory Educational Assessment

Identified Learning Needs : Medications, Pain management

(Comment: Olanzapine, Adderall, Citalopram [MCKENZIE , KIMBERLY B - 4/29/2020 9:32 EDT])

Preferred Learning Methods : Discussion, Observing

Barriers to Learning : None evident

MCKENZIE , KIMBERLY B - 4/29/2020 9:32 EDT

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DOCUMENT NAME:

Education/Pt. Response Form - Text

Education/Pt. Response Entered On: 4/29/2020 11:54 EDT
Performed On: 4/29/2020 11:54 EDT by PENISTON , KATHLEEN KELLY NP

Response to Education

Response to Teaching : Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 4/29/2020 11:54 EDT

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DOCUMENT NAME:

Outpatient Medication Clinic - BH Entered On: 4/29/2020 9:28 EDT
Performed On: 4/29/2020 9:24 EDT by MCKENZIE , KIMBERLY B

Infectious Disease Risk Screening

Infectious Disease Symptoms : None of the following symptoms present

MCKENZIE , KIMBERLY B - 4/29/2020 9:24 EDT

Allergies

(As Of: 4/29/2020 09:28:10 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*: 4/29/2020 9:24 EDT

Latex Allergy : No

Spina Bifida : No

Denies Latex Signs Symptoms : Yes

Pregnancy Status : N/A

MCKENZIE , KIMBERLY B - 4/29/2020 9:24 EDT

Med List

Medication Information Obtained From : Patient/family

Confirmation of Medication Reconciliation : Yes

MCKENZIE , KIMBERLY B - 4/29/2020 9:24 EDT

Medication List

(As Of: 4/29/2020 09:28:10 EDT)

Prescription/Discharge Order

citalopram

: citalopram ; *Status*: Prescribed ; *Ordered As Mnemonic*: citalopram 20 mg oral tablet ; *Simple Display Line*: 20 mg, 1 tablet, ORAL, Daily, 30 tablet, 0 Refill(s) ; *Ordering Provider*: PENISTON , KATHLEEN KELLY NP; *Catalog Code*: citalopram ; *Order Dt/Tm*: 4/24/2020 15:24:03 EDT

dextroamphetamine-amphetamine

: dextroamphetamine-amphetamine ; *Status*: Prescribed ; *Ordered As Mnemonic*: Adderall XR 20 mg oral capsule, extended release ; *Simple Display Line*: See Instructions, 2 capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider*: PENISTON , KATHLEEN KELLY NP; *Catalog Code*: dextroamphetamine-amphetamine ; *Order Dt/Tm*: 4/24/2020 15:24:04 EDT

dextroamphetamine-amphetamine

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

Admit Date: 4/29/2020 11:00 EDT
Disch Date: 4/29/2020 23:59 EDT
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: MURRAY ,PHILLIP MICHAEL MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6453320291
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014485

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:* 2/4/2020 14:53:18 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:* 2/4/2020 14:57:54 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, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* OLANZapine ; *Order Dt/Tm:* 4/24/2020 15:24:01 EDT

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 EDT

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

misc medication : misc medication ; *Status:* Documented ; *Ordered As Mnemonic:* Misc Medication ; *Simple Display Line:* 5 hour energy shots prn, 0 Refill(s) ; *Catalog Code:* misc medication ; *Order Dt/Tm:* 4/29/2020 09:24:07 EDT

Med List Status - Updated : Med List Status - Updated ; *Status:* Deleted ; *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

General Admission Information

Legal Guardian : No

Admit Date: 4/29/2020 11:00 EDT
Disch Date: 4/29/2020 23:59 EDT
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: MURRAY ,PHILLIP MICHAEL MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6453320291
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014485

BH Clinical Documentation

Information Given By : Patient
Cultural/Spiritual Practices Impact Tx : No
Presenting Problem : FU

MCKENZIE , KIMBERLY B - 4/29/2020 9:24 EDT

Communication

Communication Barriers : None
Preferred Language for Healthcare : English

MCKENZIE , KIMBERLY B - 4/29/2020 9:24 EDT

Advance Care Plan

MOST/DNR Present : No
Advance Directive Documents in EMR RTF : No Advance Directive documents available.

