



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Provider: GLEDITSCH ,SCOTT MD
Date of Service: 11/3/2011
Visit #: 1130700451

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



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Face Sheet

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 11/3/2011

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Pt Name: WILLIAMS III, LEONARD CLINTON

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DOB: 11/1/1980

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Carolinas HealthCare System

OUTPATIENT RECORD

PATIENT	ACCOUNT NO.	ADMISSION DATE / TIME	F.C.	DATE OF BIRTH	AGE	SEX	RACE	MS	SERVICE	STATION	ROOM NO.	ACC.	PAT TYPE	BY	UNIT NUMBER			
	H11307-00451	11/03/11 1546	SP	11/01/80	31Y	M	1	VEA	SER	-		SER	DB		H000064-20-66			
PATIENT	ADMITTING DOCTOR		ATTENDING DOCTOR		DISCHARGE PHYSICIAN		ACCIDENT DATE/TIME		ADM TYPE/SOURCE		ACCIDENT WK. REL.							
	27204 GLEDITSCH,SCOTT		27204 GLEDITSCH,SCOTT						3 1		NO							
PATIENT	PATIENT NAME AND ADDRESS				SOC-SEC-NO		PATIENT EMPLOYER				TELEPHONE NO.							
	WILLIAMS,LEONARD CLINTON				XXX-XX-4844		CORE INSTORE SOLUTIO											
GUARANTOR	GUARANTOR NAME AND ADDRESS				SOC-SEC-NO		GUARANTOR EMPLOYER				TELEPHONE NO.							
	WILLIAMS,LEONARD CLINTON				XXX-XX-4844		CORE INSTORE SOLUTIONS											
INSURANCE	INSURANCE 1				INSURANCE 2				INSURANCE 3									
	CHARITY SELF 100																	
RELAT	RELATIVE 1				RELATION		ALLERGIES											
	HAUN,ANGELA				*MOTHER													
MISC	DIAGNOSIS/COMPLAINT				ADV DIRECTIVES		ORGAN DONOR		PREV DATE		ARRIVAL MODE		LOCATION		ESRD		DENOM	
	300.9-NONPSYCHOTIC DISORD										CAR		HMDC		NO		NON	
O U T P A T I E N T S	STATUS				DISCHARGE DT		AT		DT		DEATH		PAT CLA		CTY CODE			
															MECKLENBURG			
O N E D A Y S U R G E R Y & E N D O S C O P Y	COMMENTS:														INFLUENZA		PNEUMONIA	
O U T P A T I E N T S	DEPARTMENT VISITED				PROCEDURE													
	1. _____				1A. _____				1B. _____									
O U T P A T I E N T S	2. _____				2A. _____				2B. _____									
	3. _____				3A. _____				3B. _____									
O N E D A Y S U R G E R Y & E N D O S C O P Y	FINAL DIAGNOSIS (LIST MOST IMPORTANT FIRST)														CODE			
O N E D A Y S U R G E R Y & E N D O S C O P Y	COMPLICATIONS																	
O N E D A Y S U R G E R Y & E N D O S C O P Y	SURGERY PERFORMED (LIST MOST IMPORTANT FIRST)														CODE			
O N E D A Y S U R G E R Y & E N D O S C O P Y	FOLLOW UP TREATMENT				DISCHARGE SUMMARY				RELEASED BY: _____									
	PHYSICAL ACTIVITY LIMITATIONS								ACCOMPANIED BY: _____									
O N E D A Y S U R G E R Y & E N D O S C O P Y	MEDICATION				CONDITION AT DISCHARGE: _____													
					CONSULTANT				SIGNATURE OF RESPONSIBLE PHYSICIAN									



983



**AH Behavioral Health Charlotte****501 Billingsley Road****Charlotte, NC 28211-****Phone: 704-358-2990****Fax: 704-358-2838****Office/Clinic Visit Notes****DOCUMENT NAME:****OMS Intake Note****WILLAMS, LEONARD H642066****DATE OF SERVICE: 11/03/2011**

Leonard Williams, III is a 31-year-old Caucasian male seen in OMS for intake. He had recently moved to Charlotte. He has been diagnosed bipolar since age 18 when he was in Broughton State Hospital for 72 days. He had a brief hospitalization at Woodridge in Tennessee for 4 days. Since then, he has been treated with Celexa 20 mg a day, Zyprexa 15 mg at bedtime for the bipolar illness and with Adderall-XR 20 mg, 1 twice daily for ADD. The patient graduated from college with a degree in business administration in May of 2011. He moved here to get a job. He starts work today after our interview. He is single. He was given an adult ADHD self-report scale. He had 5 results within the gray zone part A clearly indicative of ADD when on meds; 2 of the symptoms still were in the gray zone when on medication. The scale should be able to be found separately in records.

PAST PERSONAL OF PSYCHIATRIC ILLNESSES: As above.

FAMILY HISTORY OF PSYCHIATRIC ILLNESS: Grandmother had bipolar disorder. Father is treated for depression.

SOCIAL HISTORY: As above. He lives alone. He starts a job tomorrow. He has no children.

MEDICAL HISTORY:

1. GERD.
2. No known medication allergies.
3. He is on no nonpsychiatric medicines.

REVIEW OF SYSTEMS: Headaches, difficulty starting to urinate, restlessness, sedation, reflux.

MENTAL STATUS EXAMINATION: An awake, alert, cogent Caucasian male, dressed appropriately. Interacted well with interviewer. Mood cooperative. Affect modulated. No safety or perceptual issues. Insight and judgment good. Memory and concentration okay.

DIAGNOSES:**Provider: GLEDITSCH, SCOTT MD****Date of Service: 11/3/2011****Visit #: 1130700451****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



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Office/Clinic Visit Notes

AXIS I:

1. Bipolar type 1.
2. Attention deficit hyperactivity disorder.

AXIS II:

1. None.

AXIS III:

1. Gastroesophageal reflux disease.

AXIS IV:

1. Support.

AXIS V:

1. Global Assessment of Functioning 63.

Adderall-XR 20 mg, 1 twice a day, given 3 scripts; Zyprexa 15 mg a day; Celexa 20 mg a day. See nurse practitioner in 12 weeks.

D: 11/08/2011 10:35AM SCOTT GLEDITSCH, MD

T: 11/08/2011 11:33AM NTS

Job # 5968911/Conf # 097567

cc:

Electronically Signed By: GLEDITSCH, SCOTT MD

11/08/2011 01:02 PM

Provider: GLEDITSCH, SCOTT MD

Date of Service: 11/3/2011

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Outside Records

Provider: GLEDITSCH ,SCOTT MD

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Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

11/1/1980

* Outside Records - Auth (Verified) *

THIS SCALE IS PUBLIC DOMAIN

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name			Today's Date						
Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.			Never	Rarely	Sometimes	Often	Very Often		
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?				X	✓				
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?						✓			
3. How often do you have problems remembering appointments or obligations?				✓					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					X	✓			
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?							✓		
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?				X		✓			

Part A

7. How often do you make careless mistakes when you have to work on a boring or difficult project?				X	✓			
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?				X		✓		
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?			X		✓			
10. How often do you misplace or have difficulty finding things at home or at work?					X	✓		
11. How often are you distracted by activity or noise around you?					X	✓		
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?				✓				
13. How often do you feel restless or fidgety?							✓	
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?					X	✓		
15. How often do you find yourself talking too much when you are in social situations?					X	✓		
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?					X	✓		
17. How often do you have difficulty waiting your turn in situations when turn taking is required?					✓			
18. How often do you interrupt others when they are busy?					X	✓		

Part B



11307-00451

11/03/11

WILLIAMS, LEONARD CLINTON

H000064-20-66 DOB 11/01/80 M 31Y

OUTPATIENT
SICIAN

PROGRESS NOTE



AH Behavioral Health Charlotte

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Consents

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 11/3/2011

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DOB: 11/1/1980

Sex: Male



REQUEST FOR TREATMENT AND AUTHORIZATION FORM

REQUEST FOR TREATMENT. The Hospital maintains personnel and facilities to assist my physicians in providing me medical care, and I authorize the Hospital personnel to perform on me the care ordered by my physicians. I understand that I have the right to be informed by my physicians of the nature and purpose of any proposed operation or procedure and any available alternative methods of treatment, together with an explanation of the risks associated with each of them. This form is not a substitute for such explanations, which are the responsibility of my physicians to provide according to recognized standards of medical practice, and I acknowledge that the Hospital and its personnel are not responsible for providing me this information. I choose to receive the services even if my insurance plan may not cover or continue to cover specific services, including the specific services rendered during the admission.

ASSIGNMENT OF INSURANCE BENEFITS. I/we hereby assign all my rights to The Charlotte-Mecklenburg Hospital Authority ("CHS") under any policy of insurance, including but not limited to, major medical insurance, hospital benefits, sick benefits, injury benefits due to me because of liability of a third party, such as auto insurance or Workers' Compensation insurance, and the proceeds of all claims resulting from the liability of the third party payable by any person, employer or insurance company to or for the patient up to the full amount of the hospital bill, and hereby authorize direct payment to Carolinas Medical Center and/or my attending physicians of all benefits to which I am entitled. This assignment includes payment of hospital, surgical, and medical benefits to Charlotte Radiology, P.A., Southeast Anesthesiology Consultants, P.A., Carolinas Pathology Group, P.A., Southeast Radiation Oncology Group, P.A., Piedmont Emergency Medicine Associates, P.A., The Charlotte-Mecklenburg Health Services Foundation, Inc., or any other professional groups contracted by CHS for professional services they may perform for me. In addition, I/we further warrant and represent that any insurance which I/we assign is valid insurance and in effect and that I/we have the right to make this assignment. I understand that I am financially responsible to the Hospital, my physicians, and those entities named in this assignment for amounts due that are not covered by this assignment. For example, I know that sometimes insurance companies will not pay for services ordered by my physician and which I have authorized. I understand that these payment denials occur for a variety of reasons. My insurance policy may not include the particular service as a benefit. In other cases, a service will not be covered by my insurance company because it decides the service is not necessary, despite my physician's decision to order the service. In any event, even if a service is not covered by insurance, I agree to pay for all charges for all services rendered, including the specific services rendered during this admission. I further agree that in the event benefits paid under this assignment or any other amounts paid by me/us or on my/our behalf exceed the amounts due the Hospital, my physicians, or those entities for services in connection with this hospitalization, any such excess amount may be applied to any other indebtedness that I or my spouse or any child for whom I am financially responsible may have to the Hospital or any other facility or entity related to CHS, my physicians, or these other entities.

NOTICE OF INDEPENDENT CONTRACTORS. I understand that CHS has contracted with certain independent professional groups for such groups to exclusively provide certain services at CHS facilities, including but not limited to Charlotte Radiology, P.A., Southeast Anesthesiology Consultants, P.A., Carolinas Pathology Group, P.A., Southeast Radiation Oncology Group, P.A., and Piedmont Emergency Medicine Associates, P.A. I understand that these professional groups are independent contractors, are not employees or agents of CHS, and are not subject to control or supervision by CHS in their delivery of professional services.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION. I authorize the Hospital and my physicians to furnish any medical information relating to my hospitalization or treatment to my insurance company, governmental or charitable agencies and their agents, my employer and professional review organizations with whom I may have insurance coverage or who may be assisting in payment of my hospital and medical care. I also authorize the Hospital and my physicians to release any medical information to any licensed physician or medical facility to which I may be referred or transferred for further medical care. In addition, I authorize the Hospital and my physicians to release any medical information necessary to prove the Hospital's damages in any legal proceeding brought to enforce any unpaid balance on any of my accounts. This authorization will expire two (2) years from the date shown below, and I understand that I or my legal representative may revoke this authorization at any time, except to the extent that: (i) action has already been taken, or (ii) in the event of my death, the release of medical information is necessary to verify any charges incurred by me.

Page 1 of 2



11307-00451 11/03/11
WILLAMS, LEONARD CLINTON
H000064-20-66 DOB 11/01/80 M 31Y

AUTHORIZATION TO RELEASE MEDICARE AND MEDICAID INFORMATION. I certify that the information provided by me in applying for payment under Titles V, XVIII and/or XIX of the Social Security Act is correct. I understand that health care services paid for under the Medicare, Medicaid and Maternal and Child Health programs are subject to review by professional organizations, which may recommend denial of payment if my medical condition does not warrant continued hospital care. I authorize those agencies responsible for determining eligibility under these programs to provide to the Hospital any information relating to the determination of my eligibility. I request payment of benefits under these programs be made to the Hospital and my physicians on my behalf.

PAYMENT GUARANTY. I (patient and/or responsible party/ies) agree to pay all charges for services rendered by the Hospital and my physicians or other providers during my hospitalization or treatment. This guaranty includes charges for services not covered by my insurance, regardless of the reason that insurance coverage is denied. If I fail to pay all charges and the Hospital or my physicians use an attorney to collect unpaid charges, I agree to pay the reasonable cost of the attorney's services in addition to the unpaid charges. I consent and authorize CHS and its agents and subcontractors to contact outside data sources of its choosing, including credit reporting agencies, for purposes related to my account, including evaluating and assessing my credit worthiness, my charity eligibility, and the viability of collecting any amounts due for the treatment I receive, whether at this time or on subsequent visits. I understand and agree that CHS may assign my accounts as it deems necessary for purposes of collecting any amounts I owe, including to collection agencies and attorneys

PERSONAL PROPERTY. The Hospital will hold any money, valuables or other personal property in my possession until I am able to return them home for safekeeping. I understand the Hospital is not responsible for money, valuables and other personal property retained in my room and has no liability for their loss.

RELEASE OF INFORMATION. I authorize the Financial Counseling staff of the Hospital to assist me in the processing of any benefits application, including Medical Assistance, Aid to Families with Dependent Children, or Special Assistance, initiated for the Patient within six months of the date of this authorization. The Financial Counselor may have access to and copy any records or information to which I would be entitled. I authorize and direct the County Department of Social Services to provide such information to the Financial Counselor orally via telephone. I authorize and consent to referral to the County for benefits by use of any appropriate referral form. I request that if my benefits are approved or denied, a copy of the approval or denial be attached to and returned with the referral form. The doctrine of informed consent has been explained to me. I acknowledge that this consent is voluntary and that it may be revoked by me at any time except to the extent that action has already been taken in reliance on it. Unless otherwise revoked, this consent shall be valid for one (1) year from the date of authorization, or until final determination of any benefits application as described above, whichever is later.

I have read the foregoing request and authorization in its entirety and agree to be bound by all terms and conditions herein. Witness my (our) hand(s) and seal(s) below.

Patient _____ (Seal)

Responsible Party/ies _____ (Seal)

Witness _____

Relation to Patient

Date 11/3/11 Time 1533

____ Husband

____ Wife

____ Parent/s

____ Other (Specify)

Policyholder (if other than patient) _____

☐ I have been provided access to CHS's Notice of Privacy Practices

Signature _____
(Patient or Authorized Representative)

Date: 11/3/11 Time: 1533

Relationship to Patient: son

Reason Patient Unable/Unwilling to sign _____

CAROLINAS HEALTHCARE SYSTEM
Request for Treatment and Authorization
6/09


11307-00451 11/03/11
WILLAMS, LEONARD CLINTON
H000064-20-66 DOB 11/01/80 M 31Y



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Clinical Documentation

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

FERRARO, NICHOLAS P RN (11/3/2011 16:22 EDT)

Education Teaching Record Entered On: 11/3/2011 16:23 EDT

Performed On: 11/3/2011 16:22 EDT by FERRARO, NICHOLAS P RN

ETR Discipline

Education Teaching Record Discipline : Nursing

FERRARO, NICHOLAS P RN - 11/3/2011 16:22 EDT

ETR Education General

Education Plan of Care : No patient identified learning needs

Preferred Learning Methods : Discussion

Barriers to Learning : None evident

Action Plan to Barriers : None required

FERRARO, NICHOLAS P RN - 11/3/2011 16:22 EDT

ETR Medications

Education Medications Grid

1. Medication : citalopram

FERRARO, NICHOLAS P RN - 11/3/2011 16:22 EDT

2. Medication : adderall

FERRARO, NICHOLAS P RN - 11/3/2011 16:22 EDT

3. Medication : zyprexa

FERRARO, NICHOLAS P RN - 11/3/2011 16:22 EDT

Education : Dose/Frequency/Strength/Route

Learner : Patient

Ability / Readiness to Learn : Receptive

Method of Teaching : Verbal instructions

Learner Response - Medications : Demonstrates acceptable knowledge of topic/instructions

FERRARO, NICHOLAS P RN - 11/3/2011 16:22 EDT

Provider: GLEDITSCH, SCOTT MD

Date of Service: 11/3/2011

Visit #: 1130700451

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Patient Questionnaires

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 11/3/2011

Visit #: 1130700451

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

11/1/1980

* Patient Questionnaire - Auth (Verified) *

- Please check service needed for today. Please complete and hand to RN, NP or MD when you are called.

- ☐ Child/Adolescent Visit
☐ Adult Visit
☒ First Time Appointment

11/3
INTK

1. On my current medication(s), I feel I am doing:

- ☐ Well
☒ Fairly well

☐ Poorly – explain: _____

2. At today's appointment, I want:

- ☒ Just to have my medications refilled.

☐ To have a medication change – explain: _____

3. I am having medication side effects.

- ☒ Yes – explain: _____

☐ No

4. I have had recent medical complications, or I am currently pregnant.

☐ Yes – explain: _____

☒ No

5. I have been taking my medications as prescribed.

☒ Yes

☐ No – explain: _____

6. Questions or concerns I want to discuss today.

Just get med, addoral
prescription because the pharmacy did not have
enough to fill my order

Signature of Person Completing Form: _____

Date: 11/03/2011

*If other than patient, give relationship: _____



Carolinas Healthcare System
Behavioral Health
Outpatient Medication Services (OMS)
Patient Questionnaire - INTAKE
Page 1 of 2



Rev. 08/21/09



11307-00451 11/03/11
WILLIAMS, LEONARD CLINTON
H000064-20-66 DOB 11/01/80 M 31Y

† Identifier

11/1/1980

* Patient Questionnaire - Auth (Verified) *

1130700451

MEDICAL SCREENING/REVIEW OF SYSTEMS

Nervous system: <input type="checkbox"/> History of seizures <input checked="" type="checkbox"/> Headaches <input type="checkbox"/> frequent <input type="checkbox"/> severe <input type="checkbox"/> History of stroke <input type="checkbox"/> Trouble balancing <input type="checkbox"/> Numbness or tingling in <input type="checkbox"/> arms <input type="checkbox"/> legs <input type="checkbox"/> History of fainting spells <input type="checkbox"/> Unusual/Abnormal mouth or tongue movements (if new or changed, RN to complete AIMS Exam) <input type="checkbox"/> Unusual/Abnormal hand or arm movements (if new or changed, RN to complete AIMS Exam) <input type="checkbox"/> Traumatic Brain Injury, Concussion, or Loss of Consciousness <input type="checkbox"/> Other: _____ <input type="checkbox"/> None of the above	Cardiovascular: <input type="checkbox"/> Abnormal heart rhythm <input type="checkbox"/> Rapid heart beating <input type="checkbox"/> Chest pain <input type="checkbox"/> Heart palpitations <input type="checkbox"/> High blood pressure <input type="checkbox"/> History of heart attack <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> None of the above	Respiratory: <input type="checkbox"/> Shortness of breath <input type="checkbox"/> History of asthma <input type="checkbox"/> Chronic cough <input type="checkbox"/> Tobacco use If so, amount/type: _____ <input type="checkbox"/> History of active tuberculosis <input type="checkbox"/> Positive test for tuberculosis <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> None of the above	Gastrointestinal: <input type="checkbox"/> Stomach sensitive to foods and/or medicines <input type="checkbox"/> Problems with constipation <input type="checkbox"/> Problems with diarrhea <input type="checkbox"/> Nausea and/or vomiting <input checked="" type="checkbox"/> Reflux/Frequent heartburn/GERD <input type="checkbox"/> Use laxatives <input type="checkbox"/> Other: _____ <input type="checkbox"/> None of the above
Genitourinary: <input type="checkbox"/> Frequent urination <input type="checkbox"/> Urinary incontinence <input type="checkbox"/> Difficulty starting to urinate <input type="checkbox"/> Frequent nighttime urination <input type="checkbox"/> Kidney Disease Change in: <input type="checkbox"/> sexual desire <input type="checkbox"/> sexual function <input type="checkbox"/> Pregnant or planning a pregnancy <input type="checkbox"/> Other: _____ <input type="checkbox"/> None of the above	Eyes, Ears, Nose Throat: <input type="checkbox"/> Poor vision <input type="checkbox"/> Wear glasses or contacts <input type="checkbox"/> Glaucoma <input type="checkbox"/> Hard of hearing <input type="checkbox"/> Ringing in ears <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Trouble swallowing <input type="checkbox"/> Fullness in neck <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> None of the above	Musculoskeletal: <input type="checkbox"/> Feel weak <input type="checkbox"/> Feel stiff <input type="checkbox"/> Muscle cramps <input type="checkbox"/> Arm and/or leg pain <input type="checkbox"/> Other: _____ <input type="checkbox"/> None of the above	Skin: <input type="checkbox"/> Rash <input type="checkbox"/> Bruise easily <input type="checkbox"/> Pick at skin <input type="checkbox"/> Itching <input type="checkbox"/> Breast tenderness <input type="checkbox"/> Discharge from breasts <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> None of the above
Last Menstrual Period / / Current form of Birth Control: <input type="checkbox"/> N/A: Male, or post-menopausal	General: <input type="checkbox"/> Anemia <input type="checkbox"/> Cancer: If so, specify type: _____ <input type="checkbox"/> Diabetes <input type="checkbox"/> Elevated cholesterol/triglycerides <input type="checkbox"/> HIV infection <input type="checkbox"/> History of Sexually Transmitted Diseases Hepatitis <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Swollen glands Thyroid problem: <input type="checkbox"/> High <input type="checkbox"/> Low	<input type="checkbox"/> Dry mouth <input type="checkbox"/> Drooping <input checked="" type="checkbox"/> Restlessness <input checked="" type="checkbox"/> Too drowsy/Sedated <input type="checkbox"/> Shakiness/Tremor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None of the above	Allergies to medications: List: <input checked="" type="checkbox"/> No Known Drug Allergies
Allergies to other things: List: <input checked="" type="checkbox"/> No known other allergies			

Comments Regarding Medical History/Review of Systems:

Surgeries and Non-Psychiatric Hospitalizations: ☒ No Yes, explain :

If Medical Screening completed by patient or significant other, sign/date here and return to the nurse:

Signature: Leonard Williams III ☐ N/A completed by RN/NPDate: 11/03/2011

*If other than patient, give relationship:

For Staff Only:

Intake Assessment Completed by: MRH Jensen

RN/NP

Date: 11-3-11Time: 1:55 PM

I have reviewed this assessment:

MD/DO



Rev. 08/21/09

Carolinas Healthcare System
 Behavioral Health
 Outpatient Medication Services (OMS)
 Patient Questionnaire - INTAKE
 Page 2 of 2

Patient:

Date of

Medical



11307-00451 11/03/11
 WILLIAMS, LEONARD CLINTON
 H000064-20-66 DOB 11/01/80 M 31Y



AH Behavioral Health Charlotte

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Phone: 704-358-2990 Fax: 704-358-2838

BH Clinical Documentation

DOCUMENT NAME:

Outpatient Medication Clinic Intake Asmt-BH Entered On: 11/3/2011 16:22 EDT
Performed On: 11/3/2011 16:04 EDT by FERRARO, NICHOLAS P RN

General Admission Information

Status Upon Admission : Voluntary

Level of Care : Standard outpatient

Information Given By : Patient

Presenting Problem : Here for evaluation. Recently moved to Charlotte and Here for med management. Previously treated at New River Behavioral Healthcare (28657). Dx is Bipolar Type I. Currently stable in his illness.

Issues/Problems to Address During Visit : Diagnosed at the age of 18 (1999) and was in Broughton State Hospital for 72 days.

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

Communication

Preferred Communication Mode : Verbal

Communication Barriers : None

Languages : English

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

Risk Assessment - CSU

Suicidal Ideations : Denies

Suicidal Plan : Denies

Recent Suicidal Attempt : No

History of Attempted Suicide : Yes

History of Attempted Suicide Details : OD sleeping pills.