Advance Directive Completed : No or does not know
Reason No Living Will or POA : Unable/Did not wish to provide advance directive
Advance Directive More Info Requested : No

MCKENZIE , KIMBERLY B - 4/29/2020 9:24 EDT

Risk for Harm to Others

Assaultive Ideations : No
Homicidal Ideations : No
Access to Firearms/Weapons : No

MCKENZIE , KIMBERLY B - 4/29/2020 9:24 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, yes
CSSRS Screen Wish to be Dead ReAsses Details : " Recurring thoughts but no plan or intent".
2. Have you actually had any thoughts of killing yourself? (ref) : Since last visit, yes
CSSRS Screen Suicidal Thoughts ReAsses Details : " Recurring thoughts but no plan or intent".
3. Have you been thinking about how you might kill yourself? (ref) : Since last visit, no
4. Have you had these thoughts and had some intention of acting on them? (ref) : Since last visit, no
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan? (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

MCKENZIE , KIMBERLY B - 4/29/2020 9:24 EDT

Social History

Social History

(As Of: 4/29/2020 09:28:10 EDT)

Tobacco:

Smokeless Tobacco Use: Never. Never smoker, 0 Yrs Smoker.
0 Avg # Packs Per Day. (Last Updated: 4/29/2020 09:24:52
EDT by MCKENZIE , KIMBERLY B)

Vape/E-Cigarette:

Use: Never. (Last Updated: 4/29/2020 09:24:55 EDT by
MCKENZIE , KIMBERLY B)

Alcohol:

Denies (Last Updated: 4/29/2020 09:24:58 EDT by MCKENZIE
, KIMBERLY B)

Admit Date: 4/29/2020 11:00 EDT
Disch Date: 4/29/2020 23:59 EDT
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: MURRAY ,PHILLIP MICHAEL MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6453320291
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014485

BH Clinical Documentation

Drug Abuse:

Denies (Last Updated: 4/29/2020 09:25:00 EDT by MCKENZIE , KIMBERLY B)

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

MCKENZIE , KIMBERLY B - 4/29/2020 9:24 EDT

Communications - Acute

Primary Care Provider : BRADNER , RICHARD L MD

Cell Phone Number : 980- [REDACTED] *

Leave Voicemail : Yes

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

Provider of Record 1 : BRADNER , RICHARD L MD

Provider Practice 1 : PCP

Provider of Record 2 : PENISTON , KATHLEEN KELLY NP

Provider Practice 2 : Psychiatrist

Provider of Record 3 : None

Provider Practice 3 : Therapist none

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

MCKENZIE , KIMBERLY B - 4/29/2020 9:24 EDT

Vitals

Height Documented in (UOM) : feet/inches

Height : 181.61 cm

Height Contributor (ft) : 5 ft

Admit Date: 4/29/2020

11:00 EDT

Disch Date: 4/29/2020

23:59 EDT

Admitting: PENISTON ,KATHLEEN KELLY NP

Attending: MURRAY ,PHILLIP MICHAEL MD

Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON

MRN: 0000642066

Acct#: 6453320291

DOB: 11/1/1980

Age: 39 years

Sex: Male

Location: HOMS

Print ID: 445014485

BH Clinical Documentation

Height Contributor (inches) : 11.5 inch
Clinical Weight Contributor (kg) : 98.6 kg
Weight Actual or Stated? : Stated/Estimated
Clinical Weight Documented in (UOM) : kg
Weight : 98.6 kg
Body Mass Index : 29.89 kg/m2
Body Surface Area : 2.23 m2
Weight (lbs.) : 217.38 lb
Height (ft.) : 5.96 ft

MCKENZIE , KIMBERLY B - 4/29/2020 9:24 EDT

Pain History

Pain Present : No

MCKENZIE , KIMBERLY B - 4/29/2020 9:24 EDT

Admit Date: 4/29/2020 11:00 EDT
Disch Date: 4/29/2020 23:59 EDT
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: MURRAY ,PHILLIP MICHAEL MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6453320291
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014485

Vitals View

Recorded Date	4/29/2020	
Recorded Time	09:24 EDT	
Recorded By	MCKENZIE ,KIMBERLY B	
Procedure		Units
Height	181.61	cm
Weight	98.6	kg
BSA	2.23	m2
Body Mass Index	29.89	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Pain Present	No	

Admit Date: 4/29/2020 11:00 EDT
Disch Date: 4/29/2020 23:59 EDT
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: MURRAY ,PHILLIP MICHAEL MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6453320291
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014485