Self Mutilation : Denies

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 self : No

History of Danger to others : No

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

Mental Status Exam - BH

Hallucination Details : Denies

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

Past Psychiatric and Substance Abuse Tx

Provider: GLEDITSCH, SCOTT MD

Date of Service: 11/3/2011

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BH Clinical Documentation

Past Psych/Substance Tx

1. Facility/Outpatient Therapist : Broughton 1999

Psychiatric Visit Type : Inpatient

Dates of Treatment : 1999 for 72 days

Problem/Reason for Treatment : diagnosed as Schizophrenic, schizoaffective, depression with psychotic features, bipolar Type I

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

2. Facility/Outpatient Therapist : Woodridge Hospital in Tennessee

Psychiatric Visit Type : Inpatient

Dates of Treatment : 4 days

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

ADL's

Problems With Sleep : No problems

Sleep Pattern : Not changed

Amount of Sleep : Not changed

Eating/Appetite : Increased appetite

Do You Require Accom for Special Needs? : None/Not applicable (99)

Self Care Difficulty : Yes

Self Care Difficulty Issues : Getting out of bed

Self Care Difficulty Issues Secondary To : Other: sedation from Zyprexa

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

CAGE-AID

Do you drink alcohol? : Yes

Have you ever experimented with drugs? : Yes

Feel ought to cut down drinking/drug use : No

Annoyed w criticizing drinking/drug use : No

Feel bad/guilty about drinking/drug use : No

Ever drink/use drugs 1st thing in morn : No

CAGE-AID Score : 0

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

Substance Use Review BH

Substance Abuse/Use Assessment Grid

1. Substance of Abuse : None

(Comment: very rare [FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT])

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

Has Patient Ever Used Tobacco? : Denies

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

Social History

Current Marital Status : Single

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 11/3/2011

Visit #: 1130700451

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Phone: 704-358-2990

Fax: 704-358-2838

BH Clinical Documentation

Number of Children : 0
Living Situation : Lives alone
Relationships/Social Supports : Parents, other family, Friend(s)
Impact on treatment : No
Stressors : Finances, Other: getting out of bed is an issue for him
Instability of Care Provider Supervision : None
Safety Issues in Current Living Situat : None

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

Education/Employment

Highest Grade Completed : College graduate
Employment Status : Employed
Employment Status Details : starts job tomorrow
Means of Financial Support : Employment

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

Providers/Agencies

CD - Current Treatment Provider Grid

1. Current Treatment Providers/Agencies : Primary Care Physician
Provider/Agency Name : no PCP

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

Patient Abuse Screen - BH

Abuse History: Current or Past : Yes

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

CD Abuse History Details grid ec

1. Type of Abuse : Sexual
Age of Occurrence : 3-5
Abuse By : grandmother

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

2. Type of Abuse : Emotional
Abuse By : step father

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

Military Experience

Are You/Family Currently Active Military : No

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

Legal History

Have You Ever Been Arrested : No
Have You Ever Been Incarcerated : No

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

Family Psychiatric History

Family Hx: Psych Illness/Substance Abuse : Yes

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 11/3/2011

Visit #: 1130700451

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

Fam Hx Psych Illness/Sub Abuse Grid

1. Relationship : grandmother

Psychiatric Diagnosis : bipolar

2. Relationship : father

Psychiatric Diagnosis : depression

^Vitals

Clinical Weight Documented in (UOM) : lbs/oz

Clinical Weight Contributor (lb) : 208lb

Weight : 94.348kg

Peripheral Pulse Rate : 78BPM

Respiratory Rate : 16breaths/minute

Systolic Blood Pressure : 181mmHg (HI)

Diastolic Blood Pressure : 88mmHg

Allergies

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: 11/3/2011 16:19 EDT

Medication Reconciliation Info

Latex Allergy : No

Spina Bifida : No

Denies Latex Signs Symptoms : Yes

Pregnancy Status : N/A

History Taken By : FERRARO, NICHOLAS P RN

TB Screen

Denies TB Signs Symptoms : Yes

TB Screen Grid

Night Sweats > 7 days : No

Cough > 2 Weeks : No

Unexplained Weight Loss of > 10 lbs : No

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 11/3/2011

Visit #: 1130700451

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

Hx of TB, recent TB exposure, or + PPD : No

Hemoptysis : No

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

Pain BH Initial

Have you had pain in last 12 hrs? : No

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

Medical Screening/Review of Systems - BH

Gastrointestinal Past Medical Hx Grid

Reflux Disease : Self

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

Reproductive Medical History

Other : Self, difficult to start urine stream

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

Med Hx/ROS Details : last physical unknown

FERRARO, NICHOLAS P RN - 11/3/2011 16:04 EDT

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 11/3/2011

Visit #: 1130700451

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Vitals View

Recorded Date	11/3/2011	
Recorded Time	16:04 EDT	
Recorded By	FERRARO,NICHOLAS P RN	
Procedure		Units
Weight	94.348	kg
Clinical Weight Contributor (lb)	208	lb
Peripheral Pulse Rate	78	BPM
Respiratory Rate	16	breaths/minute
Systolic Blood Pressure	181 ^H	mmHg
Diastolic Blood Pressure	88	mmHg
Have you had pain in last 12 hrs?	No	

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 11/3/2011

Visit #: 1130700451

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Psychosocial

Psychosocial

	Recorded Date	11/3/2011
	Recorded Time	16:04 EDT
	Recorded By	FERRARO,NICHOLAS P RN
Procedure	Units	
Stressors		See Below ^{T1}

Textual Results

T1: 11/3/2011 16:04 EDT (Stressors)
Finances, Other: getting out of bed is an issue for him

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 11/3/2011

Visit #: 1130700451

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Activities of Daily Living

Activities of Daily Living

Recorded Date	11/3/2011	
Recorded Time	16:04 EDT	
Recorded By	FERRARO,NICHOLAS P RN	
Procedure		Units
Self Care Difficulty	Yes	
Self Care Difficulty Issues	Getting out of bed	
Self Care Difficulty Issues Secondary To	Other: sedation from Zyprexa	

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 11/3/2011

Visit #: 1130700451

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Visit Information

Visit Information

Recorded Date	11/3/2011	
Recorded Time	16:04 EDT	
Recorded By	FERRARO,NICHOLAS P RN	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Preferred Communication Mode	Verbal	
History Taken By	FERRARO, NICHOLAS P RN	
Communication Barriers	None	
Preferred Language for Healthcare	English	

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 11/3/2011

Visit #: 1130700451

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Health History

Health History

Recorded Date	11/3/2011
Recorded Time	16:04 EDT
Procedure	
Reflux Disease Medical History	Self
Reproductive, Other Medical History	See Below ^{T1}

Textual Results

T1: 11/3/2011 16:04 EDT (Reproductive, Other Medical History)
Self, difficult to start urine stream

Provider: GLEDITSCH, SCOTT MD

Date of Service: 11/3/2011

Visit #: 1130700451

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Social Habits

Social Habits

Recorded Date	11/3/2011
Recorded Time	16:04 EDT
Procedure	
Has Patient Ever Used Tobacco?	Denies

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 11/3/2011

Visit #: 1130700451

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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TB Screen - Latex Sensitive - Skin Testing

TB Screen/Latex Sensitivity/Skin Testing

Recorded Date	11/3/2011
Recorded Time	16:04 EDT
Procedure	
Denies TB Signs Symptoms	Yes
Night Sweats > 7 days	No
Cough > 2 Weeks	No
Unexplained Weight Loss of > 10 lbs	No
Hx of TB, recent TB exposure, or + PPD	No
Hemoptysis	No
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

Provider: GLEDITSCH, SCOTT MD

Date of Service: 11/3/2011

Visit #: 1130700451

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH Behavioral Health Charlotte**

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Interdisciplinary and Patient Education**Interdisciplinary and Patient Education**

Recorded Date	11/3/2011
Recorded Time	16:22 EDT
Recorded By	FERRARO,NICHOLAS P RN
Procedure	
Education Teaching Record Discipline	Nursing
Education Plan of Care	See Below ^{T1}
Preferred Learning Methods	Discussion
Barriers to Learning	None evident
Action Plan to Barriers	None required
Medication Education	Dose/Frequency/Strength/Route
Learner -Medications	Patient
Ability/Readiness to Learn -Medications	Receptive
Method of Teaching Medications	Verbal instructions
Learner Response -Medications	See Below ^{T2}

Textual Results

- T1: 11/3/2011 16:22 EDT (Education Plan of Care)
No patient identified learning needs
- T2: 11/3/2011 16:22 EDT (Learner Response - Medications)
Demonstrates acceptable knowledge of topic/instructions

Provider: GLEDITSCH ,SCOTT MD**Date of Service:** 11/3/2011**Visit #:** 1130700451**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH Behavioral Health Charlotte**

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Behavioral Health**Behavioral Health**

Recorded Date	11/3/2011	
Recorded Time	16:04 EDT	
Recorded By	FERRARO,NICHOLAS P RN	
Procedure		Units
Hallucination Details	Denies	
Status Upon Admission	Voluntary	
Level of Care	Standard outpatient	
Presenting Problem	See Below ^{T1}	
Issues/Problems to Address During Visit	See Below ^{T2}	
Med Hx/ROS Details	last physical unknown	
Current Marital Status	Single	
Number of Children	0	
Current Living Situation	Lives alone	
Relationships/Social Supports	Parents, other family, Friend(s)	
Cultural/Spiritual Practices Impact Tx	No	
Instability of Care Provider Supervision	None	
Safety Issues in Current Living Situat	None	
Highest Grade Completed	College graduate	
Currently Employed	Employed	
Employment Status Details	starts job tomorrow	
Means of Financial Support	Employment	
Family Hx:Psych Illness/Substance Abuse	Yes	
Psych Trauma History:Current or Past	Yes	
Have You Ever Been Arrested	No	
Have You Ever Been Incarcerated	No	
Are You/Family Currently Active Military	No	
Suicidal Ideations	Denies	
Suicidal Plan	Denies	
Recent Suicidal Attempt	No	
History of Attempted Suicide	Yes	
History of Attempted Suicide Details	OD sleeping pills.	
Self Mutilation	Denies	
Assaultive Ideations	No	
Homicidal Ideations	No	
Does Patient Have a Plan	No	

Provider: GLEDITSCH ,SCOTT MD**Date of Service:** 11/3/2011**Visit #:** 1130700451**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Behavioral Health**Behavioral Health**

Recorded Date	11/3/2011	
Recorded Time	16:04 EDT	
Recorded By	FERRARO,NICHOLAS P RN	
Procedure		Units
Recent Attempt to Harm Others	No	
Access to Firearms/Weapons	No	
History of danger to self	No	
History of Danger to others	No	
Problems With Sleep	No problems	
Sleep Pattern	Not changed	
Amount of Sleep	Not changed	
Eating/Appetite	Increased appetite	
Do You Require Accom for Special Needs?	None/Not applicable (99)	
Do you drink alcohol?	Yes	
Have you ever experimented with drugs?	Yes	
Feel ought to cut down drinking/drug use	No	
Annoyed w criticizing drinking/drug use	No	
Feel bad/guilty about drinking/drug use	No	
Ever drink/use drugs 1st thing in morn	No	
CAGE-AID Score	0	

Textual Results

T1: 11/3/2011 16:04 EDT (Presenting Problem)

Here for evaluation. Recently moved to Charlotte and Here for med management. Previously treated at New River Behavioral Healthcare (28657). Dx is Bipolar Type I. Currently stable in his illness.

T2: 11/3/2011 16:04 EDT (Issues/Problems to Address During Visit)

Diagnosed at the age of 18 (1999) and was in Broughton State Hospital for 72 days.

Provider: GLEDITSCH ,SCOTT MD**Date of Service: 11/3/2011****Visit #: 1130700451****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



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Provider:
Date of Service: 11/28/2011
Visit #:

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



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BH Clinical Documentation

DOCUMENT NAME:

BH Telephone Contact Form Entered On: 11/28/2011 16:25 EST
Performed On: 11/28/2011 9:14 EST by FERRARO, NICHOLAS P RN

BH Telephone Contact

Relationship to Patient : Self

Provider : GLEDITSCH , SCOTT MD

Call Type : Medication refill

Phone Number Availability : 828- [REDACTED]

Chart Requested : No

Reason for call : Pt needs a script written for Adderall 30 mg. (generic). He was given a script for Adderall XR 20 mg. and pt stated that it is TOO expensive and cannot afford it, has no insurance.

Last Visit Date : 11/3/2011 EDT

Was Appointment Kept? : Show

Next Visit Date : 1/18/2012 EST

CALDWELL , FELICIA A - 11/28/2011 9:14 EST

Follow Up

Phone Msg Communication Grid

1. *Communication Date/Time :* 11/30/2011 13:41 EST

Communication Comment : Instructed pt to bring State ID, SS card, lease agreement or utility bill, and recent proof of income to pharmacy for assistance. Pt plans to come Thursday.

Communication Type : Spoke with patient, Agrees to plan, Verbalizes understanding

ALTERMAN , ELAYN J RN - 11/30/2011 13:41 EST

2. *Communication Date/Time :* 11/30/2011 10:57 EST

Communication Comment : Pt. called to check on the status of his request.

MACK , MICHAEL E - 11/30/2011 10:56 EST

3. *Communication Date/Time :* 11/28/2011 16:45 EST

Communication Comment : tell him its a "no-go". If he has no ins he should talk with our pharm and see what he can work out. SDG

GLEDITSCH , SCOTT MD - 11/28/2011 16:45 EST

4. *Communication Date/Time :* 11/28/2011 16:32 EST

Communication Comment : Spoke to pharmacist at Walmart on North Tryon. She states that they currently have 20tabs of the 30mg generic and they have 110 tabs of 10mg generic.

FERRARO, NICHOLAS P RN - 11/28/2011 16:32 EST

5. *Communication Date/Time :* 11/28/2011 16:23 EST

Communication Comment : Spoke to patient and he states that the Walmart on North Tryon has an instock supply of Generic Adderall 30mg. I will advise Dr. Gleditsch and I will verify this with the pharmacy.

FERRARO, NICHOLAS P RN - 11/28/2011 16:23 EST

Provider:

Date of Service: 11/28/2011

Visit #:

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

6. *Communication Date/Time* : 11/28/2011 13:10 EST

Communication Comment : There is no adderal generic available for a couple months. SDG

GLEDITSCH , SCOTT MD - 11/28/2011 13:10 EST

Provider:

Date of Service: 11/28/2011

Visit #:

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Visit Information

Visit Information

Recorded Date	11/28/2011	
Recorded Time	09:14 EST	
Recorded By	CALDWELL ,FELICIA A	
Procedure		Units
Provider	GLEDITSCH , SCOTT MD	

Provider:

Date of Service: 11/28/2011

Visit #:

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Provider: GLEDITSCH ,SCOTT MD
Date of Service: 1/4/2012
Visit #: 1200400314

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



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Phone: 704-358-2990

Fax: 704-358-2838

Face Sheet

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 1/4/2012

Visit #: 1200400314

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



Carolina's HealthCare System

CREDIT REFERENCE

PATIENT	ACCOUNT NO.	ADMISSION DATE / TIME	F.C.	DATE OF BIRTH	AGE	SEX	RACE	MS	SERVICE	STATION	ROOM NO.	ACC.	PAT TYPE	BY	UNIT NUMBER			
	H12004-00314	01/04/12 0001	SP	11/01/80	31Y	M	1		VEA	SER	-		SER	***	H000064-20-66			
PATIENT	ADMITTING DOCTOR		ATTENDING DOCTOR		DISCHARGE PHYSICIAN		ACCIDENT DATE/TIME		ADM TYPE/SOURCE		ACCIDENT WK. REL.							
	27204 GLEDITSCH,SCOTT		27204 GLEDITSCH,SCOTT						3 1		NO							
PATIENT	PATIENT NAME AND ADDRESS				SOC-SEC-NO		PATIENT EMPLOYER				TELEPHONE NO.							
	WILLAMS,LEONARD CLINTON [REDACTED] CHARLOTTE NC 28273				XXX-XX-4844 TELE [REDACTED] (828 [REDACTED])		CORE INSTORE Solutio CHARLOTTE NC											
GUARANTOR	GUARANTOR NAME AND ADDRESS				SOC-SEC-NO		GUARANTOR EMPLOYER				TELEPHONE NO.							
	WILLAMS,LEONARD CLINTON [REDACTED] CHARLOTTE NC 28273				XXX-XX-[REDACTED] TELEPHONE NO. (828 [REDACTED]) RELATION SELF		CORE INSTORE SOLUTIONS CHARLOTTE NC											
INSURANCE	INSURANCE 1				INSURANCE 2				INSURANCE 3									
	CHARITY SELF 100 ***** NA NC 28203 WILLAMS,LEONARD CLINTON DOB 11/01/80				DOB				DOB									
RELAT	RELATIVE 1				RELATION		ALLERGIES											
	HAUN,ANGELA (413) [REDACTED]				*MOTHER		NKA											
MISC	DIAGNOSIS/COMPLAINT				ADV DIRECTIVES		ORGAN DONOR		PREV DATE		ARRIVAL MODE		LOCATION		ESRD		DENOM	
	300.9-NONPSYCHOTIC DISORD								12/04/11		CAR		HMDC		NO		NON	
MISC					STATUS		DISCHARGE DT		AT		DT		DEATH		PAT CLA		CTY CODE	
																	MECKLENBURG	
COMMENTS:														INFLUENZA		PNEUMONIA		

Insurance User Define Fields:

Number of visits used
Annual Deductible not met
Annual Deductible
App Number Req
Cash Call Completed
Est due determined by
Est due this visit
Identification Scanned/linked
Ins verified by
Ins Card scanned/linked

Lifetime Maximum
MH Lifetime Maximum
Out of Pocket
Patient Co-Ins
Amount Collected
Pre Existing Condition
PreReg Completed By:
SSF Acct Num Original
SSF Qualified Date 02/03/11
Therapy Visits



983





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Fax: 704-358-2838

Office/Clinic Visit Notes

DOCUMENT NAME:

Outpatient Progress Note

WILLAMS, LEONARD

H642066

DATE OF SERVICE: 12/28/2011

IDENTIFYING DATA: This is a 31-year-old Caucasian male with a diagnosis of bipolar disorder, type 1, and attention deficit hyperactivity disorder. The patient was last seen on 11/03/2011 by Dr. Gleditsch. The patient was scheduled today to see Kathy Peniston, and she is seen today by this writer for Kathy Peniston, NP.

HISTORY OF PRESENT ILLNESS: The patient reports his mood is stable on his present medications. He is sleeping well, even though he wakes up somewhat tired in the morning. He denies depression or irritability. His concentration remains fair but is improved since he has been on Adderall-XR 20 mg b.i.d. His energy and appetite are good. He has no thoughts to harm himself or others. He does not hear voices, see shadows or have episodes of paranoia.

SOCIAL HISTORY: The patient lives alone. He has just obtained a fulltime job working for Bank of America in their mortgage modification division. He is relieved he has gotten a job, as he has multiple credit card bills that need to be paid. He does not have any physical pain. He has no history of substance use/abuse.

MENTAL STATUS EXAMINATION: Blood pressure 126/75. Pulse 88. Weight 211 pounds. The patient is casually dressed with appropriate hygiene. Speech is loud at times. Concentration is fair. Memory intact. Mood described as stable. The patient denies depression or irritability. Affect modulated. Thought content significant for mood stabilization. No SI/HI. Thought process is linear. Insight and judgment adequate.

DIAGNOSES:

AXIS I:

1. Bipolar disorder type 1.
2. Attention deficit hyperactivity disorder.

AXIS II:

1. None.

Provider: GLEDITSCH, SCOTT MD

Date of Service: 1/4/2012

Visit #: 1200400314

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Office/Clinic Visit Notes

AXIS III:

1. The patient has no known allergies.
2. No acute medical conditions.

AXIS IV:

1. Economics.
2. Support system.

AXIS V:

1. Global Assessment of Functioning 65-70.

PLAN: The patient reports his mood is stable and he is not experiencing any side effects other than some a.m. sedation which quickly resolves. He reports he had lab work done before moving to Charlotte, North Carolina and will bring a copy to his next OMS visit.

1. Adderall-XR 20 mg, 1 b.i.d. The patient was not scheduled to get an Adderall refill today, but will return on January 27th to have his medication refilled.
2. Zyprexa 15 mg, 1 q.a.m., #30, 2 refills.
3. Celexa 20 mg, 1 q.a.m., #30, 2 refills.
4. The patient does not feel he needs outpatient therapy.
5. The patient is aware of the emergency room, call center and walk-in clinic should he have any increase in symptoms.
6. The patient will return in 3 months for followup with Kathy Peniston.

MD co-sign, date and time: Rachel Thommen, MD

D: 01/18/2012 04:57PM MICHELLE OLSHAN-PERLMUTTER, NP

T: 01/19/2012 08:09AM NTS

Job # 6323088/Conf # 5220332

cc:

**Electronically Signed By: OLSHAN-PERLMUTTE, MICHELLE NP
01/19/2012 12:50 PM**

**Electronically Signed By: THOMMEN, RACHEL E MD
01/19/12 09:25 PM**

Provider: GLEDITSCH, SCOTT MD

Date of Service: 1/4/2012

Visit #: 1200400314

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Patient Questionnaires

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 1/4/2012

Visit #: 1200400314

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

11/1/1980

* Patient Questionnaire - Auth (Verified) *

Please check service needed for today. Please complete and hand to RN, NP or MD when you are called.

- ☐ Child/Adolescent Visit
☒ Adult Visit
☐ First Time Appointment

1. On my current medication(s), I feel I am doing:

☒ Well☐ Fairly well☐ Poorly – explain: _____

2. At today's appointment, I want:

☒ Just to have my medications refilled.☐ To have a medication change – explain: _____

3. I am having medication side effects.

☒ Yes – explain: Sedation in the morning from Zyprexa, increased appetite,
lowered libido☐ No

4. I have had recent medical complications, or I am currently pregnant.

☐ Yes – explain: _____☒ No

5. I have been taking my medications as prescribed.

☒ Yes☐ No – explain: _____6. Questions or concerns I want to discuss today. I am curious as to whether
I have an autism spectrum disorderSignature of Person Completing Form: [Signature]Date: 1-11-2011

*If other than patient, give relationship: _____

For Staff Only:

Form reviewed by: [Signature]Date: 1/18/11Time: 430

Date: _____

Time: _____



Carolinas Healthcare System
Behavioral Health
Outpatient Medication Services
Patient Questionnaire
Page 1 of 1



Rev. 08/21/09



12004-00314
H000064-20-66
WILLIAMS, LEONARD CLINTON

Identifier

01/04/12 DOB 11/01/80 M 31Y



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

BH Clinical Documentation

DOCUMENT NAME:

Medication Clinic Follow-Up Assessment BH Entered On: 1/18/2012 16:35 EST
Performed On: 1/18/2012 16:33 EST by OLSHAN-PERLMUTTE, MICHELLE NP

^Vitals

Height Actual or Stated? : Stated
Height Documented in (UOM) : feet/inches
Height Contributor (ft) : 5ft
Height Contributor (inches) : 11inch
Height : 180.34cm
Clinical Weight Documented in (UOM) : lbs/oz
Clinical Weight Contributor (lb) : 211lb
Weight : 95.709kg
Body Mass Index : 29.43kg/m2
Body Surface Area : 2.19m2
Peripheral Pulse Rate : 88BPM
Systolic Blood Pressure : 126mmHg
Diastolic Blood Pressure : 75mmHg

OLSHAN-PERLMUTTE, MICHELLE NP - 1/18/2012 16:33 EST

Allergies

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:* 11/3/2011
16:19 EDT

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 1/4/2012

Visit #: 1200400314

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Vitals View

Recorded Date	1/18/2012	
Recorded Time	16:33 EST	
Recorded By	OLSHAN-PERLMUTTE,MICHELLE NP	
Procedure		Units
Height	180.34	cm
Weight	95.709	kg
BSA	2.19	m2
Body Mass Index	29.43	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11	inch
Clinical Weight Contributor (lb)	211	lb
Peripheral Pulse Rate	88	BPM
Systolic Blood Pressure	126	mmHg
Diastolic Blood Pressure	75	mmHg

Provider: GLEDITSCH ,SCOTT MD**Date of Service:** 1/4/2012**Visit #:** 1200400314**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Provider: GLEDITSCH ,SCOTT MD
Date of Service: 3/6/2012
Visit #: 1206600213

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



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Face Sheet

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 3/6/2012

Visit #: 1206600213

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



Carolinas HealthCare System

CREDIT REFERENCE

ACCOUNT NO.	ADMISSION DATE / TIME	F.C.	DATE OF BIRTH	AGE	SEX	RACE	MS	SERVICE	STATION	ROOM NO.	ACC.	PAT TYPE	BY	UNIT NUMBER
H12066-00213	03/06/12 0001	SP	11/01/80	31Y	M	1	VEA	SER	-	-	-	SER	***	H000064-20-66
ADMITTING DOCTOR	ATTENDING DOCTOR		DISCHARGE PHYSICIAN		ACCIDENT DATE/TIME		ADM TYPE/SOURCE		ACCIDENT WK. REL.					
27204 GLEDITSCH,SCOTT	27204 GLEDITSCH,SCOTT						3 1		NO					
PATIENT NAME AND ADDRESS	SOC-SEC-NO		PATIENT EMPLOYER		TELEPHONE NO.									
WILLIAMS,LEONARD CLINTON	XXX-XX-4844		CORE INSTORE Solutio											
				CHARLOTTE NC		OCCUPATION								
				GUARANTOR EMPLOYER		TELEPHONE NO.								
				CORE INSTORE SOLUTIONS										
				CHARLOTTE NC		OCCUPATION								
				INSURANCE 3										
				DOB 11/01/80		DOB								
RELATIVE 1	RELATION		ALLERGIES											
HAUN,ANGELA	*MOTHER		NKA											
(413)	PRIMARY CARE PHYSICIAN		REFERRING PHYSICIAN											
		NO,PVT CARE PHYSICIAN		GLEDITSCH,SCOTT										
DIAGNOSIS/COMPLAINT	ADV DIRECTIVES	ORGAN DONOR	PREV DATE	ARRIVAL MODE	LOCATION	ESRD	DENOM							
300.9-NONPSYCHOTIC DISORD	NO	NO	02/04/12	CAR	HMDC	NO	NON							
	STATUS	DISCHARGE DT	AT	DT	DEATH	PAT CLA	CTY CODE							
						MECKLENBURG								
COMMENTS:						INFLUENZA		PNEUMONIA						

Insurance User Define Fields:

Number of visits used
Annual Deductible not met
Annual Deductible
App Number Req
Cash Call Completed
Est due determined by
Est due this visit
Identification Scanned/linked
Ins verified by
Ins Card scanned/linked

Lifetime Maximum
MH Lifetime Maximum
Out of Pocket
Patient Co-Ins
Amount Collected
Pre Existing Condition
PreReg Completed By:
SSF Acct Num Original
SSF Qualified Date 02/03/11
Therapy Visits



12066-00213
H000064-20-66
WILLIAMS,LEONARD CLINTON

03/06/12 DOB 11/01/80 M 31Y





AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Office/Clinic Visit Notes

DOCUMENT NAME:

Outpatient Progress Note

WILLAMS, LEONARD H642066

BH OUTPATIENT PROGRESS NOTE.

DATE OF VISIT: 03/27/2012.

VITAL SIGNS: Height 5 feet 11-1/2 inches, weight 215, blood pressure 147/87, pulse 102.

HISTORY OF PRESENT ILLNESS: The patient is a 31-year-old Caucasian male with a diagnosis of bipolar disorder and ADHD who presents to Outpatient Medication Services for evaluation. The patient was last seen in this clinic by Michelle Olshan-Perlmutter (on this writer's behalf) on 01/18/2012 and at that time was continued on Zyprexa, Celexa and Adderall-XR which the patient has been taking for several years. He does report some adverse effects including low libido, feeling overly sedated and having an ravenous appetite. His energy and concentration are well. He sleeps fairly well, but he states that when he does not absolutely have to get up it is very difficult for him to wake up in the morning. He denies any alcohol or drug use and does not use any tobacco products. He has not been exercising as regularly as in the past. His medication profile was reviewed and updated. He is not currently in any physical pain. The patient does have some questions today about Asperger's syndrome and we discussed some of the signs and symptoms. This writer suggests that he seek a further evaluation with a psychologist or therapist that specializes in these types of disorders.

MENTAL STATUS EXAMINATION: The patient is a well-nourished, appropriately groomed male who appears his stated age and is in no acute distress. He reports his mood is stable and affect is mood congruent. Thoughts are logical and goal-directed, and speech is of regular rate and rhythm. He is alert and oriented x 4. Insight and judgment are fair and concentration is adequate. He denies thoughts of harming himself or others or any psychotic symptoms. Fund of knowledge and memory were not formally assessed.

DIAGNOSES:

AXIS I:

1. Bipolar disorder, currently euthymic.
2. Attention deficit disorder.

AXIS II: None.

Provider: GLEDITSCH, SCOTT MD

Date of Service: 3/6/2012

Visit #: 1206600213

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Office/Clinic Visit Notes

AXIS III: No acute medical problems.

AXIS IV: None reported.

AXIS V: Current Global Assessment of Functioning equals 60.

PLAN:

1. The patient is to continue on Zyprexa 15 mg at bedtime, Celexa 20 mg daily and Adderall-XR 20 mg twice a day.
2. The patient is to return to meet with this writer in three months' time to further evaluate medication regimen.
3. The patient is to utilize the emergency department for any urgent or emergent psychiatric needs.
4. The patient is provided with education on medication and treatment plan.
5. The patient is to have labwork done before his next visit, including lipid profile and hemoglobin A1c.
6. The patient is referred for outpatient therapy to further investigate the possibility of a diagnosis of Asperger's syndrome.

MD co-sign, date and time: Jay A. Yeomans, MD.

D: 03/27/2012 09:05AM KATHLEEN K PENISTON, NP

T: 03/27/2012 12:44PM NTS

Job # 6657605/Conf # 939177

cc:

**Electronically Signed By: PENISTON, KATHLEEN KELLY NP
03/30/2012 01:34 PM**

**Electronically Signed By: YEOMANS, JAY A MD
03/30/12 02:18 PM**

Provider: GLEDITSCH, SCOTT MD

Date of Service: 3/6/2012

Visit #: 1206600213

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Patient Questionnaires

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 3/6/2012

Visit #: 1206600213

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

11/1/1980

* Patient Questionnaire - Auth (Verified) *

Please check service needed for today. Please complete and hand to RN, NP or MD when you are called.

- ☐ Child/Adolescent Visit
☒ Adult Visit
☐ First Time Appointment

1. On my current medication(s), I feel I am doing:

- ☒ Well
☐ Fairly well
☐ Poorly – explain: _____

2. At today's appointment, I want:

- ☒ Just to have my medications refilled.
☐ To have a medication change – explain: _____

3. I am having medication side effects.

- ☒ Yes – explain: Restlessness, Jitters, l.b.d.
☐ No

4. I have had recent medical complications, or I am currently pregnant.

- ☐ Yes – explain: _____
☒ No

5. I have been taking my medications as prescribed.

- ☒ Yes
☐ No – explain: _____

6. Questions or concerns I want to discuss today. I have more time Iwould like to discuss if I have an autism disorder.Signature of Person Completing Form: [Signature]Date: 3/27/2012

*If other than patient, give relationship: _____

For Staff Only:

Form reviewed by: [Signature]Date: 3/27/12 Time: 0839

Date: _____ Time: _____



Carolinas Healthcare System
Behavioral Health
Outpatient Medication Services
Patient Questionnaire
Page 1 of 1



Rev. 08/21/09



12066-00213
H000064-20-66
WILLIAMS, LEONARD CLINTON

03/06/12 DOB 11/01/80 M 31Y

ntifier



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Provider: GLEDITSCH ,SCOTT MD
Date of Service: 6/7/2012
Visit #: 1215900115

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



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Face Sheet

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 6/7/2012

Visit #: 1215900115

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Office/Clinic Visit Notes

DOCUMENT NAME:

Outpatient Progress Note

WILLAMS, LEONARD H642066

BH OUTPATIENT PROGRESS NOTE.

DATE OF SERVICE: 06/19/2012.

VITAL SIGNS: Height 5 feet 11-1/2 inches, weight 223 pounds, blood pressure 117/79, pulse 78.

HISTORY OF PRESENT ILLNESS: The patient is a 31-year-old Caucasian male with a diagnosis of bipolar disorder, type 1, currently euthymic and attention deficit disorder who presents to Outpatient Medication Services for evaluation. The patient was last seen in this clinic by this writer on 03/27/2012 and at that time was continued on Zyprexa, Celexa and Adderall-XR. He reports medication compliance. He also reports adverse effects including feeling overly sedated and having a difficult time getting up in the morning as well as some restlessness. His mood is stable. His sleep is variable depending on what his morning has to offer. When he absolutely needs to be some someplace he is able to get up after 7 to 8 hours, but can sleep 13 hours as he does not have anything to get up for. Appetite is too good, energy is difficult and concentration is fair. He does drink part of a 5-hour energy drink in the morning when he is having a difficult time going. He quit nine years ago and does not use any tobacco products. He has not been exercising on a regular basis, but has in the past and is looking toward getting back into an exercise routine. He denies any alcohol or drug use. He is not currently in any physical pain and his medication profile was reviewed and updated. The patient currently works at Bank of America 50-65 hours per week. He had a manic episode with ensuing psychosis at the age of 18. This is when he was initially started on medications. Despite the adverse effects that he is reporting, he has taken multiple other medications and they have either been ineffective or have caused even more adverse effects. Some of the medications he has taken include Risperdal, Depakote, Seroquel, Neurontin, lithium and Abilify. He also reports that he had a very bad reaction to Haldol.

MENTAL STATUS EXAMINATION: The patient is a well-nourished, appropriately groomed male who appears approximately his stated age and is in no acute distress. He reports that his mood has been fairly stable. Affect is mood congruent. Thoughts are logical and goal-directed and speech is of regular rate and rhythm. He is alert and oriented x 4. Insight and judgment are fair. Concentration is adequate. He denies thoughts of harming himself or others or any psychosis. Fund of knowledge and memory were not formally assessed.

DIAGNOSES:

Provider: GLEDITSCH, SCOTT MD

Date of Service: 6/7/2012

Visit #: 1215900115

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Office/Clinic Visit Notes

AXIS I:

1. Bipolar disorder type 1, currently euthymic.
2. Attention deficit disorder.

AXIS II: None.

AXIS III: No acute medical problems.

AXIS IV: Work, access to healthcare services.

AXIS V: Current GAF equals 65.

PLAN:

1. The patient is to continue on Zyprexa 15 mg at bedtime, Celexa 20 mg daily and Adderall-XR 20 mg twice a day.
2. The patient is to return to meet with this writer in three months' time to further evaluate medication regimen.
3. The patient is to have hemoglobin A1c and lipid profile done before his next visit.
4. The patient is to utilize the emergency department for any urgent or emergent psychiatric needs.
5. The patient is provided with education on medication and treatment plan.
6. The patient is to get involved in outpatient therapy to further investigate the possibility of Asperger's type symptoms.

MD co-sign, date and time: Jay A. Yeomans, MD.

D: 06/19/2012 09:32AM KATHLEEN K PENISTON, NP

T: 06/19/2012 10:17AM NTS

Job # 7036683/**Conf #** 5735141

cc:

Electronically Signed By: PENISTON, KATHLEEN KELLY NP
06/20/2012 04:55 PM

Electronically Signed By: YEOMANS, JAY A MD
06/21/12 11:00 AM

Provider: GLEDITSCH, SCOTT MD

Date of Service: 6/7/2012

Visit #: 1215900115

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Patient Questionnaires

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 6/7/2012

Visit #: 1215900115

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

11/1/1980

* Patient Questionnaire - Auth (Verified) *

Please check service needed for today. Please complete and hand to RN, NP or MD when you are called.

- ☐ Child/Adolescent Visit
☒ Adult Visit
☐ First Time Appointment

1. On my current medication(s), I feel I am doing:

- ☒ Well
☐ Fairly well
☐ Poorly – explain: _____

2. At today's appointment, I want:

- ☒ Just to have my medications refilled.
☐ To have a medication change – explain: _____

3. I am having medication side effects.

- ☒ Yes – explain: hard to get up in morning, restless
☐ No

4. I have had recent medical complications, or I am currently pregnant.

- ☐ Yes – explain: _____
☒ No

5. I have been taking my medications as prescribed.

- ☒ Yes
☐ No – explain: _____

6. Questions or concerns I want to discuss today. _____

Signature of Person Completing Form: _____

Date: 6-19-2012

*If other than patient, give relationship: _____

For Staff Only:

Form reviewed by: KE PenningtonDate: 6/19/12 Time: 0842

Date: _____ Time: _____



Carolinas Healthcare System
Behavioral Health
Outpatient Medication Services
Patient Questionnaire

Page 1 of 1



Rev. 08/21/09



12159-00115

H000064-20-66

WILLIAMS, LEONARD CLINTON

Identifier

06/07/12 DOB 11/01/80 M 31Y



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 9/8/2012
Visit #: 1225200051

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



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Face Sheet

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 9/8/2012

Visit #: 1225200051

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



Carolinah HealthCare System

CREDIT REFERENCE

ACCOUNT NO. H12252-00051	ADMISSION DATE / TIME 09/08/12 0001	F.C. SP	DATE OF BIRTH 11/01/80	AGE 31Y	SEX M	RACE 1	MS VEA	SERVICE SER	STATION -	ROOM NO. -	ACC. SER	PAT TYPE ***	BY H000064-20-66	UNIT NUMBER H000064-20-66	
ADMITTING DOCTOR 15273 PENISTON,KATHLEEN		ATTENDING DOCTOR 21297 MCGLYNN,AIKO CHRIS		DISCHARGE PHYSICIAN		ACCIDENT DATE/TIME 3 1		ADM TYPE/SOURCE NO		ACCIDENT WK. REL.					
PATIENT NAME AND ADDRESS WILLAMS,LEONARD CLINTON 13009 YORKRIDGE DR APT 214 CHARLOTTE NC 28273				SOC-SEC-NO XXX-XX-4844 TELEPHONE NO. (828)387-5255		PATIENT EMPLOYER CORE INSTORE Solutio CHARLOTTE NC				TELEPHONE NO. OCCUPATION					
GUARANTOR NAME AND ADDRESS WILLAMS,LEONARD CLINTON 13009 YORKRIDGE DR APT 214 CHARLOTTE NC 28273				SOC-SEC-NO XXX-XX-4844 TELEPHONE NO. (828)387-5255 RELATION SELF		GUARANTOR EMPLOYER CORE INSTORE SOLUTIONS CHARLOTTE NC				TELEPHONE NO. OCCUPATION					
INSURANCE 1 CHARITY SELF 100 ***** NA NC 28203 999999 06212012 WILLAMS,LEONARD CLINTON DOB 11/01/80				INSURANCE 2 DOB				INSURANCE 3 DOB							
RELATIVE 1 HAUN,ANGELA (413)213-3176				RELATION *MOTHER		ALLERGIES NKA									
				PRIMARY CARE PHYSICIAN NO,PVT CARE PHYSICIAN		REFERRING PHYSICIAN NO,PVT CARE PHYSIC									
DIAGNOSIS/COMPLAINT 300.9-NONPSYCHOTIC DISORD				ADV DIRECTIVES NO		ORGAN DONOR NO		PREV DATE 08/08/12		ARRIVAL MODE CAR		LOCATION HMDC		ESRD NO	
				STATUS		DISCHARGE DT		AT		DT		DEATH		PAT CLA	
														CTY CODE MECKLENBURG	
COMMENTS:												INFLUENZA		PNEUMONIA	

Insurance User Define Fields:

Number of visits used
Annual Deductible not met
Annual Deductible
App Number Req
Cash Call Completed
Est due determined by
Est due this visit
Identification Scanned/linked
Ins verified by
Ins Card scanned/linked

Lifetime Maximum
MH Lifetime Maximum
Out of Pocket
Patient Co-Ins
Amount Collected
Pre Existing Condition
PreReg Completed By:
SSF Acct Num Original
SSF Qualified Date 02/03/11
Therapy Visits



12252-00051
H000064-20-66
WILLAMS,LEONARD CLINTON

09/08/12 DOB 11/01/80 M 31Y



983





AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Office/Clinic Visit Notes

DOCUMENT NAME:

Outpatient Progress Note

WILLAMS, LEONARD H642066

OMS PROGRESS NOTE

DATE OF SERVICE: 09/21/2012

VITAL SIGNS: Height 5 feet 11-1/2 inches, weight 219 pounds, blood pressure 117/74, pulse 80.

HISTORY OF PRESENT ILLNESS: The patient is a 31-year-old Caucasian male with a diagnosis of bipolar disorder type 1 and attention deficit disorder who presents to outpatient medication services for evaluation. The patient was last seen in this clinic by this writer on 06/19/2012, and at that time was continued on Zyprexa, Celexa and Adderall-XR. He reports medication compliance and denies problems or adverse effects. He does report some difficulty waking in the morning time and attributes this in some part to the Zyprexa. He sleeps approximately 8-10 hours at night. Appetite is good. Concentration is adequate. He reports mood stability. He does drink energy drinks because he does feel sedated in the morning time. He denies any tobacco use. He does not use any alcohol or other drugs. His medication profile was reviewed and updated. He is not currently in any physical pain.

MENTAL STATUS EXAMINATION: The patient is a well-nourished, appropriately groomed male who appears his stated age and is in no acute distress. He reports that his mood is stable and affect is mood congruent. Thoughts are logical and goal directed, and speech is of regular rate and rhythm. He is alert and oriented x 4. Insight and judgment are fair and concentration is adequate. He denies thoughts of harming himself or others or any psychosis. Fund of knowledge and memory were not formally assessed, though appear to be intact.

DIAGNOSES:

AXIS I:

1. Bipolar disorder type 1, currently euthymic.
2. Attention deficit disorder.

AXIS II:

1. None.

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 9/8/2012

Visit #: 1225200051

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Office/Clinic Visit Notes

AXIS III:

1. No acute medical problems.

AXIS IV:

1. Work.

AXIS V:

1. Current Global Assessment of Functioning equals 60.

PLAN:

1. The patient is to get recommended labwork including lipid profile and hemoglobin A1c.
2. The patient is to continue on Zyprexa 15 mg at bedtime, Celexa 20 mg daily and Adderall-XR 20 mg twice a day.
3. The patient is to return to meet with this writer in 3 months' time to further evaluate medication regimen.
4. The patient is to utilize the emergency department for any emergent psychiatric needs.
5. The patient is provided with education on medication and treatment plan.

MD co-sign, date and time: Aiko McGlynn, DO

D: 09/21/2012 09:01AM KATHLEEN K PENISTON, NP

T: 09/21/2012 16:34PM NTS

Job # 7467797/Conf # 5998822

cc:

Electronically Signed By: PENISTON, KATHLEEN KELLY NP
09/26/2012 09:21 AM

Electronically Signed By: MCGLYNN, AIKO CHRISTINA DO
10/04/12 11:57 AM

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 9/8/2012
Visit #: 1225200051

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



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Discharge Information - Patient Education

DOCUMENT NAME:

Amb Depart Summary

Amb Depart Summary

Carolinas HealthCare System

BHC CMC Randolph

501 Billingsley Road

Charlotte, NC 28211

Phone: 704-358-2990

Fax: 704-358-2838

Patient Visit Summary

Name: WILLAMS III, LEONARD
CLINTON

Phone: (828) [REDACTED]

MRN: 0000642066

Age: 31 Years

DOB: 11/01/1980

Gender: Male

Visit Date: 09/08/2012

Carolinas HealthCare System thanks you for allowing us to assist you with your healthcare needs. The following includes patient education materials and some information regarding your health. Should you have any questions or concerns regarding your visit, please contact your physician or healthcare provider at your convenience.

Your healthcare provider today: PENISTON , KATHLEEN KELLY NP

Today's Diagnosis:

Today's Clinical Information:

Height:

Weight:

BMI:

Blood Pressure: /

Additional Information:

Problem List:

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 9/8/2012

Visit #: 1225200051

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

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Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Discharge Information - Patient Education

No Problems found

Allergies:

No known allergies

Medication Information:

	New Medicines to take at Home	Next Dose Due
1.	citalopram (citalopram 20 mg oral tablet) 1 tablet by mouth every day	
2.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) 1 capsule by mouth two times a day	
3.	olanzapine (Zyprexa 15 mg oral tablet) 1 tablet by mouth every day	

	Continue Taking These Medicines at Home	Next Dose Due
1.	APAP/ASA/caffeine (Goodys Extra Strength) See Instructions 1 packet as needed	
2.	Med List Status - Updated/Reviewed (Med List Status - Updated/Reviewed) KKP NP	

These Medicines have been Changed or Stopped

Medicine has changed. See #2 in New Medications above.

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

1 capsule by mouth two times a day

Medicine has changed. See #2 in New Medications above.

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

1 capsule by mouth two times a day

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 9/8/2012

Visit #: 1225200051

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Discharge Information - Patient Education

*This is a list of current information in your Carolinas HealthCare System 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.

Suggested Follow Up:

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.

Important Phone Numbers:

Poison Control Center 1-800-222-1222

National Suicide Prevention Lifeline 1-800-272-TALK (8255)

Smoking Cessation 1-800-QUIT NOW (1-800-784-8669)

National Domestic Violence Hotline 1-800-799-SAFE

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 9/8/2012

Visit #: 1225200051

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Discharge Information - Patient Education

DOCUMENT NAME:

Patient Education

Patient Education

*****Missing Image - the embedded image is not supported*****

Carolinas HealthCare System

Patient Education Materials

MRN: 0000642066

Name: LEONARD WILLAMS III

Visit Date: 9/8/2012 00:01:00

FIN: 1225200051

DOB: 11/1/1980

Carolinas HealthCare System 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.

No instructions were provided.

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 9/8/2012

Visit #: 1225200051

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:27 EST

Print ID: 350115743



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Discharge Information - Patient Education

DOCUMENT NAME:

Education/Pt. Response Form - Text

Education/Pt. Response Entered On: 9/21/2012 8:58 EDT

Performed On: 9/21/2012 8:58 EDT by PENISTON , KATHLEEN KELLY NP

Response to Education

Patient Education Provided : Yes

Response to Teaching : Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 9/21/2012 8:58 EDT

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 9/8/2012

Visit #: 1225200051

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Patient Questionnaires

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 9/8/2012

Visit #: 1225200051

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

11/1/1980

* Patient Questionnaire - Auth (Verified) *

Please check service needed for today. Please complete and hand to RN, NP or MD when you are called.

- ☐ Child/Adolescent Visit
☒ Adult Visit
☐ First Time Appointment

1. On my current medication(s), I feel I am doing:

☒ Well

☐ Fairly well

☐ Poorly – explain: _____

2. At today's appointment, I want:

☒ Just to have my medications refilled.

☐ To have a medication change – explain: _____

3. I am having medication side effects.

☒ Yes – explain: Sedation in morning

☐ No

4. I have had recent medical complications, or I am currently pregnant.

☐ Yes – explain: _____

☒ No

5. I have been taking my medications as prescribed.

☒ Yes

☐ No – explain: _____

6. Questions or concerns I want to discuss today. _____

Signature of Person Completing Form: [Signature]

Date: 9/21/2012

*If other than patient, give relationship: _____

For Staff Only:

Form reviewed by: [Signature]

Date: 9/21/12 Time: 0906

Date: _____ Time: _____



Carolinas Healthcare System
Behavioral Health
Outpatient Medication Services
Patient Questionnaire
Page 1 of 1



Rev. 08/21/09



12252-00051
H000064-20-66
WILLIAMS, LEONARD CLINTON

09/08/12 DOB 11/01/80 M 31Y

ifier



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

BH Clinical Documentation

DOCUMENT NAME:

BH Telephone Contact Form Entered On: 9/12/2012 10:15 EDT
Performed On: 9/12/2012 9:47 EDT by THORSTAD , JENNIFER ANNE MA

BH Telephone Contact

Relationship to Patient : Self

Provider : PENISTON , KATHLEEN KELLY NP

Call Type : Medication refill

Cell Phone Number : 828 [REDACTED]

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

Leave Voicemail : Yes

Reason for call : Pharmacy: CMC Randolph

pt. was late for appointment this morning due to traffic and cannot wait any longer due to needing to go to work. Pt. will call back to reschedule. Pt. will run out of medications on the 21st.

Medications: Zyprexa, Citalopram, Adderall XR generic.

Medication Taken as Prescribed? : Yes

Is Medication Effective? : Yes

Patient Reports Medication Side Effects: : No

Meds Stopped Since Last Visit : None reported

Meds Changed Since Last Visit : None reported

New Meds Since Last Visit : None reported

Last Visit Date : 9/12/2012 EDT

Date Last Seen : 6/19/2012 EDT

Was Appointment Kept? : No-Show

of No-Shows Since Last Visit : 1

THORSTAD , JENNIFER ANNE MA - 9/12/2012 9:47 EDT

Follow Up

Phone Msg Communication Grid

1. *Communication Date/Time :* 9/21/2012 11:22 EDT

Communication Comment : pt did attend appt..

KENDALL , LINDA RN - 9/21/2012 11:22 EDT

2. *Communication Date/Time :* 9/14/2012 12:19 EDT

Communication Comment : nurse recalled again,, and repeated appt date and time,, x 3 , pt is to call to confirm appt or cx appt..

KENDALL , LINDA RN - 9/14/2012 12:19 EDT

3. *Communication Date/Time :* 9/12/2012 14:22 EDT

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 9/8/2012

Visit #: 1225200051

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

BH Clinical Documentation

Communication Comment : scheduled appt 9/21/ 12 8;30 am,, nurse di call the ph# listed with a voice messege given regarding date time and +15mins,, repeated x3,, then requested pt to call and confirme appt time or will be cx ,, wait on his call..

KENDALL , LINDA RN - 9/12/2012 14:21 EDT

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 9/8/2012
Visit #: 1225200051

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



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Visit Information

Visit Information

Recorded Date	9/12/2012	
Recorded Time	09:47 EDT	
Recorded By	THORSTAD ,JENNIFER ANNE MA	
Procedure		Units
Provider	PENISTON , KATHLEEN KELLY NP	

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 9/8/2012

Visit #: 1225200051

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Face Sheet

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

EMERGENCY ROOM RECORD

[illegible]

983



**MINIMAL PAPER
DOCUMENTS
AVAILABLE TO
SCAN**
(within 24 hours of discharge)

**REFER TO CLINICAL
DOCUMENTATION**

Patient Name: _____

FIN #: _____



12328-00363

H000064-20-66

WILLAMS, LEONARD CLINTON

ATT PHY: 99047 BHR, EMERGENCY MEDI

11/23/12

DOB: 11/01/80 M 32Y



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

ED Documents

DOCUMENT NAME:

ED Pat Edu

Carolinas HealthCare System Emergency Department

Patient Discharge Instructions

BHC CMC Randolph
Emergency Department
501 Billingsley Road
Charlotte, NC 28211
Phone: (704)358-2700

Name: WILLAMS III, LEONARD CLINTON **Arrival Date:** 11/23/2012 4:26 PM

DOB 11/01/1980 12:00 AM

MRN: 0000642066

FIN: 1232800363

Chief Complaint Bipolar Disorder Not Otherwise Specified

Emergency Provider ORNELAS , MONIQUE NP

Follow-up Instructions:

Please Follow-up at this number to schedule further treatment at **CMC-Randolph: 704-358-2810**

With:

CMC Randolph OMS (med
clinic) NP

Address:

501 Billingsley Rd, 704-358-2990,
704-358-2832 Charlotte, NC 28211
(704) 358-2889 Business (1)

When:

Within A Day Call
for Next Available
Appt

Comments:

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

ED Documents

Mental Health Crisis: The Behavioral Health Call Center is a 24-hour, toll-free service available to anyone with a mental health crisis. Call for yourself, or someone you care about. Your call is free and confidential.

Behavioral Health Call Center: 704-444-2400 or 1-800-418-2065

- Call to speak with someone who cares
- Call if you feel you might be in danger of hurting yourself or others
- Call to find referrals to mental health services in your area
- Call to speak to a crisis worker about someone you're concerned about

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical and psychiatric care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize or treat all injuries and illnesses (including psychiatric or behavioral health related) in one Emergency Department visit.

Medication Summary

Prescriptions:

NOTE TO ER PERSONNEL BE SURE TO INCLUDE NEXT DOSE DATE/TIME FOR ANY MEDICATIONS THAT ARE PRESCRIBED BELOW THAT WERE GIVEN DURING THE PATIENT'S EMERGENCY ROOM VISIT.

citalopram (CeleXA 20 mg oral tablet)

1 tablet by mouth every day

olanzapine (Zyprexa 15 mg oral tablet)

1 tablet by mouth each night at bedtime

Home Meds:

UNLESS OTHERWISE NOTED, PATIENT WILL CONTINUE TO TAKE MEDICATIONS AS PRESCRIBED PRIOR TO THE EMERGENCY ROOM VISIT.

SI NO SE INDICA DE OTRA MANERA, EL PACIENTE CONTINUARA TOMANDO MEDICAMENTOS COMO SE LE RECETARON ANTES DE SU VISITA A LA SALA DE EMERGENCIA.

citalopram (citalopram 20 mg oral tablet)

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

ED Documents

1 tablet by mouth every day

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

1 capsule by mouth two times a day

olanzapine (Zyprexa 15 mg oral tablet)

1 tablet by mouth every day

APAP/ASA/caffeine (Goodys Extra Strength)

1 packet as needed

These Medicines have been Changed or Stopped

Med List Status - Updated/Reviewed (Med List Status - Updated/Reviewed) ** This medicine has been stopped

KKP NP

Med List Status - Updated/Reviewed (Patricia Reese, RN) ** This medicine has been stopped

Medication Summary Comment:

Please bring all medicines or a medication list with your discharge instructions to your follow up appointment(s). Any specific changes in your medications as a result of your emergency department visit today are included in your discharge instructions and reviewed with you prior to discharge. Any specific questions regarding your chronic medications and dosages should be discussed with your physicians(s) and pharmacist.