Patient Assessment

Patient Assessment

Recorded Date	4/29/2020
Recorded Time	09:24 EDT
Recorded By	MCKENZIE ,KIMBERLY B
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

Admit Date: 4/29/2020 11:00 EDT
Disch Date: 4/29/2020 23:59 EDT
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: MURRAY ,PHILLIP MICHAEL MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6453320291
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014485

Psychosocial

Psychosocial

	Recorded Date	4/29/2020
	Recorded Time	09:24 EDT
	Recorded By	MCKENZIE ,KIMBERLY B
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, yes
CSSRS Screen Idea w-Meth No Intent ReAs		Since last visit, no
CSSRS Screen Idea w-Int No Plan ReAs		Since last visit, no
CSSRS Screen Suicide Intent w-Plan Reas		Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no

Admit Date: 4/29/2020 11:00 EDT
Disch Date: 4/29/2020 23:59 EDT
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: MURRAY ,PHILLIP MICHAEL MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6453320291
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014485

Visit Information

Visit Information

Recorded Date	4/29/2020	
Recorded Time	09:24 EDT	
Recorded By	MCKENZIE ,KIMBERLY B	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Medication Information Obtained From	Patient/family	
Primary Care Provider	BRADNER , RICHARD L MD	
Communication Barriers	None	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Stated/Estimated	

Admit Date: 4/29/2020 11:00 EDT
Disch Date: 4/29/2020 23:59 EDT
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: MURRAY ,PHILLIP MICHAEL MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6453320291
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014485

General Admission History

General Admission History

Recorded Date	4/29/2020
Recorded Time	09:24 EDT
Procedure	
MOST/DNR Present	No
Advance Directive Completed	No or does not know
Advance Directive More Info Requested	No
Infectious Disease Symptoms	See Below ^{T1}

Textual Results

T1: 4/29/2020 09:24 EDT (Infectious Disease Symptoms)
None of the following symptoms present

Admit Date: 4/29/2020 11:00 EDT
Disch Date: 4/29/2020 23:59 EDT
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: MURRAY ,PHILLIP MICHAEL MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6453320291
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014485

Social Habits

Social Habits

Recorded Date	4/29/2020
Recorded Time	09:24 EDT
Procedure	
Do You Want to Stop Using Tobacco?	N/A

Admit Date: 4/29/2020 11:00 EDT
Disch Date: 4/29/2020 23:59 EDT
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: MURRAY ,PHILLIP MICHAEL MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6453320291
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014485

TB Screen - Latex Sensitive - Skin Testing

TB Screen/Latex Sensitivity/Skin Testing

Recorded Date	4/29/2020
Recorded Time	09:24 EDT
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

Admit Date: 4/29/2020 11:00 EDT
Disch Date: 4/29/2020 23:59 EDT
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: MURRAY ,PHILLIP MICHAEL MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6453320291
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014485

Interdisciplinary and Patient Education

Interdisciplinary and Patient Education

Recorded Date	4/29/2020
Recorded Time	09:32 EDT
Recorded By	MCKENZIE ,KIMBERLY B
Procedure	
Preferred Learning Methods	Discussion, Observing
Barriers to Learning	None evident

Admit Date: 4/29/2020 11:00 EDT
Disch Date: 4/29/2020 23:59 EDT
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: MURRAY ,PHILLIP MICHAEL MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6453320291
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014485

Behavioral Health

Behavioral Health

Recorded Date	4/29/2020	
Recorded Time	09:24 EDT	
Recorded By	MCKENZIE ,KIMBERLY B	
Procedure		Units
Presenting Problem	See Below ^{T1}	
Cultural/Spiritual Practices Impact Tx	No	
Assaultive Ideations	No	
Homicidal Ideations	No	
Access to Firearms/Weapons	No	

Textual Results

T1: 4/29/2020 09:24 EDT (Presenting Problem)
FU

Admit Date: 4/29/2020 11:00 EDT
Disch Date: 4/29/2020 23:59 EDT
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: MURRAY ,PHILLIP MICHAEL MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6453320291
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014485

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: 4/29/2020 11:00 EDT
Disch Date: 4/29/2020 23:59 EDT
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: MURRAY ,PHILLIP MICHAEL MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6453320291
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014485