Patient Education Materials:

If you were given medication that makes you drowsy during your Emergency Room visit today, please do not drive or operate heavy machinery for 24 hours.

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

ED Documents**Community Resources in the Charlotte / Mecklenburg Area**

<u>EMERGENCY ASSISTANCE (24 hours)</u> Police/Fire/Medic emergency 911 Adult Protective Services (704) 336-CARE [336-2273] CMC-Randolph Behavioral Health ER (704) 358-2800 Call Center (704) 444-2400 or 1-800-418-2065 Rape Crisis (704) 375-9900 The Relatives (shelter ages 7-17) (704) 377-0602 Suicide Hotline 1-800-SUICIDE [1-800-784-2433]	<u>GENERAL ASSISTANCE</u> United Way www.unitedway.org 211 or (704) 372-7170 Charlotte-Mecklenburg Schools *toll free (980) 343-3000 Charlotte-Mecklenburg Police Non-Emergency (704) 355-1000 Crisis Assistance Ministry (704) 371-3000 Department of Social Services (Food Stamps, Medicaid, Transportation, In-Home Aide, etc) 301 Billingsley Rd (704) 336-3150 Love Inc (must be referred by an agency) (704) 536-5588 Social Security Administration www.ssa.org 1-800-772-1213
<u>COUNSELING / MENTAL HEALTH</u> CMC-Randolph Behavioral Health ER (704) 358-2800 Call Center (704) 444-2400 or (800) 418-2065 Kinder Mourn (704) 376-2580 MAP (Metrolina AIDS Project) (704) 333-1435 NAMI (National Alliance for the Mentally Ill) (704) 333-8218 Referrals: 1-800-THERAPY [1-800-843-7279] SupportWorks Support Groups (704) 331-9500 United Family Services (704) 332-9034	<u>EMPLOYMENT</u> Charlotte Area Fund (704) 372-3010 x200 Employment Securities Commission (704) 342-6131 Employment Training Department (704) 336-3380 Energy Committed to Offenders (704) 374-0762 Goodwill (704) 372-3434 Jacob's Ladder 832 Siegle Ave. (704) 332-5822 Job Link Career Center (704) 347-7116

Provider: SPARKS JR ,EDWIN W MD**Date of Service: 11/23/2012****Visit #: 1232800363****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

ED Documents

Victims' Assistance (704) 336-4126	Unemployment Office 500 W. Trade St. (704) 342-6131 Vocational Rehabilitation (704) 568-8804
<u>DRUGS / ALCOHOL</u> Alcoholics Anonymous www.aa.org (704) 332-4387 Family Groups (704) 333-9523 Chemical Dependency Center (704) 376-7447 CMC-Randolph Behavioral Health (704) 444-2400 or (800) 418-2065 Detox 429 Billingsley Rd. (704) 336-3067 Mercy Horizons (at Mercy Hospital) (704) 379-5248 McLeod Center 145 Remount Rd. (704) 332-9002 *walk-in assessments Mon-Fri Narcotics Anonymous www.na.org (704) 379-0440	<u>DRUG / ALCOHOL HALF-WAY HOUSES</u> Dove's Nest (pregnant women) 907 W. 1st St. (704) 332-3999 Hope Haven 3815 N Tyron St. (704) 372-8809 House of Grace (HIV) (704) 375-0309 New Beginnings (704) 334-6574 Oxford Houses (several houses) (704) 569-1740 Peachford House 2500 Eastway Dr. (704) 532-0589 Rebound 901 W. 1st St. (704) 334-4244 Salvation Army 1023 Central Ave. (704) 332-1171 Second Adam 422 Heflin St. (704) 333-7159 Williams House (704) 509-5736
<u>TRANSPORTATION</u> City Bus www.ridetransit.org (704) 336-RIDE [336-7433] Special Transportation (elderly, disabled) (704) 336-2637 EZ Rider (704) 522-3552 DMV (704) 547-5787 Greyhound Bus 1-800-231-2222 Charlotte 601 W. Trade St. (704) 375-3332 Medicaid Transportation (704) 336-4547 Red Cross www.redcrosshelps.org (704) 376-1661	<u>HOUSING / HOMELESSNESS</u> Affordable housing list: www.socialserve.org Charlotte Housing Authority (704) 336-5183 Community Link (704) 372-6440 CUP Ministry 1201 E. 36th St. (704) 331-4806 Family Jump Start (704) 375-5281 Homeless Support Services (704) 343-3790

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

ED Documents

Traveler's Aide (Community Link) (704) 334-7288 US Air Charlotte 359-3000 1-800-428-4322 (704)	Salvation Army Women's Shelter 534 Spratt St. (704) 348-2560 Uptown Men's Shelter 1210 N. Tryon St. (704) 334-3187 Urban Ministries (showers, lunch, laundry, etc) (704) 347-0278 Winter Shelter (November-March only) 4th St (704) 333-2608
<u>FINANCIAL ASSISTANCE</u> Consumer Credit Counseling (704) 332-4191 Crisis Assistance Ministry (704) 371-3000 Department of Social Services (704) 336-3150 Low Income Energy Assistance (704) 353-1336 <u>FOOD ASSISTANCE</u> Friendship Trays (sliding scale) (704) 333-9229 Loaves and Fishes (must be referred) (704) 523-4333 Meals on Wheels (DSS) (704) 336-3150	<u>LATINO / SPANISH SPEAKING</u> Centro Catolico Hispano (Catholic Social Services) (704) 391-3732 Centro de Dependencia Quimica (CDC) (704) 376-7447 Latin American Coalition (704) 531-3848 Mi Casa Su Casa (704) 536-9845 Programa Confianza (domestic violence) (704) 432-6970 Programa Eperanza (704) 370-3248 Su Familia Hispanic Health Helpline 1-866-SU FAMILIA
<u>DISABILITIES</u> Deaf and Hard of Hearing Services (704) 364-4603 Department of Social Services (704) 336-3150 Independent Living Services 1-800-755-5749 NAMI (National Alliance for the Mentally Ill) (704) 333-8218 Programs for Accessible Living (704) 537-0550	<u>DOMESTIC VIOLENCE</u> Domestic Violence Misdemeanor Unit (704) 336-4126 DVHP (Domestic Violence HealthCare Project) (704) 446-3999 HERO program for children (704) 336-3210 Magistrate's Office- protection orders, etc. (704) 336-4728 National Domestic Violence Hotline (800) 799-SAFE

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

ED Documents

Services for the Blind (704) 342-6185	NOVA Services for Batterers (704) 336-4344
Social Security www.ssa.org	Police Domestic Violence Unit (704) 336-2311
1-800-772-1213	Programa Confianza (Spanish speaking) (704) 432-6970
5800 Executive Center Drive (704)	Shelter for Battered Women (704) 332-2513
532-8583	Women's Commission (704) 336-3210
Vocational Rehabilitation (704)	
568-8804	
Watkins Center (developmental disab.)	
(704) 336-7100	
HEALTH CARE	HIV
CMC Clinics- sliding scale program for uninsured	Myers Park ID Clinic (704) 446-4490
CMC Myers Park (704) 446-1600	Jemsek Clinic- Huntersville (704) 987-2111
CMC BiddlePoint (704) 446-9987	Case Management
CMC North Park (704)	MAP (Metrolina AIDS Project) (Medicaid) (704) 333-1435
446-9987	RAIN (Regional AIDS Interfaith Network) (704) 372-7246
CMC Eastland Family Practice (704)	Health Department Case Management (704) 336-5384
446-1000	GORE (704) 549-1953
Carolinas Diabetes Center (704)	Bradley-Reid Corporation (Medicaid) (704) 763-6635
347-4033	Total Care of the Carolinas (Medicaid) (704) 529-6664
Health Department - Appointment Line (704)	Housing
336-6500	House of Grace (704)
249 Billingsley Rd. (704) 336-6400	375-0309 Society for a Second Chance (704)
2845 Beatties Ford Rd. (704)	777-4132 Warren's Place 1380 Kings St. (704) 605-0275
336-4788	
Metrolina Comprehensive Health (sliding scale program for uninsured) (704)	
393-7720	
Senior Health Connection (704)	
543-4360	
Su Familia Hispanic Health Helpline 1-866-SU FAMILIA	
Veterans' Administration 1-800-827-1000	
PREGNANCY / CHILD CARE	LEGAL SERVICES
Baby Love Medical Assistance Program (704)	Child Support Enforcement (704) 342-6325
336-6400	

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH Behavioral Health Charlotte****501 Billingsley Road****Charlotte, NC 28211-****Phone: 704-358-2990 Fax: 704-358-2838****ED Documents**

Charlotte Pregnancy Care Center 372-5981 Child Care Resources Child Support Enforcement 1-800-992-9457 Florence Crittendon Smart Start @ Home Parent Stress Line 376-7244 WIC	(704) (704) 376-6697 (704) 372-4663 (704) 336-5074 (704) (704) 336-6500	Fathers' Rights 358-6239 Housing Code Enforcement 336-3485 Jail/ Sheriff's Office 336-8100 Legal Services of Southern Piedmont 376-1600 Lawyer Referral Source 375-0120 Magistrate's Office (704) 336-4728 Restraining Orders 336-5024	(704) (704) (704) (704) (704)
<u>SERVICES FOR YOUTH</u> Big Brothers & Big Sisters 377-3963 Charlotte-Mecklenburg Schools *toll free 343-3000 Department of Social Services 336-2273 Police Youth Bureau Right Moves for Youth Teen Health Connection @ NorthPark 381-8336 Children's Law Center 331-9474	(704) (980) (704) (704) 336-2926 (704) 377-4425 (704) (704)	<u>SERVICES FOR OLDER ADULTS</u> Department of Social Services 336-4812 ext. 2 Friendship Trays 333-9229 Legal Services for the Elderly 334-0400 Meals on Wheels 336-3171 Senior Center 2219 Tyvola Rd 522-6222 Senior Health Connection 543-4360	(704) (704) (704) (704) (704) (704)

Tobacco Cessation:

Provider: SPARKS JR ,EDWIN W MD
Date of Service: 11/23/2012
Visit #: 1232800363

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



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

ED Documents

IF APPLICABLE:

QUIT SMOKING/TOBACCO USE - I understand the use of any tobacco products increases my chances of suffering from future heart disease and could cause other illnesses which may shorten my life. Quitting the use of tobacco products is the single most important thing I can do to improve my health. For further information on smoking/tobacco cessation call a **Toll Free Quit Line** at 1-877-448-7848 (National Cancer Institute) or 1-866-784-8937 (American Lung Association).

Patient Visit Summary

LW - Left Without Being Seen/Outpt

WILLAMS III, LEONARD CLINTON has been given the following list of patient education materials, prescriptions and follow-up instructions:

Visit Date: 11/23/2012 4:26 PM

Emergency Physician: SPARKS JR , EDWIN W MD

Patient Education Materials: Community Resources (CHS) (CUSTOM)

Medication Summary:

Prescriptions:

NOTE TO ER PERSONNEL BE SURE TO INCLUDE NEXT DOSE DATE/TIME FOR ANY MEDICATIONS THAT ARE PRESCRIBED BELOW THAT WERE GIVEN DURING THE PATIENT'S EMERGENCY ROOM VISIT.

citalopram (CeleXA 20 mg oral tablet)

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

ED Documents

1 tablet by mouth every day

olanzapine (Zyprexa 15 mg oral tablet)

1 tablet by mouth each night at bedtime

Home Meds:

UNLESS OTHERWISE NOTED, PATIENT WILL CONTINUE TO TAKE MEDICATIONS AS PRESCRIBED PRIOR TO THE EMERGENCY ROOM VISIT.

SI NO SE INDICA DE OTRA MANERA, EL PACIENTE CONTINUARA TOMANDO MEDICAMENTOS COMO SE LE RECETARON ANTES DE SU VISITA A LA SALA DE EMERGENCIA.

citalopram (citalopram 20 mg oral tablet)

1 tablet by mouth every day

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

1 capsule by mouth two times a day

olanzapine (Zyprexa 15 mg oral tablet)

1 tablet by mouth every day

APAP/ASA/caffeine (Goodys Extra Strength)

1 packet as needed

These Medicines have been Changed or Stopped

Med List Status - Updated/Reviewed (Med List Status - Updated/Reviewed) ** This medicine has been stopped

KKP NP

Med List Status - Updated/Reviewed (Patricia Reese, RN) ** This medicine has been stopped

Follow-Up Instructions:

With:

CMC Randolph OMS (med clinic) NP

Address:

501 Billingsley Rd, 704-358-2990,
704-358-2832 Charlotte, NC 28211
(704) 358-2889 Business (1)

When:

Within A Day Call
for Next Available
Appt

Comments:

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

ED Documents

- I, WILLAMS III, LEONARD CLINTON, have received these discharge instructions/aftercare plan. A copy of it has been given to me. I am aware that the Behavioral Health Emergency Department at CMC-Randolph is available to me 24 hours a day if at any time I feel that I cannot maintain my safety or the safety of others.
- I have also received my personal belongings / valuables.

Responsible Person

Date

Clinician Signature

Date and Time of Discharge

Translator Signature (if applicable)

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

ED Documents

DOCUMENT NAME:

Depart Summary

Dear Follow-Up Provider:

This is to notify you that WILLAMS III, LEONARD CLINTON (DOB: 11/01/1980 12:00 AM) was discharged at 11/23/2012 5:27 PM from the following facility:

BHC CMC Randolph
Emergency Department
501 Billingsley Road
Charlotte, NC 28211
Phone: (704)358-2700

WILLAMS III, LEONARD CLINTON received emergency treatment for **Medication prescription; SCRIPTS FOR WEEKEND** and was given the diagnosis of **Bipolar Disorder Not Otherwise Specified**.

The following is a summary of the discharge instructions the patient was given:

Medication Summary

Prescriptions:

NOTE TO ER PERSONNEL BE SURE TO INCLUDE NEXT DOSE DATE/TIME FOR ANY MEDICATIONS THAT ARE PRESCRIBED BELOW THAT WERE GIVEN DURING THE PATIENT'S EMERGENCY ROOM VISIT.

citalopram (CeleXA 20 mg oral tablet)

1 tablet by mouth every day

olanzapine (Zyprexa 15 mg oral tablet)

1 tablet by mouth each night at bedtime

Patient Education Materials

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

ED Documents

Community Resources (CHS) (CUSTOM)

Follow-Up Instructions

With:

CMC Randolph OMS (med
clinic) NP

Address:

501 Billingsley Rd, 704-358-2990,
704-358-2832 Charlotte, NC 28211
(704) 358-2889 Business (1)

When:

Within A Day Call
for Next Available
Appt

Comments:

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

ED Documents

DOCUMENT NAME:

ED Med Rec Entered On: 11/23/2012 16:59 EST

Performed On: 11/23/2012 16:58 EST by REESE , PATRICIA RN

ED Medication Reconciliation Info

Latex Allergy : No

Spina Bifida : No

Denies Latex Signs Symptoms : Yes

Pregnancy Status : N/A

Lactation : N/A

Primary Care Provider : none

Primary Care Provider Office Location : n/a

Medication Information Obtained From: : Patient/family

Medication Disposition : No meds brought to hospital

Medication Status : Pt/family provided complete med list - no need to bring meds

History Taken By : REESE , PATRICIA RN

Medication List Reviewed/Updated : Yes

Date Medication List Reviewed/Updated : 11/23/2012 EST

REESE , PATRICIA RN - 11/23/2012 16:58 EST

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

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Fax: 704-358-2838

ED Documents

DOCUMENT NAME:

ED Triage Form (BH) Entered On: 11/23/2012 17:06 EST
Performed On: 11/23/2012 17:00 EST by REESE , PATRICIA RN

ED Reason For Visit

Diagnoses(Active)

Medication prescription

Date: 11/23/2012 ; Diagnosis Type: Reason For Visit ;
Confirmation: Complaint of ; Clinical Dx: Medication
prescription ; Classification: Medical ; Clinical Service:
Non-Specified ; Code: SNOMED CT ; Probability: 0 ;
Diagnosis Code: 56143012

General Triage Info (BH)

Method of Arrival : ED

Communication Barriers : None

Preferred Language for Healthcare : English

Interpreter's Name : n/a

Accompanied by Names : n/a

Accompanied By : Self

Emergency Contact Name : Angela Haun

Emergency Contact Number : 413- [REDACTED]

REESE , PATRICIA RN - 11/23/2012 17:00 EST

DCP GENERIC CODE

Tracking Acuity : 4 - Less Urgent

Tracking Group : ED Behavioral Health

REESE , PATRICIA RN - 11/23/2012 17:00 EST

Person/Org with Legal Responsibility : Self

Status Upon Admission : Voluntary

Stated Complaint : Pt requesting prescriptions for Celexa, Zyprexa and Adderall. States that the CMC-R pharmacy is closed and he is unable to get refills of the requested medications at this time. Denies symptoms: SI/HI/AH/VH.

Share Info : N/A

REESE , PATRICIA RN - 11/23/2012 17:00 EST

ED Vitals

Temperature Oral (F) : 98.2DegF

Peripheral Pulse Rate : 80BPM

Systolic Blood Pressure : 125mmHg

Diastolic Blood Pressure : 79mmHg

Respiratory Rate : 18breaths/minute

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

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Fax: 704-358-2838

ED Documents

Oxygen Saturation : 97%
Oxygen Therapy : Room air
Height Actual or Stated? : Stated
Height Documented in (UOM) : feet/inches
Height Contributor (ft) : 5ft
Height Contributor (inches) : 11inch
Height : 180.34cm
Weight Actual or Stated? : Actual
Clinical Weight Documented in (UOM) : lbs/oz
Weight : 104.384kg
Clinical Weight Contributor (lb) : 230lb
Clinical Weight Contributor (oz) : 2oz
Body Mass Index : 32.10kg/m2
Body Surface Area : 2.29m2

REESE , PATRICIA RN - 11/23/2012 17:00 EST

Pain - BH ED

Pain Present : No
Pain Scale Type : Numerical Rating Scale
Pain Site #1 Intensity : 0

REESE , PATRICIA RN - 11/23/2012 17:00 EST

ED Allergies

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:* 11/23/2012 17:03 EST

Denies Latex Signs Symptoms : Yes
Latex Allergy : No

REESE , PATRICIA RN - 11/23/2012 17:00 EST

PMH (Triage)

DNR : Full Code Blue

REESE , PATRICIA RN - 11/23/2012 17:00 EST

Gastrointestinal Past Medical Hx Grid

Reflux Disease : Self

REESE , PATRICIA RN - 11/23/2012 17:00 EST

Reproductive Medical History

Other : Self, difficult to start urine stream

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Fax: 704-358-2838

ED Documents

Renal Transplant : No

REESE , PATRICIA RN - 11/23/2012 17:00 EST

REESE , PATRICIA RN - 11/23/2012 17:00 EST

ROS ED BH

Grid

Ear/Hearing Problems : Negative

Eyes/Visual Problems : Negative

Nose/Mouth/Throat Problems : Negative

Cardiovascular Problems : Negative

Respiratory Problems : Negative

Neurological Problems : Negative

Gastrointestinal Problems : Negative

Genitourinary Problems : Negative

Musculoskeletal Problems : Negative

Skin Problems : Negative

Endocrine Problems : Negative

Hematological Problems : Negative

Fevers/Wt. Loss : Negative

S.T.D's : Negative

Immunologic Problems : Negative

Surgery/Non-Psychiatric Hospitalizations : Negative

History of Head Injury/LOC : Negative

REESE , PATRICIA RN - 11/23/2012 17:00 EST

Factors Affecting LMP : N/A

REESE , PATRICIA RN - 11/23/2012 17:00 EST

Functional Screening (BH)

Inability to Swallow : No

Inability to Verbalize Basic Needs : No

Inability to Perform ADLs : No

Inability to Ambulate : No

REESE , PATRICIA RN - 11/23/2012 17:00 EST

ED Fall Risk Screen BH

ED Fall Risk Screen : No

REESE , PATRICIA RN - 11/23/2012 17:00 EST

Risk Assessment (BH ED)

Suicidal Ideations : Denies

Suicidal Plan : Denies

Recent Suicidal Attempt : No

History of Attempted Suicide : Yes

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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ED Documents

History of Attempted Suicide Details : Remote history--suicide attempt 14 years ago.

Self Mutilation : Denies

Assaultive Ideations : No

Homicidal Ideations : No

Does Patient Have a Plan : No

Recent Attempt to Harm Others : No

Access to Firearms/Weapons : No

Hallucination Details : Denies

Risk Assessment Congruent? : N/A (No reported dangerousness)

REESE , PATRICIA RN - 11/23/2012 17:00 EST

TB Screen- ED

Denies TB Signs Symptoms : Yes

REESE , PATRICIA RN - 11/23/2012 17:00 EST

TB Screen Grid

Night Sweats > 7 days : No

Cough > 2 Weeks : No

Unexplained Weight Loss of > 10 lbs : No

Hx of TB, recent TB exposure, or + PPD : No

Hemoptysis : No

REESE , PATRICIA RN - 11/23/2012 17:00 EST

TB Last Screening Date : pt unsure--possibly 2009

REESE , PATRICIA RN - 11/23/2012 17:00 EST

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

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Fax: 704-358-2838

Consents

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



REQUEST FOR TREATMENT AND AUTHORIZATION FORM

REQUEST FOR TREATMENT. The Hospital maintains personnel and facilities to assist my physicians in providing me medical care, and I authorize the Hospital personnel to perform on me the care ordered by my physicians. I understand that I have the right to be informed by my physicians of the nature and purpose of any proposed operation or procedure and any available alternative methods of treatment, together with an explanation of the risks associated with each of them. This form is not a substitute for such explanations, which are the responsibility of my physicians to provide according to recognized standards of medical practice, and I acknowledge that the Hospital and its personnel are not responsible for providing me this information. I choose to receive the services even if my insurance plan may not cover or continue to cover specific services, including the specific services rendered during the admission.

ASSIGNMENT OF INSURANCE BENEFITS. I/we hereby assign all my rights to The Charlotte-Mecklenburg Hospital Authority ("CHS") under any policy of insurance, including but not limited to, major medical insurance, hospital benefits, sick benefits, injury benefits due to me because of liability of a third party, such as auto insurance or Workers' Compensation insurance, and the proceeds of all claims resulting from the liability of the third party payable by any person, employer or insurance company to or for the patient up to the full amount of the hospital bill, and hereby authorize direct payment to Carolinas Medical Center and/or my attending physicians of all benefits to which I am entitled. This assignment includes payment of hospital, surgical, and medical benefits to Charlotte Radiology, P.A., Southeast Anesthesiology Consultants, P.A., Carolinas Pathology Group, P.A., Southeast Radiation Oncology Group, P.A., Emergency Medicine Physicians, P.A., The Charlotte-Mecklenburg Health Services Foundation, Inc., or any other professional groups contracted by CHS for professional services they may perform for me. In addition, I/we further warrant and represent that any insurance which I/we assign is valid insurance and in effect and that I/we have the right to make this assignment. I understand that I am financially responsible to the Hospital, my physicians, and those entities named in this assignment for amounts due that are not covered by this assignment. For example, I know that sometimes insurance companies will not pay for services ordered by my physician and which I have authorized. I understand that these payment denials occur for a variety of reasons. My insurance policy may not include the particular service as a benefit. In other cases, a service will not be covered by my insurance company because it decides the service is not necessary, despite my physician's decision to order the service. In any event, even if a service is not covered by insurance, I agree to pay for all charges for all services rendered, including the specific services rendered during this admission. I further agree that in the event benefits paid under this assignment or any other amounts paid by me/us or on my/our behalf exceed the amounts due the Hospital, my physicians, or those entities for services in connection with this hospitalization, any such excess amount may be applied to any other indebtedness that I or my spouse or any child for whom I am financially responsible may have to the Hospital or any other facility or entity related to CHS, my physicians, or these other entities.

NOTICE OF INDEPENDENT CONTRACTORS. I understand that CHS has contracted with certain independent professional groups for such groups to exclusively provide certain services at CHS facilities, including but not limited to Charlotte Radiology, P.A., Southeast Anesthesiology Consultants, P.A., Carolinas Pathology Group, P.A., Southeast Radiation Oncology Group, P.A., and Emergency Medicine Physicians, P.A. I understand that these professional groups are independent contractors, are not employees or agents of CHS, and are not subject to control or supervision by CHS in their delivery of professional services.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION. I authorize the Hospital and my physicians to furnish any medical information relating to my hospitalization or treatment to my insurance company, governmental or charitable agencies and their agents, my employer and professional review organizations with whom I may have insurance coverage or who may be assisting in payment of my hospital and medical care. I also authorize the Hospital and my physicians to release any medical information to any licensed physician or medical facility to which I may be referred or transferred for further medical care. In addition, I authorize the Hospital and my physicians to release any medical information necessary to prove the Hospital's damages in any legal proceeding brought to enforce any unpaid balance on any of my accounts. This authorization will expire two (2) years from the date shown below, and I understand that I or my legal representative may revoke this authorization at any time, except to the extent that: (i) action has already been taken, or (ii) in the event of my death, the release of medical information is necessary to verify any charges incurred by me.

Page 1 of 2



12328-00363 11/23/12
WILLIAMS, LEONARD CLINTON
H000064-20-66 DOB 11/01/80 M 32Y

AUTHORIZATION TO RELEASE MEDICARE AND MEDICAID INFORMATION. I certify that the information provided by me in applying for payment under Titles V, XVIII and/or XIX of the Social Security Act is correct. I understand that health care services paid for under the Medicare, Medicaid and Maternal and Child Health programs are subject to review by professional organizations, which may recommend denial of payment if my medical condition does not warrant continued hospital care. I authorize those agencies responsible for determining eligibility under these programs to provide to the Hospital any information relating to the determination of my eligibility. I request payment of benefits under these programs be made to the Hospital and my physicians on my behalf.

PAYMENT GUARANTY. I (patient and/or responsible party/ies) agree to pay all charges for services rendered by the Hospital and my physicians or other providers during my hospitalization or treatment. This guaranty includes charges for services not covered by my insurance, regardless of the reason that insurance coverage is denied. If I fail to pay all charges and the Hospital or my physicians use an attorney to collect unpaid charges, I agree to pay the reasonable cost of the attorney's services in addition to the unpaid charges. I consent and authorize CHS and its agents and subcontractors to contact outside data sources of its choosing, including credit reporting agencies, for purposes related to my account, including evaluating and assessing my credit worthiness, my charity eligibility, and the viability of collecting any amounts due for the treatment I receive, whether at this time or on subsequent visits. I understand and agree that CHS may assign my accounts as it deems necessary for purposes of collecting any amounts I owe, including to collection agencies and attorneys

PERSONAL PROPERTY. The Hospital will hold any money, valuables or other personal property in my possession until I am able to return them home for safekeeping. I understand the Hospital is not responsible for money, valuables and other personal property retained in my room and has no liability for their loss.

RELEASE OF INFORMATION. I authorize the Financial Counseling staff of the Hospital to assist me in the processing of any benefits application, including Medical Assistance, Aid to Families with Dependent Children, or Special Assistance, initiated for the Patient within six months of the date of this authorization. The Financial Counselor may have access to and copy any records or information to which I would be entitled. I authorize and direct the County Department of Social Services to provide such information to the Financial Counselor orally via telephone. I authorize and consent to referral to the County for benefits by use of any appropriate referral form. I request that if my benefits are approved or denied, a copy of the approval or denial be attached to and returned with the referral form. The doctrine of informed consent has been explained to me. I acknowledge that this consent is voluntary and that it may be revoked by me at any time except to the extent that action has already been taken in reliance on it. Unless otherwise revoked, this consent shall be valid for one (1) year from the date of authorization, or until final determination of any benefits application as described above, whichever is later.

I have read the foregoing request and authorization in its entirety and agree to be bound by all terms and conditions herein. Witness my (our) hand(s) and seal(s) below.

Leonard Williams III
Patient (Seal)
[Signature]
Witness
11/23/2012 4:23 pm
Date Time

Responsible Party/ies

Relation to Patient

☐ Husband
☐ Wife
☐ Parent/s
☐ Other (Specify)

Policyholder (if other than patient)

☐ I have been provided access to CHS's Notice of Privacy Practices

Signature [Signature]
(Patient or Authorized Representative)
Relationship to Patient: _____

Date: 11/23/2012 Time: 4:23 pm

Reason Patient Unable/Unwilling to sign [Signature]

CAROLINAS HEALTHCARE SYSTEM
Request for Treatment and Authorization
12/09



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Clinical Documentation

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

REESE ,PATRICIA RN (11/23/2012 16:59 EST)

Education Teaching Record Entered On: 11/23/2012 17:00 EST

Performed On: 11/23/2012 16:59 EST by REESE , PATRICIA RN

ETR Discipline

Education Teaching Record Discipline : Nursing

REESE , PATRICIA RN - 11/23/2012 16:59 EST

ETR Education General

Education Plan of Care : No patient identified learning needs

Preferred Learning Methods : Discussion

Barriers to Learning : None evident

Action Plan to Barriers : None required

REESE , PATRICIA RN - 11/23/2012 16:59 EST

ETR Advance Directives

Educational Offering - Adv Directives : Health Care Power of Attorney, Living will

Learner - Advance Directives : Patient

Ability/Readiness to Learn -Adv Direct : Receptive

Method of Teaching - Adv Directive : Verbal instructions

Learner Response - Advance Directive : Demonstrates acceptable knowledge of topic/instructions

REESE , PATRICIA RN - 11/23/2012 16:59 EST

ETR Admission/Orientation

Admission Requirements : Yes

Admission Requirements Education : Code Care, Fall Reduction Strategies/Programs, HIPAA Information, How to report concerns r/t care, tx, services, safety, Infection Control (hand hygiene, handwashing), Name of physician, Patient Rights and Responsibilities/Patient Handbook, Understanding what pain is/risk for pain

Learner - Orientation : Patient

Ability/Readiness to Learn - Orientation : Receptive

Method of Teaching - Orientation : Verbal instructions

Learner Response - Orientation : Demonstrates acceptable knowledge of topic/instructions

REESE , PATRICIA RN - 11/23/2012 16:59 EST

ETR Tobacco Cessation

Tobacco Cessation : Not requested

Learner - Tobacco Cessation : Patient

Ability/Ready to Learn Tobacco Cessation : Denies need

REESE , PATRICIA RN - 11/23/2012 16:59 EST

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 11/23/2012 17:44 EST
Performed On: 11/23/2012 17:43 EST by MONTAUK , JULIETTE X RN

Universal Progress Note

Program : Emergency Department

Universal Progress Note : discussed with pt that we would arrange to fax his prescriptions (except adderal) to Mercy and have the meds delivered to ED. Pt stated that he was "only interested in adderal. I am just going to leave."

MONTAUK , JULIETTE X RN - 11/23/2012 17:43 EST

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Vitals View

Recorded Date	11/23/2012	
Recorded Time	17:00 EST	
Recorded By	REESE ,PATRICIA RN	
Procedure		Units
Height	180.34	cm
Weight	104.384	kg
BSA	2.29	m2
Body Mass Index	32.10	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11	inch
Clinical Weight Contributor (lb)	230	lb
Clinical Weight Contributor (oz)	2	oz
Temperature Oral (F)	98.2	DegF
Peripheral Pulse Rate	80	BPM
Respiratory Rate	18	breaths/minute
Systolic Blood Pressure	125	mmHg
Diastolic Blood Pressure	79	mmHg
Oxygen Therapy	Room air	
Oxygen Saturation	97	%
Pain Present	No	
Pain Scale Type	Numerical Rating Scale	
Pain Site #1 Intensity	0	

Provider: SPARKS JR ,EDWIN W MD**Date of Service:** 11/23/2012**Visit #:** 1232800363**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Patient Assessment

Patient Assessment

	Recorded Date	11/23/2012
	Recorded Time	16:58 EST
	Recorded By	REESE ,PATRICIA RN
Procedure		
Medication List Reviewed/Updated		Yes
Date Medication List Reviewed/Updated		11/23/2012

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Visit Information**Visit Information**

Recorded Date	11/23/2012	11/23/2012	
Recorded Time	17:00 EST	16:58 EST	
Recorded By	REESE ,PATRICIA RN	REESE ,PATRICIA RN	
Procedure			Units
Stated Complaint	See Below ^{T1}	-	
Pregnancy Status	-	N/A	
Lactation	-	N/A	
Accompanied By	Self	-	
Accompanied by Names	n/a	-	
Emergency Contact Name	Angela Haun	-	
Emergency Contact Number	413 [REDACTED]	-	
Person/Org with Legal Responsibility	Self	-	
Medication Information Obtained From	-	Patient/family	
Medication Disposition	-	No meds brought to hospital	
Primary Care Provider	-	none	
Primary Care Provider Office Location	-	n/a	
Medication Status	-	See Below ^{T2}	
History Taken By	-	REESE , PATRICIA RN	
Communication Barriers	None	-	
Preferred Language for Healthcare	English	-	
Interpreter's Name	n/a	-	
Weight Actual or Stated?	Actual	-	

Textual Results

T1: 11/23/2012 17:00 EST (Stated Complaint)

Pt requesting prescriptions for Celexa, Zyprexa and Adderall. States that the CMC-R pharmacy is closed and he is unable to get refills of the requested medications at this time. Denies symptoms: SI/HI/AH/VH.

T2: 11/23/2012 16:58 EST (Medication Status)

Pt/family provided complete med list - no need to bring meds

Provider: SPARKS JR ,EDWIN W MD**Date of Service:** 11/23/2012**Visit #:** 1232800363**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Resuscitation Status

Resuscitation Status

Recorded Date	11/23/2012
Recorded Time	17:00 EST
Procedure	
DNR	Full Code Blue

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Charlotte, NC 28211-

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Fax: 704-358-2838

General Admission History

General Admission History

Recorded Date	11/23/2012
Recorded Time	17:00 EST
Procedure	
Inability to Swallow	No
Inability to Verbalize Basic Needs	No
Inability to Perform ADLs	No
Inability to Ambulate	No

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Fax: 704-358-2838

Health History

Health History

Recorded Date	11/23/2012
Recorded Time	17:00 EST
Procedure	
Reflux Disease Medical History	Self
Renal Transplant	No
Reproductive, Other Medical History	See Below ^{T1}

Textual Results

T1: 11/23/2012 17:00 EST (Reproductive, Other Medical History)
Self, difficult to start urine stream

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Phone: 704-358-2990

Fax: 704-358-2838

TB Screen - Latex Sensitive - Skin Testing

TB Screen/Latex Sensitivity/Skin Testing

Recorded Date	11/23/2012	11/23/2012
Recorded Time	17:00 EST	16:58 EST
Procedure		
Denies TB Signs Symptoms	Yes	-
Night Sweats > 7 days	No	-
Cough > 2 Weeks	No	-
Unexplained Weight Loss of > 10 lbs	No	-
Hx of TB, recent TB exposure, or + PPD	No	-
Hemoptysis	No	-
Latex Allergy	No	No
Spina Bifida	-	No
Denies Latex Signs Symptoms	Yes	Yes
TB Last Screening Date	pt unsure--possibly 2009	-

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH Behavioral Health Charlotte**

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Fax: 704-358-2838

Interdisciplinary and Patient Education**Interdisciplinary and Patient Education**

Recorded Date	11/23/2012
Recorded Time	16:59 EST
Recorded By	REESE ,PATRICIA RN
Procedure	
Education Teaching Record Discipline	Nursing
Education Plan of Care	See Below ^{T1}
Preferred Learning Methods	Discussion
Barriers to Learning	None evident
Action Plan to Barriers	None required
Advance Directives Discussed	See Below ^{T2}
Learner -Advance Directives	Patient
Ability/Readiness to Learn -Adv Direct	Receptive
Method of Teaching -Adv Directive	Verbal instructions
Learner Response -Advance Directive	See Below ^{T3}
Admission Requirements	Yes
Admission Requirements Education	See Below ^{T4}
Learner -Orientation	Patient
Ability/Readiness to Learn -Orientation	Receptive
Method of Teaching -Orientation	Verbal instructions
Learner Response -Admission/Orientation	See Below ^{T5}
Tobacco Cessation	Not requested
Learner -Tobacco Cessation	Patient
Ability/Ready to Learn Tobacco Cessation	Denies need

Textual Results

- T1: 11/23/2012 16:59 EST (Education Plan of Care)
No patient identified learning needs
- T2: 11/23/2012 16:59 EST (Advance Directives Discussed)
Health Care Power of Attorney, Living will
- T3: 11/23/2012 16:59 EST (Learner Response - Advance Directive)
Demonstrates acceptable knowledge of topic/instructions
- T4: 11/23/2012 16:59 EST (Admission Requirements Education)
Code Care, Fall Reduction Strategies/Programs, HIPAA Information, How to report concerns r/t care, tx, services, safety, Infection Control (hand hygiene, handwashing), Name of physician, Patient Rights and Responsibilities/Patient Handbook, Understanding what pain is/risk for pain
- T5: 11/23/2012 16:59 EST (Learner Response - Admission/Orientation)

Provider: SPARKS JR ,EDWIN W MD**Date of Service: 11/23/2012****Visit #: 1232800363****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



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Interdisciplinary and Patient Education

Interdisciplinary and Patient Education

Textual Results

T5: 11/23/2012 16:59 EST (Learner Response - Admission/Orientation)
Demonstrates acceptable knowledge of topic/instructions

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

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Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Behavioral Health

Behavioral Health

Recorded Date	11/23/2012	11/23/2012	
Recorded Time	17:43 EST	17:00 EST	
Recorded By	MONTAUK ,JULIETTE X RN	REESE ,PATRICIA RN	
Procedure			Units
Universal Progress Note	See Below ^{T1}	-	
Hallucination Details	-	Denies	
Status Upon Admission	-	Voluntary	
Method of Arrival	-	ED	
Cardiovascular Problems	-	Negative	
Endocrine Problems CD	-	Negative	
Eyes/Visual Problems	-	Negative	
Fevers/Wt.Loss CD	-	Negative	
Gastrointestinal Problems CD	-	Negative	
Genitourinary Problems CD	-	Negative	
Hematological Problems CD	-	Negative	
History of Head Injury/LOC CD	-	Negative	
Immunologic Problems	-	Negative	
Musculoskeletal Problems CD	-	Negative	
Neurological Problems CD	-	Negative	
Nose/Mouth/Throat Problems	-	Negative	
Respiratory Problems CD	-	Negative	
S.T.D's CD	-	Negative	
Skin Problems CD	-	Negative	
Surgery/Non-Psychiatric Hospitalizations	-	Negative	
Factors Affecting LMP	-	N/A	
Suicidal Ideations	-	Denies	
Suicidal Plan	-	Denies	
Recent Suicidal Attempt	-	No	
History of Attempted Suicide	-	Yes	
History of Attempted Suicide Details	-	See Below ^{T2}	
Self Mutilation	-	Denies	
Assaultive Ideations	-	No	
Homicidal Ideations	-	No	
Does Patient Have a Plan	-	No	
Recent Attempt to Harm Others	-	No	

Provider: SPARKS JR ,EDWIN W MD

Date of Service: 11/23/2012

Visit #: 1232800363

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH Behavioral Health Charlotte**

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Behavioral Health**Behavioral Health**

Recorded Date	11/23/2012	11/23/2012	
Recorded Time	17:43 EST	17:00 EST	
Recorded By	MONTAUK ,JULIETTE X RN	REESE ,PATRICIA RN	
Procedure			Units
Access to Firearms/Weapons	-	No	

Textual Results

- T1: 11/23/2012 17:43 EST (Universal Progress Note)
discussed with pt that we would arrange to fax his prescriptions (except adderal) to Mercy and have the meds delivered to ED. Pt stated that he was "only interested in adderal. I am just going to leave."
- T2: 11/23/2012 17:00 EST (History of Attempted Suicide Details)
Remote history--suicide attempt 14 years ago.

Provider: SPARKS JR ,EDWIN W MD**Date of Service:** 11/23/2012**Visit #:** 1232800363**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

Neurological

Neurological

	Recorded Date	11/24/2012
	Recorded Time	13:54 EST
	Recorded By	GOODWIN,ANNETTE M RN
Procedure	Units	
Orientation		Oriented x 4
Eye Opening Response Glasgow		Spontaneously
Best Verbal Response Glasgow		Oriented and converses
Best Motor Response Glasgow		Obeys commands
Glasgow Coma Score		15

Admit Date: 11/24/2012 13:45 EST
Disch Date: 11/24/2012 16:18 EST
Admitting: CMCED ,TRIAGE
Attending: REYNOLDS ,STACY MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0005837791 Acct#: 1232900539
DOB: 11/1/1980 Age: 32 years Sex: Male
Location: CAEC
Print ID: 367579442

Respiratory

Respiratory

Recorded Date	11/24/2012	
Recorded Time	13:54 EST	
Recorded By	GOODWIN,ANNETTE M RN	
Procedure		Units
Respirations	Regular, Unlabored	
Cough	No cough	
All Lobes Breath Sounds	Clear	

Admit Date: 11/24/2012 13:45 EST
Disch Date: 11/24/2012 16:18 EST
Admitting: CMCED ,TRIAGE
Attending: REYNOLDS ,STACY MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0005837791 Acct#: 1232900539
DOB: 11/1/1980 Age: 32 years Sex: Male
Location: CAEC
Print ID: 367579442

Cardiovascular

Cardiovascular

Recorded Date	11/24/2012	
Recorded Time	13:54 EST	
Recorded By	GOODWIN,ANNETTE M RN	
Procedure		Units
Capillary Refill	< 2 seconds	
Heart Rhythm	Regular	

Admit Date: 11/24/2012 13:45 EST
Disch Date: 11/24/2012 16:18 EST
Admitting: CMCED ,TRIAGE
Attending: REYNOLDS ,STACY MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0005837791 Acct#: 1232900539
DOB: 11/1/1980 Age: 32 years Sex: Male
Location: CAEC
Print ID: 367579442

Integumentary

Integumentary

Recorded Date	11/24/2012	
Recorded Time	13:54 EST	
Recorded By	GOODWIN,ANNETTE M RN	
Procedure		Units
Skin Description	Warm, Dry	

Admit Date: 11/24/2012 13:45 EST
Disch Date: 11/24/2012 16:18 EST
Admitting: CMCED ,TRiage
Attending: REYNOLDS ,STACY MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0005837791 Acct#: 1232900539
DOB: 11/1/1980 Age: 32 years Sex: Male
Location: CAEC
Print ID: 367579442

Visit Information

Visit Information

Recorded Date	11/24/2012	
Recorded Time	13:54 EST	
Recorded By	GOODWIN,ANNETTE M RN	
Procedure		Units
Stated Complaint	See Below ^{T1}	
Tetanus Screen (ED)	Unknown	
Pregnancy Status	N/A	
Mode of Arrival	Ambulatory	
Accompanied By	Self	
Information Given By	Patient	
Primary Care Provider	none	
Communication Barriers	None	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Stated	

Textual Results

T1: 11/24/2012 13:54 EST (Stated Complaint)
per pt out of meds and needs medication refill

Admit Date: 11/24/2012 13:45 EST
Disch Date: 11/24/2012 16:18 EST
Admitting: CMCED ,TRIAGE
Attending: REYNOLDS ,STACY MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0005837791 Acct#: 1232900539
DOB: 11/1/1980 Age: 32 years Sex: Male
Location: CAEC
Print ID: 367579442

General Admission History

General Admission History

Recorded Date	11/24/2012
Recorded Time	13:54 EST
Procedure	
Immunization Status	Unknown

Admit Date: 11/24/2012 13:45 EST
Disch Date: 11/24/2012 16:18 EST
Admitting: CMCED ,TRIAGE
Attending: REYNOLDS ,STACY MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0005837791 Acct#: 1232900539
DOB: 11/1/1980 Age: 32 years Sex: Male
Location: CAEC
Print ID: 367579442

Health History

Health History

Recorded Date	11/24/2012
Recorded Time	13:54 EST
Procedure	
Reflux Disease Medical History	Self
Reproductive,Other Medical History	See Below ^{T1}
Mood Swings/Bipolar Medical History	Self

Textual Results

T1: 11/24/2012 13:54 EST (Reproductive, Other Medical History)
Self, difficult to start urine stream

Admit Date: 11/24/2012 13:45 EST
Disch Date: 11/24/2012 16:18 EST
Admitting: CMCED ,TRiage
Attending: REYNOLDS ,STACY MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0005837791 Acct#: 1232900539
DOB: 11/1/1980 Age: 32 years Sex: Male
Location: CAEC
Print ID: 367579442

TB Screen - Latex Sensitive - Skin Testing

TB Screen/Latex Sensitivity/Skin Testing

Recorded Date	11/24/2012
Recorded Time	13:54 EST
Procedure	
Denies TB Signs Symptoms	Yes
Night Sweats > 7 days	No
Cough > 2 Weeks	No
Unexplained Weight Loss of > 10 lbs	No
Hx of TB, recent TB exposure, or + PPD	No
Hemoptysis	No
Latex Allergy	No
Denies Latex Signs Symptoms	Yes
TB Last Screening Date	pt unsure--possibly 2009

Admit Date: 11/24/2012 13:45 EST
Disch Date: 11/24/2012 16:18 EST
Admitting: CMCED ,TRIAGE
Attending: REYNOLDS ,STACY MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0005837791 Acct#: 1232900539
DOB: 11/1/1980 Age: 32 years Sex: Male
Location: CAEC
Print ID: 367579442

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** 2/4/2020 14:15 EST; **Reviewed By** ELMORE , SHANELLE LPN;

Admit Date: 11/24/2012 13:45 EST
Disch Date: 11/24/2012 16:18 EST
Admitting: CMCED ,TRIAGE
Attending: REYNOLDS ,STACY MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0005837791 Acct#: 1232900539
DOB: 11/1/1980 Age: 32 years Sex: Male
Location: CAEC
Print ID: 367579442



AH Behavioral Health Charlotte

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Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Provider: GLEDITSCH ,SCOTT MD
Date of Service: 12/17/2012
Visit #: 1235200510

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



AH Behavioral Health Charlotte

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Phone: 704-358-2990

Fax: 704-358-2838

Face Sheet

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 12/17/2012

Visit #: 1235200510

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



Carolinas HealthCare System

OUTPATIENT RECORD

PATIENT	ACCOUNT NO.	ADMISSION DATE / TIME	F.C.	DATE OF BIRTH	AGE	SEX	RACE	MS	SERVICE	STATION	ROOM NO.	ACC.	PAT TYPE	BY	UNIT NUMBER												
	H12352-00510	12/17/12 1750	PP	11/01/80	32Y	M	1	S	VEA	SER	-		SER	NG	H000064-20-66												
PATIENT	ADMITTING DOCTOR		ATTENDING DOCTOR			DISCHARGE PHYSICIAN			ACCIDENT DATE/TIME		ADM TYPE/SOURCE		ACCIDENT WK. REL.														
	15273 PENISTON,KATHLEEN		27204 GLEDITSCH,SCOTT								3 1		NO														
PATIENT	PATIENT NAME AND ADDRESS				SOC-SEC-NO		PATIENT EMPLOYER				TELEPHONE NO.																
	WILLIAMS,LEONARD CLINTON 13009 YORKRIDGE DR APT 214 CHARLOTTE NC 28273				XXX-XX-4844 (828)387-5255		CORE INSTORE Solutio CHARLOTTE NC																				
GUARANTOR	GUARANTOR NAME AND ADDRESS				SOC-SEC-NO		GUARANTOR EMPLOYER				TELEPHONE NO.																
	WILLIAMS,LEONARD CLINTON 13009 YORKRIDGE DR APT 214 CHARLOTTE NC 28273				XXX-XX-4844 (828)387-5255 RELATION SELF		CORE INSTORE SOLUTIONS CHARLOTTE NC																				
INSURANCE	INSURANCE 1				INSURANCE 2				INSURANCE 3																		
	FIRST HEALTH NETWORK PO BOX 6702 COLUMBIA SC 29260 12689968 WILLIAMS,LEONARD DOB 11/01/80				DOB				DOB																		
RELAT	RELATIVE 1 NAME AND ADDRESS		RELATIVE 1 RELATION		RELATIVE 2 NAME				ALLERGIES																		
	HAUN,ANGELA		*MOTHER						NKA																		
MISC	RELATIVE 1 PHONE		RELATIVE 2 PHONE		PRIMARY CARE PHYSICIAN				REFERRING PHYSICIAN																		
	(413)213-3176				*BHC CMC RANDOLPH				SELF,REFERRAL																		
MISC	DIAGNOSIS/COMPLAINT				ADV DIRECTIVES		ORGAN DONOR		PREV DATE		ARRIVAL MODE		LOCATION		ESRD		DENOM										
	300.9-NONPSYCHOTIC DISORD				NO				12/18/12		WALK IN		HMDC		NO		NON										
MISC	MISC COMMENTS:				STATUS		DISCHARGE DT		AT		DT		DEATH		PAT CLA		CTY CODE										
																	MECKLENBURG										
O U T P A T I E N T S	MEDICAL COMMENTS:																										
O U T P A T I E N T S	DEPARTMENT VISITED									PROCEDURE																	
	1. _____									1A. _____									1B. _____								
O U T P A T I E N T S	2. _____									2A. _____									2B. _____								
	3. _____									3A. _____									3B. _____								
O N E D A Y S U R G E R Y & E N D O S C O P Y	FINAL DIAGNOSIS (LIST MOST IMPORTANT FIRST)															CODE											
	 12352-00510 12/17/12 WILLIAMS,LEONARD CLINTON H000064-20-66 DOB 11/01/80 M 32Y																										
O N E D A Y S U R G E R Y & E N D O S C O P Y	COMPLICATIONS																										
O N E D A Y S U R G E R Y & E N D O S C O P Y	SURGERY PERFORMED (LIST MOST IMPORTANT FIRST)															CODE											
O N E D A Y S U R G E R Y & E N D O S C O P Y	FOLLOW UP TREATMENT				DISCHARGE SUMMARY				RELEASED BY: _____																		
	PHYSICAL ACTIVITY LIMITATIONS								ACCOMPANIED BY: _____																		
O N E D A Y S U R G E R Y & E N D O S C O P Y	MEDICATION				CONDITION AT DISCHARGE: _____																						
					CONSULTANT				SIGNATURE OF RESPONSIBLE PHYSICIAN																		



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AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Office/Clinic Visit Notes

DOCUMENT NAME:

Outpatient Progress Note

WILLIAMS, LEONARD H642066

OMS PROGRESS NOTE

DATE OF SERVICE: 12/18/2012

VITAL SIGNS: Height 5 feet 11-1/2 inches, weight 221, blood pressure 130/89, pulse 107.

HISTORY OF PRESENT ILLNESS: The patient is a 32-year-old Caucasian male with a diagnosis of bipolar disorder type 1, currently euthymic, and attention deficit disorder who presents to Outpatient Medication Services for evaluation. The patient was last seen in this clinic by this writer on 09/21/2012 and at that time was continued on Zyprexa, Celexa and Adderall-XR. He reports medication compliance and denies problems or adverse effects other than some excessive appetite that he attributes to the Zyprexa. Energy is fair. Concentration and sleep are well. He is not suicidal or homicidal and denies any psychotic symptoms. He does not drink any alcohol and does not smoke cigarettes or use any illicit drugs. He is not currently involved in therapy. He currently resides alone. He reports his biggest stressors are finances. He is not in any pain currently. His medication profile was reviewed and updated. The patient does report that he continues to struggle with ongoing problems of social interactions as well as some other symptoms associated with Asperger's syndrome. He recently obtained insurance through work and is hoping that he will be able to seek services with a neuropsychiatrist or developmental psychiatrist who can further evaluate and diagnose his issues. He reports symptoms including having long-term problems with being a picky eater, loss of a balance, clumsiness, fearfulness, difficulty in social situations, not picking up on social cues, being a loner and overall feeling different than others.

MENTAL STATUS EXAMINATION: The patient is a well-nourished, appropriately groomed male who appears approximately his stated age and is in no acute distress. He reports his mood is fair and his affect is mood congruent. Thoughts are logical and goal directed, and speech is of regular rate and rhythm. He is alert and oriented x 4. Insight and judgment are fair and concentration is adequate. He denies thoughts of harming himself or others or any psychosis. Fund of knowledge and memory were not formally assessed.

DIAGNOSES:

AXIS I:

1. Bipolar disorder type 1, currently euthymic

Provider: GLEDITSCH, SCOTT MD

Date of Service: 12/17/2012

Visit #: 1235200510

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

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Fax: 704-358-2838

Office/Clinic Visit Notes

2. Attention deficit disorder.
3. Rule out Asperger's.

AXIS II:

1. Deferred.

AXIS III:

1. No acute medical problems.

AXIS IV:

1. Finances.

AXIS V:

1. Current Global Assessment of Functioning equals 65.

PLAN:

1. The patient is to continue on Zyprexa 15 mg at bedtime, Celexa 20 mg daily and Adderall-XR 20 mg twice a day.
2. The patient is to return to meet with this writer in 3 months' time to further evaluate medication regimen.
3. The patient is to utilize the emergency department for any emergent psychiatric needs.
4. The patient is provided with education on medication and treatment plan.
5. The patient is again instructed that he needs to get his blood work done before his next visit, including hemoglobin A1c and lipid profile.

MD co-sign, date and time: Aiko McGlynn, DO

D: 12/18/2012 10:06AM KATHLEEN K. PENISTON, NP

T: 12/18/2012 11:36AM NTS

Job # 7863019/Conf # 182438

cc:

**Electronically Signed By: PENISTON, KATHLEEN KELLY NP
12/18/2012 11:49 AM**

**Electronically Signed By: MCGLYNN, AIKO CHRISTINA DO
01/21/13 08:28 AM**

Provider: GLEDITSCH, SCOTT MD

Date of Service: 12/17/2012

Visit #: 1235200510

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Discharge Information - Patient Education

DOCUMENT NAME:

Amb Depart Summary

Amb Depart Summary

Carolinas HealthCare System

BHC CMC Randolph

501 Billingsley Road

Charlotte, NC 28211

Phone: 704-358-2990

Fax: 704-358-2838

Patient Visit Summary

Name: WILLIAMS III, LEONARD CLINTON **MRN:** 0000642066 **DOB:** 11/01/1980 **Visit Date:** 12/17/2012
Phone: (828) [REDACTED] **Age:** 32 Years **Gender:** Male

Carolinas HealthCare System thanks you for allowing us to assist you with your healthcare needs. The following includes patient education materials and some information regarding your health. Should you have any questions or concerns regarding your visit, please contact your physician or healthcare provider at your convenience.

Your healthcare provider today: PENISTON , KATHLEEN KELLY NP

Today's Diagnosis:

Today's Clinical Information:

Height:

Weight:

BMI:

Blood Pressure: /

Additional Information:

Problem List:

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 12/17/2012

Visit #: 1235200510

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Discharge Information - Patient Education

No Problems found

Allergies:

No known allergies

Medication Information:

	New Medicines to take at Home	Next Dose Due
1.	citalopram (citalopram 20 mg oral tablet) 1 tablet by mouth every day	
2.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) 1 capsule by mouth two times a day	
3.	olanzapine (Zyprexa 15 mg oral tablet) 1 tablet by mouth every day	

	Continue Taking These Medicines at Home	Next Dose Due
1.	APAP/ASA/caffeine (Goodys Extra Strength) See Instructions 1 packet as needed	
2.	Med List Status - Updated/Reviewed (Med List Status - Updated/Reviewed) KKP NP	

These Medicines have been Changed or Stopped

Medicine has changed. See #1 in New Medications above.

citalopram (CeleXA 20 mg oral tablet)

1 tablet by mouth every day

Medicine has changed. See #3 in New Medications above.

olanzapine (Zyprexa 15 mg oral tablet)

1 tablet by mouth each night at bedtime

Provider: GLEDITSCH, SCOTT MD

Date of Service: 12/17/2012

Visit #: 1235200510

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Discharge Information - Patient Education

*This is a list of current information in your Carolinas HealthCare System 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.

Suggested Follow Up:

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.

Important Phone Numbers:

Poison Control Center 1-800-222-1222

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

Smoking Cessation 1-800-QUIT NOW (1-800-784-8669)

National Domestic Violence Hotline 1-800-799-SAFE

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 12/17/2012

Visit #: 1235200510

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Fax: 704-358-2838

Discharge Information - Patient Education

DOCUMENT NAME:

Patient Education

Patient Education

*****Missing Image - the embedded image is not supported*****

Carolinas HealthCare System

Patient Education Materials

MRN: 0000642066

Name: LEONARD WILLIAMS

Visit Date: 12/17/2012 17:50:00

FIN: 1235200510

DOB: 11/1/1980

Carolinas HealthCare System 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.

No instructions were provided.

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 12/17/2012

Visit #: 1235200510

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:27 EST

Print ID: 350115740



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Discharge Information - Patient Education

DOCUMENT NAME:

Education/Pt. Response Form - Text

Education/Pt. Response Entered On: 12/18/2012 10:01 EST

Performed On: 12/18/2012 10:01 EST by PENISTON , KATHLEEN KELLY NP

Response to Education

Patient Education Provided : Yes

Response to Teaching : Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 12/18/2012 10:01 EST

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 12/17/2012

Visit #: 1235200510

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:27 EST

Print ID: 350115740



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Patient Questionnaires

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 12/17/2012

Visit #: 1235200510

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

11/1/1980

* Patient Questionnaire - Auth (Verified) *

Please check service needed for today. Please complete and hand to RN, NP or MD when you are called.

- ☐ Child/Adolescent Visit
☒ Adult Visit
☐ First Time Appointment

1. On my current medication(s), I feel I am doing:

☒ Well

☐ Fairly well

☐ Poorly – explain: _____

2. At today's appointment, I want:

☒ Just to have my medications refilled.

☐ To have a medication change – explain: _____

3. I am having medication side effects.

☐ Yes – explain: _____

☒ No

4. I have had recent medical complications, or I am currently pregnant.

☐ Yes – explain: _____

☒ No

5. I have been taking my medications as prescribed.

☒ Yes

☐ No – explain: _____

6. Questions or concerns I want to discuss today. _____

Signature of Person Completing Form: [Signature] Date: _____

*If other than patient, give relationship: _____

For Staff Only:

Form reviewed by: [Signature]

Date: 12/18/12 Time: 0939

Date: _____ Time: _____



Carolinas Healthcare System
Behavioral Health
Outpatient Medication Services
Patient Questionnaire
Page 1 of 1



Rev. 08/21/09



12352-00510 12/17/12
WILLIAMS, LEONARD CLINTON
H000064-20-66 DOB 11/01/80 M 32Y Identifier



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Provider: GLEDITSCH ,SCOTT MD
Date of Service: 2/17/2013
Visit #: 1304800332

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



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Face Sheet

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 2/17/2013

Visit #: 1304800332

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



Carolinas HealthCare System

CREDIT REFERENCE

ACCOUNT NO. H13048-00332	ADMISSION DATE / TIME 02/17/13 0001	F.C. PP	DATE OF BIRTH 11/01/80	AGE 32Y	SEX M	RACE 1	MS S	SERVICE VEA	STATION SER	ROOM NO. -	ACC. -	PAT TYPE SER	BY ***	UNIT NUMBER H000064-20-66			
ADMITTING DOCTOR 15273 PENISTON,KATHLEEN		ATTENDING DOCTOR 27204 GLEDITSCH,SCOTT			DISCHARGE PHYSICIAN			ACCIDENT DATE/TIME			ADM TYPE/SOURCE 3 1		ACCIDENT WK. REL. NO				
PATIENT NAME AND ADDRESS WILLIAMS,LEONARD CLINTON 13009 YORKRIDGE DR APT 214 CHARLOTTE NC 28273				SOC-SEC-NO XXX-XX-4844 TELEPHONE NO. (828)387-5255		PATIENT EMPLOYER CORE INSTORE SOLUTIO CHARLOTTE NC				TELEPHONE NO. OCCUPATION							
GUARANTOR NAME AND ADDRESS WILLIAMS,LEONARD CLINTON 13009 YORKRIDGE DR APT 214 CHARLOTTE NC 28273				SOC-SEC-NO XXX-XX-4844 TELEPHONE NO. (828)387-5255 RELATION SELF		GUARANTOR EMPLOYER CORE INSTORE SOLUTIONS CHARLOTTE NC				TELEPHONE NO. OCCUPATION							
INSURANCE 1 FIRST HEALTH NETWORK PO BOX 6702 COLUMBIA SC 29260 234400 12689968 WILLIAMS,LEONARD DOB 11/01/80				INSURANCE 2 DOB				INSURANCE 3 DOB									
RELATIVE 1 NAME AND ADDRESS HAUN,ANGELA		RELATIVE 1 RELATION *MOTHER RELATIVE 1 PHONE (413)213-3176		RELATIVE 2 NAME		ALLERGIES NKA		REFERRING PHYSICIAN SELF,REFERRAL									
DIAGNOSIS/COMPLAINT 300.9-NONPSYCHOTIC DISORD				ADV DIRECTIVES NO		ORGAN DONOR		PREV DATE 01/17/13		ARRIVAL MODE WALK IN		LOCATION HMD C		ESRD NO		DENOM NON	
MISC COMMENTS:				STATUS		DISCHARGE DT		AT		DT		DEATH		PAT CLA		CTY CODE MECKLENBURG	
MEDICAL COMMENTS:												INFLUENZA		PNEUMONIA			

Insurance User Define Fields:

Number of visits used
Annual Deductible not met
Annual Deductible
App Number Req
Cash Call Completed
Est due determined by
Est due this visit
Identification Scanned/linked
Ins verified by
Ins Card scanned/linked

Lifetime Maximum
MH Lifetime Maximum
Out of Pocket
Patient Co-Ins
Amount Collected
Pre Existing Condition
PreReg Completed By:
SSF Acct Num Original
SSF Qualified Date
Therapy Visits



13048-00332
H000064-20-66
WILLIAMS,LEONARD CLINTON

02/17/13 DOB 11/01/80 M 32Y



983





AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Office/Clinic Visit Notes

DOCUMENT NAME:

Outpatient Progress Note

WILLIAMS, LEONARD

H642066

OMS PROGRESS NOTE

DATE OF VISIT: 03/09/2013

VITAL SIGNS: Weight 233, blood pressure 124/94, pulse is 89.

IDENTIFYING DATA: A 32-year-old Caucasian male with a diagnosis of bipolar disorder, type 1, currently euthymic and attention deficit disorder. He was last seen on 12/18/2012 by Kathleen Peniston.

HISTORY OF PRESENT ILLNESS: The patient reports that his mood is stable. He reports that his motivation, concentration and sleep are adequate. He reports at times, his energy level is low, where he has difficulty doing things such as exercising. He continues to live alone. He has financial stressors at this time that prevents him from following up with his medical doctor and getting blood work that was ordered at last office visit. He states that his appetite is adequate, but he finds himself eating more junk food, which he believes is attributing to his weight gain. Also he has limited his exercise. He denies any hallucinations or psychosis. He continues to work at the bank, but reports limited social interactions. He denies any pain or substance abuse.

MENTAL STATUS EXAMINATION: A 32-year-old overweight Caucasian male who is appropriately dressed, well groomed, cooperative. Alert and oriented to person, place and time. Gait and station is normal. Speech is slightly rapid in rate and rhythm, but not pressured. Thought process is logical and goal directed. Content is noted for low energy, stable mood; negative for auditory or visual hallucinations; denying suicidal or homicidal ideations, intent or plan. Judgment and insight are adequate.

DIAGNOSES:

AXIS I:

1. Bipolar disorder, type 1, currently euthymic.
2. Attention deficit disorder.
3. Rule out Asperger's.

Provider: GLEDITSCH, SCOTT MD

Date of Service: 2/17/2013

Visit #: 1304800332

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

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Fax: 704-358-2838

Office/Clinic Visit Notes

AXIS II:

1. Deferred.

AXIS III:

1. Deferred.

AXIS IV:

1. Financial.

AXIS V:

1. 65-70.

PLAN: To continue Zyprexa 15 mg at bedtime. Continue Celexa 20 mg a day. Continue Adderall XR 20 mg twice a day. The patient and I discussed the benefits of exercising. Labs are still pending due to patient reporting financial difficulties. He is to follow up with Kathleen in 3 months. Control website was reviewed, which does not show any suspicion of controlled substance abuse.

MD co-sign, date and time: Saidat Kashimawo-Akande, MD

D: 03/19/2013 09:36AM **TORIE R. HOEY, NP**

T: 03/19/2013 12:34PM **NTS**

Job # 8239051/**Conf #** 6453904

cc:

Electronically Signed By: HOEY, TORIE R NP

03/25/2013 10:11 AM

Electronically Signed By: KASHIMAWO-AKANDE, SAIDAT MD

04/16/13 10:12 AM

Provider: GLEDITSCH, SCOTT MD

Date of Service: 2/17/2013

Visit #: 1304800332

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Discharge Information - Patient Education

DOCUMENT NAME:

Amb Depart Summary

Amb Depart Summary

Carolinas HealthCare System

BHC CMC Randolph

501 Billingsley Road

Charlotte, NC 28211

Phone: 704-358-2990

Fax: 704-358-2838

Patient Visit Summary

Name: WILLIAMS III, LEONARD CLINTON **MRN:** 0000642066 **DOB:** 11/01/1980 **Visit Date:** 02/17/2013
Phone: (828) [REDACTED] **Age:** 32 Years **Gender:** Male

Carolinas HealthCare System thanks you for allowing us to assist you with your healthcare needs. The following includes patient education materials and some information regarding your health. Should you have any questions or concerns regarding your visit, please contact your physician or healthcare provider at your convenience.

Your healthcare provider today: PENISTON , KATHLEEN KELLY NP

Today's Diagnosis:

Today's Clinical Information:

Height: 5 ft 11 inch

Weight: 233 lb

BMI: 32.5 kg/m2

Blood Pressure: 124 mmHg / 94 mmHg

Additional Information:

Problem List:

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 2/17/2013

Visit #: 1304800332

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Discharge Information - Patient Education

No Problems found

Allergies:

No known allergies

Medication Information:

	New Medicines to take at Home	Next Dose Due
1.	citalopram (citalopram 20 mg oral tablet) 1 tablet by mouth every day	
2.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) 1 capsule by mouth two times a day	
3.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) 1 capsule by mouth two times a day	
4.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) 1 capsule by mouth every morning	
5.	olanzapine (Zyprexa 15 mg oral tablet) 1 tablet by mouth every day	

	Continue Taking These Medicines at Home	Next Dose Due
1.	APAP/ASA/caffeine (Goodys Extra Strength) See Instructions 1 packet as needed	
2.	Med List Status - Updated/Reviewed (Med List Status - Updated/Reviewed) TORIE HOEY, NP	

These Medicines have been Changed or Stopped

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 2/17/2013

Visit #: 1304800332

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Discharge Information - Patient Education

Medicine has changed. See #2 in Continued Medications above.

Med List Status - Updated/Reviewed (Med List Status - Updated/Reviewed)

KKP NP

*This is a list of current information in your Carolinas HealthCare System 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.

Suggested Follow Up:

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.

Important Phone Numbers:

Poison Control Center 1-800-222-1222

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

Smoking Cessation 1-800-QUIT NOW (1-800-784-8669)

National Domestic Violence Hotline 1-800-799-SAFE

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 2/17/2013

Visit #: 1304800332

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Discharge Information - Patient Education

DOCUMENT NAME:

Patient Education

Patient Education

*****Missing Image - the embedded image is not supported*****

Carolinas HealthCare System

Patient Education Materials

MRN: 0000642066

Name: LEONARD WILLIAMS III

Visit Date: 2/17/2013 00:01:00

FIN: 1304800332

DOB: 11/1/1980

Carolinas HealthCare System 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.

No instructions were provided.

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 2/17/2013

Visit #: 1304800332

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:27 EST

Print ID: 350115738



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Discharge Information - Patient Education

DOCUMENT NAME:

Education/Pt. Response Form - Text

Education/Pt. Response Entered On: 3/19/2013 9:29 EDT

Performed On: 3/19/2013 9:29 EDT by HOEY , TORIE R NP

Response to Education

Patient Education Provided : Yes

Response to Teaching : Attentive and verbalizes understanding

HOEY , TORIE R NP - 3/19/2013 9:29 EDT

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 2/17/2013

Visit #: 1304800332

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Patient Questionnaires

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 2/17/2013

Visit #: 1304800332

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

11/1/1980

* Patient Questionnaire - Auth (Verified) *

Please check service needed for today. Please complete and hand to RN, NP or MD when you are called.

- ☐ Child/Adolescent Visit
☒ Adult Visit
☐ First Time Appointment

1. On my current medication(s), I feel I am doing:

☒ Well☐ Fairly well☐ Poorly – explain: _____

2. At today's appointment, I want:

☒ Just to have my medications refilled.☐ To have a medication change – explain: _____

3. I am having medication side effects.

☒ Yes – explain: Sedation in morning from zyprexa☐ No

4. I have had recent medical complications, or I am currently pregnant.

☐ Yes – explain: _____☒ No

5. I have been taking my medications as prescribed.

☒ Yes☐ No – explain: _____6. Questions or concerns I want to discuss today. Just need medsSignature of Person Completing Form: [Signature]Date: 3/19/2013

*If other than patient, give relationship: _____

For Staff Only:

Form reviewed by: [Signature]Date: 3-19-13Time: 0900

Date: _____

Time: _____



Carolinas Healthcare System
Behavioral Health
Outpatient Medication Services
Patient Questionnaire
Page 1 of 1



Rev. 08/21/09



13048-00332
H000064-20-66
WILLIAMS, LEONARD CLINTON

02/17/13 DOB 11/01/80 M 32Y



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

BH Clinical Documentation

DOCUMENT NAME:

Medication Clinic Follow-Up Assessment BH Entered On: 3/19/2013 9:29 EDT
Performed On: 3/19/2013 9:29 EDT by HOEY , TORIE R NP

^Vitals

Height Documented in (UOM) : feet/inches

Height Contributor (ft) : 5ft

Height Contributor (inches) : 11inch

Height : 180.34cm

Clinical Weight Documented in (UOM) : lbs/oz

Clinical Weight Contributor (lb) : 233lb

Weight : 105.688kg

Body Mass Index : 32.5kg/m2

Body Surface Area : 2.3m2

Peripheral Pulse Rate : 89BPM

Systolic Blood Pressure : 124mmHg

Diastolic Blood Pressure : 94mmHg (HI)

HOEY , TORIE R NP - 3/19/2013 9:29 EDT

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 2/17/2013

Visit #: 1304800332

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Vitals View

Recorded Date	3/19/2013	
Recorded Time	09:29 EDT	
Recorded By	HOEY ,TORIE R NP	
Procedure		Units
Height	180.34	cm
Weight	105.688	kg
BSA	2.3	m2
Body Mass Index	32.5	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11	inch
Clinical Weight Contributor (lb)	233	lb
Peripheral Pulse Rate	89	BPM
Systolic Blood Pressure	124	mmHg
Diastolic Blood Pressure	94 ^H	mmHg

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 2/17/2013

Visit #: 1304800332

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Provider: GLEDITSCH ,SCOTT MD
Date of Service: 5/21/2013
Visit #: 1314100204

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



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Face Sheet

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 5/21/2013

Visit #: 1314100204

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



Carolinas HealthCare System

OUTPATIENT RECORD

PATIENT	ACCOUNT NO.	ADMISSION DATE / TIME	F.C.	DATE OF BIRTH	AGE	SEX	RACE	MS	SERVICE	STATION	ROOM NO.	ACC.	PAT TYPE	BY	UNIT NUMBER	
	H13141-00204	05/21/13 0001	SP	11/01/80	32Y	M	1	S	VEA	SER	-		SER	***	H000064-20-66	
PATIENT	ADMITTING DOCTOR		ATTENDING DOCTOR		DISCHARGE PHYSICIAN		ACCIDENT DATE/TIME		ADM TYPE/SOURCE		ACCIDENT WK. REL.					
	15273 PENISTON, KATHLEEN		27204 GLEDITSCH, SCOTT						3 1		NO					
PATIENT	PATIENT NAME AND ADDRESS				SOC-SEC-NO		PATIENT EMPLOYER				TELEPHONE NO.					
	WILLIAMS, LEONARD CLINTON 13009 YORKRIDGE DR APT 214 CHARLOTTE NC 28273				XXX-XX-4844 (828)387-5255		CORE INSTORE Solutio CHARLOTTE NC									
GUARANTOR	GUARANTOR NAME AND ADDRESS				SOC-SEC-NO		GUARANTOR EMPLOYER				TELEPHONE NO.					
	WILLIAMS, LEONARD CLINTON 13009 YORKRIDGE DR APT 214 CHARLOTTE NC 28273				XXX-XX-4844 (828)387-5255 RELATION SELF		CORE INSTORE SOLUTIONS CHARLOTTE NC									
INSURANCE	INSURANCE 1				INSURANCE 2				INSURANCE 3							
	CHARITY CARE SELF 75% ***** NA NC 28203 999999 11302013 WILLIAMS, LEONARD CLINTON DOB 11/01/80				DOB				DOB							
RELAT.	RELATIVE 1 NAME AND ADDRESS		RELATIVE 1 RELATION		RELATIVE 2 NAME		ALLERGIES									
	HAUN, ANGELA		*MOTHER				NKA									
MISC.	DIAGNOSIS/COMPLAINT		ADV DIRECTIVES		ORGAN DONOR		PREV DATE		ARRIVAL MODE		LOCATION		ESRD		DENOM	
	300.9-NONPSYCHOTIC DISORD		NO				04/20/13		WALK IN		HMDC		NO		NON	
MISC.	MISC COMMENTS:		STATUS		DISCHARGE DT		AT		DT		DEATH		PAT CLA		CTY CODE	
															MECKLENBURG	
MISC.	MEDICAL COMMENTS:												INFLUENZA		PNEUMONIA	
	CO PAY 17.10															
OUTPATIENTS	DEPARTMENT VISITED				PROCEDURE											
	1. _____				1A. _____				1B. _____							
	2. _____				2A. _____				2B. _____							
	3. _____				3A. _____				3B. _____							
ONE DAY SURGERY & ENDOSCOPIC	FINAL DIAGNOSIS (LIST MOST IMPORTANT FIRST)														CODE	
	 13141-00204 H000064-20-66 WILLIAMS, LEONARD CLINTON															
ONE DAY SURGERY & ENDOSCOPIC	COMPLICATIONS														05/21/13 DOB 11/01/80 M 32Y	
	SURGERY PERFORMED (LIST MOST IMPORTANT FIRST)														CODE	
ONE DAY SURGERY & ENDOSCOPIC	FOLLOW UP TREATMENT				DISCHARGE SUMMARY				RELEASED BY: _____							
	PHYSICAL ACTIVITY LIMITATIONS								ACCOMPANIED BY: _____							
ONE DAY SURGERY & ENDOSCOPIC	MEDICATION				CONDITION AT DISCHARGE: _____											
					CONSULTANT				SIGNATURE OF RESPONSIBLE PHYSICIAN							



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**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Office/Clinic Visit Notes

DOCUMENT NAME:

Outpatient Progress Note

WILLIAMS, LEONARD

H642066

DATE OF SERVICE: 06/11/2013

VITAL SIGNS: Blood pressure 144/85, pulse 105, weight is 238, height 5 feet 11 inches.

INTERIM HISTORY: The patient presents to OMS Clinic for routine medication evaluation and psychiatric assessment. The patient was last seen in this clinic by Torie Hoey, nurse practitioner, on 03/09/2013. The patient has a diagnosis of bipolar affective disorder and attention deficit disorder, and rule out Asperger's. The patient's last prescribed medication regimen included Zyprexa 15 mg at bedtime, Celexa 20 mg a day, and Adderall-XR 20 mg. The patient is stable on his medications. The patient has some difficulty with a.m. lethargy because of the Zyprexa, but he states that it is tolerable. Once again reviewed the relationship between Zyprexa and diabetes and the need for required labwork. The patient states the cost of the labs are challenging for him and he has not yet attended to that responsibility. Again reviewed that without proper lab monitoring, he could have elevated blood glucoses and we could not know about this, and it is significant and him to get those labs drawn. Overall, though, the patient is doing well. The patient works at Bank of America in processing loan modifications. The patient states that he is a very high producer and his performance is excellent. At this time, I am going to continue the meds. There is absolutely no indication of inappropriate use of controlled substance. The patient was seen today for Kathleen Peniston because she was a little behind.

MENTAL STATUS EXAMINATION: A very pleasant, cooperative 32-year-old Caucasian male, neatly dressed, appropriately groomed. Affective state full and appropriate. Mood euthymic. Speech normal in rate, rhythm and volume. Thought content appropriate for mood and circumstances. Thought processes coherent, logical and goal-directed. Perceptual ability intact. The patient is not psychotic, not homicidal, not suicidal. The patient is fully oriented. The patient has good insight. Attention and concentration normal. Memory intact. Judgment is normal.

DIAGNOSTIC IMPRESSION:**AXIS I:**

1. Bipolar affective disorder type 1, currently, euthymic.
2. Attention deficit disorder.
3. Rule out Asperger's.

Provider: GLEDITSCH, SCOTT MD**Date of Service: 5/21/2013****Visit #: 1314100204****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Office/Clinic Visit Notes

AXIS II:

1. Deferred.

AXIS III:

1. Not applicable.

AXIS IV:

1. Finances.

AXIS V:

1. 75.

ASSESSMENT AND TREATMENT PLAN: The patient's mood is stable, thoughts are clear, and overall he is functioning very well on combination of:

1. Zyprexa 15 mg at bedtime.
2. Celexa 20 mg a day.
3. Adderall 20 mg 1 twice a day
4. Return to OMS Clinic in 2-3 months for reevaluation.
5. Obtain fasting blood glucose, hemoglobin A1c, lipid panel.

MD co-sign, date and time: Rachel Thommen, MD

D: 06/11/2013 10:43AM **RUSSELL C. LECIEJEWSKI, NP**

T: 06/11/2013 19:50PM **NTS**

Job # 8581807/**Conf #** 1504810

cc:

Electronically Signed By: LECIEJEWSKI, RUSSELL C NP
06/12/2013 02:23 PM

Electronically Signed By: THOMMEN, RACHEL E MD
06/19/13 09:20 AM

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 5/21/2013

Visit #: 1314100204

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Phone: 704-358-2990

Fax: 704-358-2838

Discharge Information - Patient Education

DOCUMENT NAME:

Amb Depart Summary

Amb Depart Summary

Carolinas HealthCare System

BHC CMC Randolph

501 Billingsley Road

Charlotte, NC 28211

Phone: 704-358-2990

Fax: 704-358-2838

Patient Visit Summary

Name: WILLIAMS III, LEONARD
CLINTON

Phone: (828) [REDACTED]

MRN: 0000642066

Age: 32 Years

DOB: 11/01/1980

Gender: Male

Visit Date: 05/21/2013

Carolinas HealthCare System thanks you for allowing us to assist you with your healthcare needs. The following includes patient education materials and some information regarding your health. Should you have any questions or concerns regarding your visit, please contact your physician or healthcare provider at your convenience.

Your healthcare provider today: PENISTON , KATHLEEN KELLY NP

Today's Diagnosis:

Today's Clinical Information:

Height: 5 ft 11 inch

Weight: 238 lb

BMI: 33.19 kg/m2

Blood Pressure: 144 mmHg / 85 mmHg

Additional Information:

Problem List:

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 5/21/2013

Visit #: 1314100204

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH Behavioral Health Charlotte**

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Fax: 704-358-2838

Discharge Information - Patient Education

No Problems found

Allergies:

No known allergies

Medication Information:

	New Medicines to take at Home	Next Dose Due
1.	citalopram (citalopram 20 mg oral tablet) 1 tablet by mouth every day	
2.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) 1 capsule by mouth two times a day	
3.	OLANzapine (Zyprexa 15 mg oral tablet) 1 tablet by mouth every day	

	Continue Taking These Medicines at Home	Next Dose Due
1.	APAP/ASA/caffeine (Goodys Extra Strength) See Instructions 1 packet as needed	

These Medicines have been Changed or Stopped**Medicine has changed. See #2 in New Medications above.****dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)**
1 capsule by mouth every morning

*This is a list of current information in your Carolinas HealthCare System medical record. It may include information from

Provider: GLEDITSCH ,SCOTT MD**Date of Service: 5/21/2013****Visit #: 1314100204****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



AH Behavioral Health Charlotte

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Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Discharge Information - Patient Education

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.

Suggested Follow Up:

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.

Important Phone Numbers:

Poison Control Center 1-800-222-1222

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

Smoking Cessation 1-800-QUIT NOW (1-800-784-8669)

National Domestic Violence Hotline 1-800-799-SAFE

Cardinal Innovations - local area mental health 1-800-939-5911

Provider: GLEDITSCH, SCOTT MD

Date of Service: 5/21/2013

Visit #: 1314100204

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

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Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Discharge Information - Patient Education

DOCUMENT NAME:

Patient Education

Patient Education

*****Missing Image - the embedded image is not supported*****

Carolinas HealthCare System

Patient Education Materials

MRN: 0000642066

Name: LEONARD WILLIAMS

Visit Date: 5/21/2013 00:01:00

FIN: 1314100204

DOB: 11/1/1980

Carolinas HealthCare System 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: GLEDITSCH ,SCOTT MD

Date of Service: 5/21/2013

Visit #: 1314100204

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:27 EST

Print ID: 350115735



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Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Discharge Information - Patient Education

DOCUMENT NAME:

Education/Pt. Response Form - Text

Education/Pt. Response Entered On: 6/11/2013 10:31 EDT

Performed On: 6/11/2013 10:31 EDT by LECIEJEWSKI , RUSSELL C NP

Response to Education

Response to Teaching : Attentive and verbalizes understanding

LECIEJEWSKI , RUSSELL C NP - 6/11/2013 10:31 EDT

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 5/21/2013

Visit #: 1314100204

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

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Fax: 704-358-2838

Patient Questionnaires

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 5/21/2013

Visit #: 1314100204

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

11/1/1980

* Patient Questionnaire - Auth (Verified) *

Please check service needed for today. Please complete and hand to RN, NP or MD when you are called.

- ☐ Child/Adolescent Visit
☒ Adult Visit
☐ First Time Appointment

1. On my current medication(s), I feel I am doing:

☐ Well☐ Fairly well☐ Poorly – explain: _____

2. At today's appointment, I want:

☒ Just to have my medications refilled.☐ To have a medication change – explain: _____

3. I am having medication side effects.

☒ Yes – explain: Sedation in morning, Restless☐ No

4. I have had recent medical complications, or I am currently pregnant.

☐ Yes – explain: _____☒ No

5. I have been taking my medications as prescribed.

☒ Yes☐ No – explain: _____6. Questions or concerns I want to discuss today. Just need meds

Signature of Person Completing Form: _____

Date: _____

*If other than patient, give relationship: _____

For Staff Only:

Form reviewed by: _____

Date: _____ Time: _____

Date: _____ Time: _____



Carolinas Healthcare System
Behavioral Health
Outpatient Medication Services
Patient Questionnaire
Page 1 of 1



Rev. 08/21/09



13141-00204

H000064-20-66

WILLIAMS, LEONARD CLINTON

Identifier

05/21/13 DOB 11/01/80 M 32Y



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Phone: 704-358-2990

Fax: 704-358-2838

BH Clinical Documentation

DOCUMENT NAME:

**Medication Clinic Follow-Up Assessment BH Entered On: 6/11/2013 10:20 EDT
Performed On: 6/11/2013 10:19 EDT by LECIEJEWSKI , RUSSELL C NP**

^Vitals

Height Documented in (UOM) : feet/inches

Height Contributor (ft) : 5ft

Height Contributor (inches) : 11inch

Height : 180.34cm

Clinical Weight Documented in (UOM) : lbs/oz

Clinical Weight Contributor (lb) : 238lb

Weight : 107.956kg

Body Mass Index : 33.19kg/m2

Body Surface Area : 2.33m2

Peripheral Pulse Rate : 105BPM (HI)

Systolic Blood Pressure : 144mmHg (HI)

Diastolic Blood Pressure : 85mmHg

LECIEJEWSKI , RUSSELL C NP - 6/11/2013 10:19 EDT

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 5/21/2013

Visit #: 1314100204

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

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Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

BH Clinical Documentation

DOCUMENT NAME:

BH Telephone Contact Form Entered On: 5/30/2013 9:28 EDT
Performed On: 5/30/2013 9:25 EDT by BERRY , CHRISTY B

BH Telephone Contact

Caller Name : pt

Relationship to Patient : Self

Provider : PENISTON , KATHLEEN KELLY NP

Call Type : Medication refill

Cell Phone Number : 828- [REDACTED]

Leave Voicemail : Yes

BERRY , CHRISTY B - 5/30/2013 9:25 EDT

Reason for call : pt called and stated he needs another 30 day supply of Adderall XR generic. pt normally gets 60 and now only got 30. please advise. pt uses cmc-r. pt last seen 3/19, fu 6/11. ***** Addendum ** noted in QS1 last refill 5/20/13 for Adderall 1 daily . 30 caps.. Progress notes document as Adderall , bid. = 60 caps.. Nurse will forward to Kathy NP for review..

KENDALL , LINDA RN - 5/30/2013 16:05 EDT

~~{pt called and stated he needs another 30 day supply of Adderall XR generic. pt normally gets 60 and now only got 30. please advise. pt uses cmc-r. pt last seen 3/19, fu 6/11. }~~
~~]-- previously charted by BERRY , CHRISTY B at 5/30/2013 9:25 EDT;~~

Medication Taken as Prescribed? : Yes

Is Medication Effective? : Yes

Patient Reports Medication Side Effects: : No

Meds Stopped Since Last Visit : na

Meds Changed Since Last Visit : na

New Meds Since Last Visit : na

Last Visit Date : 3/19/2013 EDT

Next Visit Date : 6/11/2013 EDT

BERRY , CHRISTY B - 5/30/2013 9:25 EDT

Follow Up

Phone Msg Communication Grid

1. Communication Date/Time : 5/31/2013 8:54 EDT

Communication Comment : Noted

DIXON , CHACONYA RN - 5/31/2013 8:54 EDT

2. Communication Date/Time : 5/31/2013 8:08 EDT

Communication Comment : Pt called to check on request and I did inform him that script was ready for pickup in OMS
CALDWELL , FELICIA A - 5/31/2013 8:08 EDT

3. Communication Date/Time : 5/30/2013 16:14 EDT

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 5/21/2013

Visit #: 1314100204

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Charlotte, NC 28211-

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Fax: 704-358-2838

BH Clinical Documentation

Communication Comment : New Rx printed and will be ready to pick-up. This must have been an oversight.

PENISTON , KATHLEEN KELLY NP - 5/30/2013 16:14 EDT

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 5/21/2013

Visit #: 1314100204

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Fax: 704-358-2838

Vitals View

Recorded Date	6/11/2013	
Recorded Time	10:19 EDT	
Recorded By	LECIEJEWSKI ,RUSSELL C NP	
Procedure		Units
Height	180.34	cm
Weight	107.956	kg
BSA	2.33	m2
Body Mass Index	33.19	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11	inch
Clinical Weight Contributor (lb)	238	lb
Peripheral Pulse Rate	105^H	BPM
Systolic Blood Pressure	144^H	mmHg
Diastolic Blood Pressure	85	mmHg

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 5/21/2013

Visit #: 1314100204

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

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Visit Information

Visit Information

Recorded Date	5/30/2013	
Recorded Time	09:25 EDT	
Recorded By	BERRY ,CHRISTY B	
Procedure		Units
Provider	PENISTON , KATHLEEN KELLY NP	

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 5/21/2013

Visit #: 1314100204

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



Carolinas Medical Center

1000 Blythe Boulevard

Charlotte, NC 28203-

Admit Date: 9/5/2013 13:26 EDT
Disch Date: 9/5/2013 23:59 EDT
Admitting: LECIEJEWSKI ,RUSSELL C NP
Attending: LECIEJEWSKI ,RUSSELL C NP
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0005837791 Acct#: 1324803794
DOB: 11/1/1980 Age: 32 years Sex: Male
Location: CMC R Behavioral Health OMS
Print ID: 367579485

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 See Instructions, 1-2 tablets at bedtime, 60 tablet, 2, 2, 02/04/20 14:53:00 EST

Compliance Status: **Compliance Comments:**

citalopram (citalopram 20 mg oral tablet)

Display Line 20 mg per 1 tablet, ORAL, Daily, 30 tablet, 2, 2, 02/04/20 14:53:00 EST

Compliance Status: **Compliance Comments:**

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

Display Line See Instructions, 2 capsules each am, 60 capsule, 0, 0, 03/31/20 14:53:00 EDT

Compliance Status: **Compliance Comments:**

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

Display Line See Instructions, 2 capsules each am, 60 capsule, 0, 0, 03/03/20 14:53:00 EST

Compliance Status: **Compliance Comments:**

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

Display Line See Instructions, 2 capsules each am, 60 capsule, 0, 0, 02/04/20 14:57:00 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:**

Still taking, as prescribed

Admit Date: 9/5/2013 13:26 EDT
Disch Date: 9/5/2013 23:59 EDT
Admitting: LECIEJEWSKI ,RUSSELL C NP
Attending: LECIEJEWSKI ,RUSSELL C NP
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0005837791 Acct#: 1324803794
DOB: 11/1/1980 Age: 32 years Sex: Male
Location: CMC R Behavioral Health OMS
Print ID: 367579485

Correspondence - Follow Up

DOCUMENT NAME:



Carolinus HealthCare System

LEONARD WILLIAMS

[REDACTED]

[REDACTED]

CHARLOTTE NC 28273

09 September 2013

Please follow up with your primary care Doctor for review of your labs.

From Russ, Leciejewski NP

CMC-R 704-358-2990

Attached is health service referrals.

Result Name	Current Result	Normal Range
Glucose Level (mg/dL)	78 9/5/2013	74 - 118
Cholesterol (mg/dL)	(H) 231 9/5/2013	- <200
Triglycerides (mg/dL)	(H) 218 9/5/2013	- <150
HDL-Cholesterol (mg/dL)	(L) 33 9/5/2013	>60 -
LDL-Cholesterol (mg/dL)	(H) 154 9/5/2013	- <100
Non HDL Chol (LDL+VLDL) (mg/dL)	198 9/5/2013	
Calculated Percent HGB A1C (%)	5.9 9/5/2013	
Estimated Average Glucose (HGB A1C) (mg/dL)	123 9/5/2013	

Admit Date: 9/5/2013 13:26 EDT
Disch Date: 9/5/2013 23:59 EDT
Admitting: LECIEJEWSKI ,RUSSELL C NP
Attending: LECIEJEWSKI ,RUSSELL C NP
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0005837791 Acct#: 1324803794
DOB: 11/1/1980 Age: 32 years Sex: Male
Location: CMC R Behavioral Health OMS
Print ID: 367579485

Chemistry

Accession Number:

Orderable Name: Glucose (Blood) (GLUCOSE)	Collected Date/Time: 9/5/2013 12:00 EDT	Result Date/Time: 9/5/2013 20:00 EDT
---	--	---

Procedure	Result	Units	Reference Range
Glucose Level	78	mg/dL	[74-118]

Orderable Name: Hemoglobin A1c HA1c (HEMOGLOBIN A1C)	Collected Date/Time: 9/5/2013 12:00 EDT	Result Date/Time: 9/5/2013 23:14 EDT
--	--	---

Procedure	Result	Units	Reference Range
Calculated Percent HGB A1C	5.9 ^{R1}	%	
Estimated Average Glucose (HGB A1C)	123 ^{R2}	mg/dL	

Orderable Name: Lipid Panel (LIPID PANEL)	Collected Date/Time: 9/5/2013 12:00 EDT	Result Date/Time: 9/5/2013 20:00 EDT
---	--	---

Procedure	Result	Units	Reference Range
Cholesterol	231 ^H	mg/dL	[<200]
Triglycerides	218 ^H	mg/dL	[<150]
HDL-Cholesterol	33 ^L	mg/dL	[>60]
LDL-Cholesterol	154 ^H	mg/dL	[<100]
Non HDL Chol (LDL+VLDL)	198 ^{R3}	mg/dL	

Result Comments

R1: Calculated Percent HGB A1C
< 7% Therapeutic goal for glycemic control in adults.

4.0 - 6.0 % Non Diabetic

R2: Estimated Average Glucose (HGB A1C)
Estimated average daily glucose of
126 mg/dl equates to HA1C of 6.0%.

R3: Non HDL Chol (LDL+VLDL)
GOAL FOR HIGH RISK PATIENTS: <130 MG/DL
GOAL FOR HIGHEST RISK PATIENT: <100 MG/DL

Admit Date: 9/5/2013 13:26 EDT
Disch Date: 9/5/2013 23:59 EDT
Admitting: LECIEJEWSKI ,RUSSELL C NP
Attending: LECIEJEWSKI ,RUSSELL C NP
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0005837791 Acct#: 1324803794
DOB: 11/1/1980 Age: 32 years Sex: Male
Location: CMC R Behavioral Health OMS
Print ID: 367579485

Electronic Orders

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

Order: Hemoglobin A1c HA1c (HEMOGLOBIN A1C)		
Ordering Physician: LECIEJEWSKI ,RUSSELL C NP (National Provider Identifier: 1518987718)		
Electronically Signed By: CONTRIBUTOR_SYSTEM,MISYS		
Order Details: Other, 9/5/13 12:00:00 PM EDT, R collect, Once, Stop date 9/5/13 11:14:36 PM EDT, Collected		
Order Comment:		
Action Type: Order	Action Date/Time: 9/5/2013 18:06 EDT	Entered By: CONTRIBUTOR_SYSTEM, MISYS
Ordering Provider: LECIEJEWSKI ,RUSSELL C NP	Supervising Provider:	
Order Details: Other, 09/05/13 12:00:00 EDT, R collect, Once, Stop date 09/05/13 12:00:00 EDT, Collected		
Review Information:		
Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 9/7/2013 21:20 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 9/5/2013 18:07 EDT	Entered By: CONTRIBUTOR_SYSTEM, MISYS
Ordering Provider: LECIEJEWSKI ,RUSSELL C NP	Supervising Provider:	
Order Details: Other, 09/05/13 12:00:00 EDT, R collect, Once, Stop date 09/05/13 12:00:00 EDT, Collected		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Complete	Action Date/Time: 9/5/2013 23:14 EDT	Entered By: SYSTEM
Ordering Provider: LECIEJEWSKI ,RUSSELL C NP	Supervising Provider:	
Order Details: Other, 09/05/13 12:00:00 EDT, R collect, Once, Stop date 09/05/13 12:00:00 EDT, Collected		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Admit Date: 9/5/2013 13:26 EDT
Disch Date: 9/5/2013 23:59 EDT
Admitting: LECIEJEWSKI ,RUSSELL C NP
Attending: LECIEJEWSKI ,RUSSELL C NP
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0005837791 Acct#: 1324803794
DOB: 11/1/1980 Age: 32 years Sex: Male
Location: CMC R Behavioral Health OMS
Print ID: 367579485

Electronic Orders

Order: Glucose (Blood) (GLUCOSE)		
Ordering Physician: LECIEJEWSKI ,RUSSELL C NP (National Provider Identifier: 1518987718)		
Electronically Signed By: CONTRIBUTOR_SYSTEM,MISYS		
Order Details: Other, 9/5/13 12:00:00 PM EDT, R collect, Once, Stop date 9/5/13 8:00:57 PM EDT, Collected		
Order Comment:		
Action Type: Order	Action Date/Time: 9/5/2013 18:06 EDT	Entered By: CONTRIBUTOR_SYSTEM, MISYS
Ordering Provider: LECIEJEWSKI ,RUSSELL C NP	Supervising Provider:	
Order Details: Other, 09/05/13 12:00:00 EDT, R collect, Once, Stop date 09/05/13 12:00:00 EDT, Collected		
Review Information:		
Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 9/7/2013 21:20 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 9/5/2013 18:07 EDT	Entered By: CONTRIBUTOR_SYSTEM, MISYS
Ordering Provider: LECIEJEWSKI ,RUSSELL C NP	Supervising Provider:	
Order Details: Other, 09/05/13 12:00:00 EDT, R collect, Once, Stop date 09/05/13 12:00:00 EDT, Collected		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Complete	Action Date/Time: 9/5/2013 20:00 EDT	Entered By: SYSTEM
Ordering Provider: LECIEJEWSKI ,RUSSELL C NP	Supervising Provider:	
Order Details: Other, 09/05/13 12:00:00 EDT, R collect, Once, Stop date 09/05/13 12:00:00 EDT, Collected		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Admit Date: 9/5/2013 13:26 EDT
 Disch Date: 9/5/2013 23:59 EDT
 Admitting: LECIEJEWSKI ,RUSSELL C NP
 Attending: LECIEJEWSKI ,RUSSELL C NP
 Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0005837791 Acct#: 1324803794
 DOB: 11/1/1980 Age: 32 years Sex: Male
 Location: CMC R Behavioral Health OMS
 Print ID: 367579485

Electronic Orders

Order: Lipid Panel (LIPID PANEL)

Ordering Physician: LECIEJEWSKI ,RUSSELL C NP (National Provider Identifier: 1518987718)

Electronically Signed By: CONTRIBUTOR_SYSTEM,MISYS

Order Details: Other, 9/5/13 12:00:00 PM EDT, R collect, Once, Stop date 9/5/13 8:00:58 PM EDT, Collected

Order Comment:

Action Type: Order	Action Date/Time: 9/5/2013 18:06 EDT	Entered By: CONTRIBUTOR_SYSTEM, MISYS
--------------------	--------------------------------------	---------------------------------------

Ordering Provider: LECIEJEWSKI ,RUSSELL C NP	Supervising Provider:
--	-----------------------

Order Details: Other, 09/05/13 12:00:00 EDT, R collect, Once, Stop date 09/05/13 12:00:00 EDT, Collected

Review Information:

Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 9/7/2013 21:20 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change	Action Date/Time: 9/5/2013 18:07 EDT	Entered By: CONTRIBUTOR_SYSTEM, MISYS
----------------------------	--------------------------------------	---------------------------------------

Ordering Provider: LECIEJEWSKI ,RUSSELL C NP	Supervising Provider:
--	-----------------------

Order Details: Other, 09/05/13 12:00:00 EDT, R collect, Once, Stop date 09/05/13 12:00:00 EDT, Collected

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Complete	Action Date/Time: 9/5/2013 20:00 EDT	Entered By: SYSTEM
-----------------------	--------------------------------------	--------------------

Ordering Provider: LECIEJEWSKI ,RUSSELL C NP	Supervising Provider:
--	-----------------------

Order Details: Other, 09/05/13 12:00:00 EDT, R collect, Once, Stop date 09/05/13 12:00:00 EDT, Collected

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 9/5/2013 13:26 EDT
Disch Date: 9/5/2013 23:59 EDT
Admitting: LECIEJEWSKI ,RUSSELL C NP
Attending: LECIEJEWSKI ,RUSSELL C NP
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0005837791 Acct#: 1324803794
DOB: 11/1/1980 Age: 32 years Sex: Male
Location: CMC R Behavioral Health OMS
Print ID: 367579485

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** 2/4/2020 14:15 EST; **Reviewed By** ELMORE , SHANELLE LPN;

Admit Date: 9/5/2013 13:26 EDT
Disch Date: 9/5/2013 23:59 EDT
Admitting: LECIEJEWSKI ,RUSSELL C NP
Attending: LECIEJEWSKI ,RUSSELL C NP
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0005837791 Acct#: 1324803794
DOB: 11/1/1980 Age: 32 years Sex: Male
Location: CMC R Behavioral Health OMS
Print ID: 367579485



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Provider: GLEDITSCH ,SCOTT MD
Date of Service: 9/22/2013
Visit #: 1326500097

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



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Face Sheet

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 9/22/2013

Visit #: 1326500097

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



Carolinah HealthCare System

CREDIT REFERENCE

ACCOUNT NO.	ADMISSION DATE / TIME	F.C.	DATE OF BIRTH	AGE	SEX	RACE	MS	SERVICE	STATION	ROOM NO.	ACC.	PAT TYPE	BY	UNIT NUMBER	
H13265-00097	09/22/13 0001	SP	11/01/80	32Y	M	1	S	VEA	SER	-		SER	***	H000064-20-66	
PATIENT	ADMITTING DOCTOR		ATTENDING DOCTOR		DISCHARGE PHYSICIAN			ACCIDENT DATE/TIME			ADM TYPE/SOURCE		ACCIDENT WK. REL.		
	15273 PENISTON,KATHLEEN		27204 GLEDITSCH,SCOTT								3 1		NO		
GUARANTOR	PATIENT NAME AND ADDRESS			SOC-SEC-NO		PATIENT EMPLOYER			TELEPHONE NO.			OCCUPATION			
	WILLIAMS,LEONARD CLINTON 13009 YORKRIDGE DR APT 214 CHARLOTTE NC 28273			XXX-XX-4844 (828)387-5255		CORE INSTORE Solutio CHARLOTTE NC									
INSURANCE	GUARANTOR NAME AND ADDRESS			SOC-SEC-NO		GUARANTOR EMPLOYER			TELEPHONE NO.			OCCUPATION			
	WILLIAMS,LEONARD CLINTON 13009 YORKRIDGE DR APT 214 CHARLOTTE NC 28273			XXX-XX-4844 (828)387-5255 RELATION SELF		CORE INSTORE SOLUTIONS CHARLOTTE NC									
RELAT.	INSURANCE 1			INSURANCE 2			INSURANCE 3								
	CHARITY CARE SELF 75% ***** NA NC 28203 999999 11302013 WILLIAMS,LEONARD CLINTON DOB 11/01/80			DOB			DOB								
MISC	RELATIVE 1 NAME AND ADDRESS			RELATIVE 1 RELATION			RELATIVE 2 NAME			ALLERGIES					
	HAUN,ANGELA			*MOTHER			NKA								
MISC	RELATIVE 1 PHONE			RELATIVE 2 PHONE			PRIMARY CARE PHYSICIAN			REFERRING PHYSICIAN					
	(413)213-3176						*BHC CMC RANDOLPH			SELF,REFERRAL					
MISC	DIAGNOSIS/COMPLAINT			ADV DIRECTIVES			ORGAN DONOR			PREV DATE			ARRIVAL MODE		
	300.9-NONPSYCHOTIC DISORD			NO						08/22/13			WALK IN		
MISC	MISC COMMENTS:			STATUS			DISCHARGE DT			AT			DT		
MISC	MEDICAL COMMENTS:														
	CO PAY 17.10														

Insurance User Define Fields:

Number of visits used
Annual Deductible not met
Annual Deductible
App Number Req
Cash Call Completed
Est due determined by
Est due this visit
Identification Scanned/linked
Ins verified by
Ins Card scanned/linked

Lifetime Maximum
MH Lifetime Maximum
Out of Pocket
Patient Co-Ins
Amount Collected
Pre Existing Condition
PreReg Completed By:
SSF Acct Num Original
SSF Qualified Date
Therapy Visits



983





AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Office/Clinic Visit Notes

DOCUMENT NAME:

Outpatient Progress Note

WILLIAMS, LEONARD H642066

PROGRESS NOTE

DATE OF SERVICE: 09/26/2013

VITAL SIGNS: Height 5 feet 11-1/2 inches, weight 223 pounds, blood pressure 114/83, pulse 102.

HISTORY OF PRESENT ILLNESS: The patient is a 32-year-old Caucasian male with a diagnosis of bipolar disorder, attention deficit disorder and a rule out diagnosis of Asperger's syndrome who presents to Outpatient Medication Services for evaluation. The patient was last seen in this clinic by Russell Leciejewski on 06/11/2013. At that time, he was continued on Zyprexa, Celexa and Adderall. The patient reports medication compliance. The only adverse effect remains too much sleep at times and low energy. His appetite is chronically increased since being on Zyprexa. Concentration is adequate. Mood is stable. He is unemployed currently and receiving unemployment benefits but is looking for a new job. He denies any alcohol or drug use and does not use any tobacco products. His medication profile was reviewed and updated. He is not in any pain currently. The patient's labs were completed. He had elevated triglycerides and cholesterol, although he reports this has been a long-term problem for him. He is told that he needs to follow up with his PCP and he agrees to do so. The patient has been on multiple medications in the past and this has absolutely been the best combination we have found to this point.

MENTAL STATUS EXAMINATION: The patient is a well-nourished, appropriately groomed male who appears approximately his stated age and is in no acute distress. He reports that his mood is fair. Affect is congruent. Thoughts are logical and goal-directed. Speech is of regular rate and rhythm. He is alert and oriented x 4. Insight and judgment are fair and concentration is adequate. He denies thoughts of harming himself or others or any psychosis. Fund of knowledge and memory were not formally assessed.

DIAGNOSES:

AXIS I:

1. Bipolar disorder type 1, currently euthymic.
2. Attention deficit disorder.
3. Rule out Asperger's.

Provider: GLEDITSCH, SCOTT MD

Date of Service: 9/22/2013

Visit #: 1326500097

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

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Office/Clinic Visit Notes

AXIS II:

1. Deferred.

AXIS III:

1. Elevated triglycerides and cholesterol.

AXIS IV:

1. Financial.

AXIS V:

1. Current Global Assessment of Functioning equals 75.

ASSESSMENT AND PLAN:

1. The patient is to continue on Zyprexa 15 mg at bedtime, Celexa 20 mg daily and Adderall 20 mg twice a day.
2. The patient is to return to meet with this writer in 3 months' time to further evaluate medication regimen.
3. The patient is to utilize the emergency department for any emergent psychiatric needs.
4. The patient is provided with education on medication and treatment plan.

MD co-sign, date and time: Aiko McGlynn, DO.

D: 09/26/2013 11:58AM KATHLEEN K. PENISTON, NP

T: 09/26/2013 16:58PM NTS

Job # 8993690/Conf # 362152

cc:

Electronically Signed By: PENISTON, KATHLEEN KELLY NP

09/27/2013 09:01 AM

Electronically Signed By: MCGLYNN, AIKO CHRISTINA DO

09/27/13 02:46 PM

Provider: GLEDITSCH, SCOTT MD

Date of Service: 9/22/2013

Visit #: 1326500097

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Clinical Documentation

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

PENISTON , KATHLEEN KELLY NP (9/26/2013 09:54 EDT)

Education Teaching Record Entered On: 9/26/2013 9:55 EDT
Performed On: 9/26/2013 9:54 EDT by PENISTON , KATHLEEN KELLY NP

ETR Discipline

Education Teaching Record Discipline : Nursing

PENISTON , KATHLEEN KELLY NP - 9/26/2013 9:54 EDT

ETR Education General

Education Plan of Care : Patient identified learning needs

Patient Identified Learning Needs : meds

Preferred Learning Methods : Discussion

Barriers to Learning : None evident

Action Plan to Barriers : None required

PENISTON , KATHLEEN KELLY NP - 9/26/2013 9:54 EDT

ETR Admission/Orientation

Admission Requirements : Yes

Admission Requirements Education : HIPAA Information, How to report concerns r/t care, tx, services, safety, Name of physician, Patient Rights and Responsibilities/Patient Handbook, Understanding what pain is/risk for pain

Orientation to Room, Unit, Dept : Orientation to Facility/Dept

Learner - Orientation : Patient

Ability/Readiness to Learn - Orientation : Receptive

Method of Teaching - Orientation : Verbal instructions

Learner Response - Orientation : Demonstrates acceptable knowledge of topic/instructions

PENISTON , KATHLEEN KELLY NP - 9/26/2013 9:54 EDT

ETR Medications

Education : Dose/Frequency/Strength/Route, Purpose/Side Effects/Contraindications, Range Dose/Range Frequency

Learner : Patient

Ability / Readiness to Learn : Receptive

Method of Teaching : Verbal instructions, Written instructions

Learner Response - Medications : Demonstrates acceptable knowledge of topic/instructions

PENISTON , KATHLEEN KELLY NP - 9/26/2013 9:54 EDT

ETR Tobacco Cessation

Tobacco Cessation : Non-applicable

PENISTON , KATHLEEN KELLY NP - 9/26/2013 9:54 EDT

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 9/22/2013

Visit #: 1326500097

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Discharge Information - Patient Education

DOCUMENT NAME:

Amb Depart Summary

Amb Depart Summary

Carolinas HealthCare System

BHC CMC Randolph

501 Billingsley Road

Charlotte, NC 28211

Phone: 704-358-2990

Fax: 704-358-2838

Patient Visit Summary

Name: WILLIAMS III, LEONARD CLINTON **MRN:** 0000642066 **DOB:** 11/01/1980 **Visit Date:** 09/22/2013
Phone: (828) [REDACTED] **Age:** 32 Years **Gender:** Male

Carolinas HealthCare System thanks you for allowing us to assist you with your healthcare needs. The following includes patient education materials and some information regarding your health. Should you have any questions or concerns regarding your visit, please contact your physician or healthcare provider at your convenience.

Your healthcare provider today: PENISTON , KATHLEEN KELLY NP

Today's Diagnosis:

Today's Clinical Information:

Height:

Weight:

BMI:

Blood Pressure: /

Additional Information:

Problem List:

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 9/22/2013

Visit #: 1326500097

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Discharge Information - Patient Education

No Problems found

Allergies:

No known allergies

Medication Information:

	Continue Taking These Medicines at Home	Next Dose Due
1.	APAP/ASA/caffeine (Goodys Extra Strength) See Instructions 1 packet as needed	
2.	citalopram (citalopram 20 mg oral tablet) 1 tablet by mouth every day	
3.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) 1 capsule by mouth two times a day	
4.	OLANzapine (Zyprexa 15 mg oral tablet) 1 tablet by mouth every day	

*This is a list of current information in your Carolinas HealthCare System 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.

Suggested Follow Up:

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.

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 9/22/2013

Visit #: 1326500097

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

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Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Discharge Information - Patient Education

3. Remember to discard old medicine lists and update any records.

Important Phone Numbers:

Poison Control Center 1-800-222-1222

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

Smoking Cessation 1-800-QUIT NOW (1-800-784-8669)

National Domestic Violence Hotline 1-800-799-SAFE

Cardinal Innovations - local area mental health 1-800-939-5911

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 9/22/2013

Visit #: 1326500097

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

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Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Discharge Information - Patient Education

DOCUMENT NAME:

Patient Education

Patient Education

*****Missing Image - the embedded image is not supported*****

Carolinas HealthCare System

Patient Education Materials

MRN: 0000642066

Name: LEONARD WILLIAMS III

Visit Date: 9/22/2013 00:01:00

FIN: 1326500097

DOB: 11/1/1980

Carolinas HealthCare System 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: GLEDITSCH ,SCOTT MD

Date of Service: 9/22/2013

Visit #: 1326500097

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:27 EST

Print ID: 350115731



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Discharge Information - Patient Education

DOCUMENT NAME:

Education/Pt. Response Form - Text

Education/Pt. Response Entered On: 9/26/2013 9:55 EDT

Performed On: 9/26/2013 9:55 EDT by PENISTON , KATHLEEN KELLY NP

Response to Education

Patient Education Provided : Yes

Response to Teaching : Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 9/26/2013 9:55 EDT

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 9/22/2013

Visit #: 1326500097

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Patient Questionnaires

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 9/22/2013

Visit #: 1326500097

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

11/1/1980

* Patient Questionnaire - Auth (Verified) *

Please check service needed for today. Please complete and hand to RN, NP or MD when you are called.

- ☐ Child/Adolescent Visit
☒ Adult Visit
☐ First Time Appointment

1. On my current medication(s), I feel I am doing:

☒ Well

☐ Fairly well

☐ Poorly – explain: _____

2. At today's appointment, I want:

☒ Just to have my medications refilled.

☐ To have a medication change – explain: _____

3. I am having medication side effects.

☒ Yes – explain: Sleep in morning

☐ No

4. I have had recent medical complications, or I am currently pregnant.

☐ Yes – explain: _____

☒ No

5. I have been taking my medications as prescribed.

☒ Yes

☐ No – explain: _____

6. Questions or concerns I want to discuss today. None

Signature of Person Completing Form: [Signature]

Date: 9/26/2013

*If other than patient, give relationship: _____

For Staff Only:

Form reviewed by: KK Pennington

Date: 9.26.13 Time: 0942

Date: _____ Time: _____



Carolinas Healthcare System
Behavioral Health
Outpatient Medication Services
Patient Questionnaire
Page 1 of 1



Rev. 08/21/09



13265-00097
H000064-20-66
WILLIAMS, LEONARD CLINTON

Identifier

09/22/13 DOB 11/01/80 M 32Y

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Interdisciplinary and Patient Education**Interdisciplinary and Patient Education**

Recorded Date	9/26/2013
Recorded Time	09:54 EDT
Recorded By	PENISTON ,KATHLEEN KELLY NP
Procedure	
Education Teaching Record Discipline	Nursing
Education Plan of Care	See Below ^{T1}
Patient Identified Learning Needs	meds
Preferred Learning Methods	Discussion
Barriers to Learning	None evident
Action Plan to Barriers	None required
Admission Requirements	Yes
Admission Requirements Education	See Below ^{T2}
Orientation to Room,Unit,Dept	Orientation to Facility/Dept
Learner -Orientation	Patient
Ability/Readiness to Learn -Orientation	Receptive
Method of Teaching -Orientation	Verbal instructions
Learner Response -Admission/Orientation	See Below ^{T3}
Medication Education	See Below ^{T4}
Learner -Medications	Patient
Ability/Readiness to Learn -Medications	Receptive
Method of Teaching Medications	See Below ^{T5}
Learner Response -Medications	See Below ^{T6}
Tobacco Cessation	Non-applicable

Textual Results

- T1: 9/26/2013 09:54 EDT (Education Plan of Care)
Patient identified learning needs
- T2: 9/26/2013 09:54 EDT (Admission Requirements Education)
HIPAA Information, How to report concerns r/t care, tx, services, safety, Name of physician, Patient Rights and Responsibilities/Patient Handbook, Understanding what pain is/risk for pain
- T3: 9/26/2013 09:54 EDT (Learner Response - Admission/Orientation)
Demonstrates acceptable knowledge of topic/instructions
- T4: 9/26/2013 09:54 EDT (Medication Education)
Dose/Frequency/Strength/Route, Purpose/Side Effects/Contraindications, Range Dose/Range Frequency
- T5: 9/26/2013 09:54 EDT (Method of Teaching Medications)
Verbal instructions, Written instructions

Provider: GLEDITSCH ,SCOTT MD**Date of Service:** 9/22/2013**Visit #:** 1326500097**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Interdisciplinary and Patient Education

Interdisciplinary and Patient Education

Textual Results

T6: 9/26/2013 09:54 EDT (Learner Response - Medications)
Demonstrates acceptable knowledge of topic/instructions

Provider: GLEDITSCH ,SCOTT MD

Date of Service: 9/22/2013

Visit #: 1326500097

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 1/7/2014
Visit #: 1336400172

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Face Sheet

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 1/7/2014
Visit #: 1336400172

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



Carolinas HealthCare System

OUTPATIENT RECORD

PATIENT	ACCOUNT NO.	ADMISSION DATE / TIME	F.C.	DATE OF BIRTH	AGE	SEX	RACE	MS	SERVICE	STATION	ROOM NO.	ACC.	PAT TYPE	BY	UNIT NUMBER					
	H13364-00172	01/07/14 1737	SP	11/01/80	33Y	M	1	S	VEA	OP	-		OP	MFS	H000064-20-66					
PATIENT	ADMITTING DOCTOR		ATTENDING DOCTOR		DISCHARGE PHYSICIAN		ACCIDENT DATE/TIME		ADM TYPE/SOURCE		ACCIDENT WK. REL.									
	15273 PENISTON,KATHLEEN		21297 MCGLYNN,AIKO CHRIS						3 1		NO									
PATIENT	PATIENT NAME AND ADDRESS				SOC-SEC-NO		PATIENT EMPLOYER				TELEPHONE NO.									
	WILLIAMS,LEONARD CLINTON 13009 YORKRIDGE DR APT 214 CHARLOTTE NC 28273				XXX-XX-4844 TELEPHONE NO. (828)387-5255		CORE INSTORE Solutio CHARLOTTE NC													
GUARANTOR	GUARANTOR NAME AND ADDRESS				SOC-SEC-NO		GUARANTOR EMPLOYER				TELEPHONE NO.									
	WILLIAMS,LEONARD CLINTON 13009 YORKRIDGE DR APT 214 CHARLOTTE NC 28273				XXX-XX-4844 TELEPHONE NO. (828)387-5255 RELATION SELF		CORE INSTORE SOLUTIONS CHARLOTTE NC													
INSURANCE	INSURANCE 1				INSURANCE 2				INSURANCE 3											
	SELF PAY N/A N/A NC 22222-000 WILLIAMS,LEONARD CLINTON DOB 11/01/80				DOB				DOB											
RELAT	RELATIVE 1 NAME AND ADDRESS		RELATIVE 1 RELATION		RELATIVE 2 NAME		ALLERGIES													
	HAUN,ANGELA		*MOTHER				NKA													
MISC	RELATIVE 1 PHONE		RELATIVE 2 PHONE		PRIMARY CARE PHYSICIAN		REFERRING PHYSICIAN													
	(413)213-3176				*BHC CMC RANDOLPH		SELF,REFERRAL													
MISC	DIAGNOSIS/COMPLAINT				ADV DIRECTIVES		ORGAN DONOR		PREV DATE		ARRIVAL MODE		LOCATION		ESRD		DENOM			
	300.9-NONPSYCHOTIC DISORD				NO				01/07/14		WALK IN		HOMS		NO		NON			
MISC	MISC COMMENTS:				STATUS		DISCHARGE DT		AT		DT		DEATH		PAT CLA		CTY CODE			
																	MECKLENBURG			
MISC	MEDICAL COMMENTS:														INFLUENZA		PNEUMONIA			
OUTPATIENTS	DEPARTMENT VISITED				PROCEDURE															
	1. _____				1A. _____				1B. _____											
OUTPATIENTS	2. _____				2A. _____				2B. _____											
	3. _____				3A. _____				3B. _____											
ONE DAY SURGERY & ENDOSCOPY	FINAL DIAGNOSIS (LIST MOST IMPORTANT FIRST)														CODE					
ONE DAY SURGERY & ENDOSCOPY	COMPLICATIONS																			
ONE DAY SURGERY & ENDOSCOPY	SURGERY PERFORMED (LIST MOST IMPORTANT FIRST)														CODE					
ONE DAY SURGERY & ENDOSCOPY	FOLLOW UP TREATMENT				DISCHARGE SUMMARY				RELEASED BY: _____											
	PHYSICAL ACTIVITY LIMITATIONS								ACCOMPANIED BY: _____											
ONE DAY SURGERY & ENDOSCOPY	MEDICATION				CONDITION AT DISCHARGE: _____															
ONE DAY SURGERY & ENDOSCOPY	CONSULTANT				SIGNATURE OF RESPONSIBLE PHYSICIAN															



983





AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

DOCUMENT NAME:

Outpatient Progress Note

Pt Name: WILLIAMS, LEONARD MRN: H642066 Date of Birth: 11/01/1980

PROGRESS NOTE

DATE OF ASSESSMENT: 01/07/2014.

VITAL SIGNS: Height 5 feet 11-1/2 inches, weight 232. Blood pressure 134/94, pulse 97.

HISTORY OF PRESENT ILLNESS: The patient is a 33-year-old Caucasian male with a diagnosis of bipolar disorder and attention deficit disorder and a rule out diagnosis of Asperger's disorder who presents to Outpatient Medication Services for evaluation. The patient was last seen on 09/26/2013 and at that time was continued on Zyprexa, Celexa and Adderall-XR. He reports compliance. He reports ongoing adverse effects including restlessness and drowsiness. He reports sleeping too much as well. These are all side effects that he has had for quite some time but this has been the best combination of medication the patient has found. He reports that his mood overall has been stable. Appetite and concentration are fair. Energy level is moderate. He denies any alcohol or drug use and does not use tobacco products. He reports financial stressors currently. He is not in any pain currently. Medication profile was reviewed and updated.

MENTAL STATUS EXAMINATION: The patient is a well-nourished, appropriately groomed, overweight male who appears his stated age and is in no acute distress. He reports his mood is fair. Affect is slightly anxious. Thoughts are tangential. Speech is over productive. He is alert and oriented x 4. Insight and judgment are fair and concentration is adequate. He denies any thoughts of harming himself or others or any psychosis. Fund of knowledge and memory were not formally assessed.

DIAGNOSES:

AXIS I:

1. Bipolar disorder type 1.
2. Attention deficit disorder.

AXIS II:

1. Deferred.

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 1/7/2014

Visit #: 1336400172

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

AXIS III:

1. Elevated triglycerides and cholesterol.

AXIS IV:

1. Financial.

AXIS V:

1. Current Global Assessment of Functioning equals 68.

ASSESSMENT AND PLAN:

1. There is some concern that the patient is very talkative today during the evaluation. However, he is sleeping well. His thoughts are logical and he is goal-directed, everything makes sense that he is saying and he does not appear to be having any kind of psychotic symptoms. The patient is cautioned that if he has any disturbance in these areas that he needs to contact us. In the meantime, we will continue Zyprexa 15 mg at bedtime, Celexa 20 mg daily and Adderall 20 mg twice a day.
2. The patient is to return to meet with this writer in 3 months' time to further evaluate medication regimen.
3. The patient is to utilize the emergency department for any emergent psychiatric needs.
4. The patient is provided with education on medication and treatment plan.

MD co-sign, date and time: Aiko McGlynn, DO.

D: 01/07/2014 06:30PM KATHLEEN K. PENISTON, NP

T: 01/08/2014 08:22AM NTS

Job # 9359869/Conf # 7050388

cc:

Electronically Signed By: PENISTON, KATHLEEN KELLY NP

01/08/2014 09:09 AM

Electronically Signed By: MCGLYNN, AIKO CHRISTINA DO

01/09/14 09:10 AM

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 1/7/2014

Visit #: 1336400172

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:32 EST

Print ID: 350115789



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Consents

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 1/7/2014

Visit #: 1336400172

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

REQUEST FOR TREATMENT AND AUTHORIZATION FORM

REQUEST FOR TREATMENT. The Hospital maintains personnel and facilities to assist my physicians in providing me medical care, and I authorize the Hospital personnel to perform on me the care ordered by my physicians. I understand that I have the right to be informed by my physicians of the nature and purpose of any proposed operation or procedure and any available alternative methods of treatment, together with an explanation of the risks associated with each of them. This form is not a substitute for such explanations, which are the responsibility of my physicians to provide according to recognized standards of medical practice, and I acknowledge that the Hospital and its personnel are not responsible for providing me this information. I consent to receive services by telemedicine (using interactive audio, video, or data communications to carry out consultations, evaluations, screenings, diagnosis, treatment, monitoring, or other communications benefiting a patient) if appropriate for my condition, and I understand the risks, benefits and alternatives of doing so. I choose to receive the services even if my insurance plan may not cover or continue to cover specific services, including the specific services rendered during the admission.

ASSIGNMENT OF INSURANCE BENEFITS. I/we hereby assign all my rights to The Charlotte-Mecklenburg Hospital Authority ("CHS") under any policy of insurance, including but not limited to, major medical insurance, hospital benefits, sick benefits, injury benefits due to me because of liability of a third party, such as auto insurance or Workers' Compensation insurance, and the proceeds of all claims resulting from the liability of the third party payable by any person, employer or insurance company to or for the patient up to the full amount of the hospital bill, and hereby authorize direct payment to Carolinas Medical Center and/or my attending physicians of all benefits to which I am entitled. This assignment includes payment of hospital, surgical, and medical benefits to Charlotte Radiology, P.A., Southeast Anesthesiology Consultants, P.A., Carolinas Pathology Group, P.A., Southeast Radiation Oncology Group, P.A., Emergency Medicine Physicians, P.A., The Charlotte-Mecklenburg Health Services Foundation, Inc., or any other professional groups contracted by CHS for professional services they may perform for me. In addition, I/we further warrant and represent that any insurance which I/we assign is valid insurance and in effect and that I/we have the right to make this assignment. I understand that I am financially responsible to the Hospital, my physicians, and those entities named in this assignment for amounts due that are not covered by this assignment. For example, I know that sometimes insurance companies will not pay for services ordered by my physician and which I have authorized. I understand that these payment denials occur for a variety of reasons. My insurance policy may not include the particular service as a benefit. In other cases, a service will not be covered by my insurance company because it decides the service is not necessary, despite my physician's decision to order the service. In any event, even if a service is not covered by insurance, I agree to pay for all charges for all services rendered, including the specific services rendered during this admission. I further agree that in the event benefits paid under this assignment or any other amounts paid by me/us or on my/our behalf exceed the amounts due the Hospital, my physicians, or those entities for services in connection with this hospitalization, any such excess amount may be applied to any other indebtedness that I or my spouse or any child for whom I am financially responsible may have to the Hospital or any other facility or entity related to CHS, my physicians, or these other entities.

NOTICE OF INDEPENDENT CONTRACTORS. I understand that CHS has contracted with certain independent professional groups for such groups to exclusively provide certain services at CHS facilities, including but not limited to Charlotte Radiology, P.A., Southeast Anesthesiology Consultants, P.A., Carolinas Pathology Group, P.A., Southeast Radiation Oncology Group, P.A., and Emergency Medicine Physicians, P.A. I understand that these professional groups are independent contractors, are not employees or agents of CHS, and are not subject to control or supervision by CHS in their delivery of professional services.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION. I authorize the Hospital and my physicians to furnish any medical information relating to my hospitalization or treatment to my insurance company, governmental or charitable agencies and their agents, my employer and professional review organizations with whom I may have insurance coverage or who may be assisting in payment of my hospital and medical care. I also authorize the Hospital and my physicians to release any medical information to any licensed physician or medical facility to which I may be referred or transferred for further medical care. In addition, I authorize the Hospital and my physicians to release any medical information necessary to prove the Hospital's damages in any legal proceeding brought to enforce any unpaid balance on any of my accounts. This authorization will expire two (2) years from the date shown below, and I understand that I or my legal representative may revoke this authorization at any time, except to the extent that: (i) action has already been taken, or (ii) in the event of my death, the release of medical information is necessary to verify any charges incurred by me.

AUTHORIZATION TO RELEASE MEDICARE AND MEDICAID INFORMATION. I certify that the information provided by me in applying for payment under Titles V, XVIII and/or XIX of the Social Security Act is correct. I understand that health care services paid for under the Medicare, Medicaid and Maternal and Child Health programs are subject to review by professional organizations, which may recommend denial of payment if my medical condition does not warrant continued hospital care. I authorize those agencies responsible for determining eligibility under these programs to provide to the Hospital any information relating to the determination of my eligibility. I request payment of benefits under these programs be made to the Hospital and my physicians on my behalf.

Request for Treatment and Authorization



Carolinah HealthCare System

WILLIAMS, LEONARD CLINTON
ACCT: H13364-00172
UNIT: H000064-20-86



PAYMENT GUARANTY. I (patient and/or responsible party/ies) agree to pay all charges for services rendered by the Hospital and my physicians or other providers during my hospitalization or treatment. This guaranty includes charges for services not covered by my insurance, regardless of the reason that insurance coverage is denied. If I fail to pay all charges and the Hospital or my physicians use an attorney to collect unpaid charges, I agree to pay the reasonable cost of the attorney's services in addition to the unpaid charges. I consent and authorize CHS and its agents and subcontractors to contact outside data sources of its choosing, including credit reporting agencies, for purposes related to my account, including evaluating and assessing my credit worthiness, my charity eligibility, and the viability of collecting any amounts due for the treatment I receive, whether at this time or on subsequent visits. I understand and agree that CHS may assign my accounts as it deems necessary for purposes of collecting any amounts I owe, including to collection agencies and attorneys. I consent and authorize Hospital and third party agents of Hospital to contact me by telephone at any number associated with me, including a wireless number, and to use pre-recorded and/or an automatic dialing service in connection with any communication made to me or related to my account.

PERSONAL PROPERTY. The Hospital will hold any money, valuables or other personal property in my possession until I am able to return them home for safekeeping. I understand the Hospital is not responsible for money, valuables and other personal property retained in my room and has no liability for their loss.

RELEASE OF INFORMATION FOR FINANCIAL PURPOSES. I authorize the Financial Counseling staff of the Hospital to assist me in the processing of any benefits application, including Medical Assistance, Aid to Families with Dependent Children, or Special Assistance, initiated for the Patient within six months of the date of this authorization. The Financial Counselor may have access to and copy any records or information to which I would be entitled. I authorize and direct the County Department of Social Services to provide such information to the Financial Counselor orally via telephone. I authorize and consent to referral to the County for benefits by use of an appropriate referral form. I request that if my benefits are approved or denied, a copy of the approval or denial be attached to and returned with the referral form. The doctrine of informed consent has been explained to me. I acknowledge that this consent is voluntary and that it may be revoked by me at any time except to the extent that action has already been taken in reliance on it. Unless otherwise revoked, this consent shall be valid for one (1) year from the date of authorization, or until final determination of any benefits application as described above, whichever is later.

I have read the foregoing request and authorization in its entirety and agree to be bound by all terms and conditions herein. Witness my (our) hand(s) and seal(s) below.

Patient

(Seal)

Responsible Party/ies

(Seal)

Date

Time

Relation to Patient

☐ Husband

☐ Wife

☐ Parent/s

☐ Other (Specify)

Witness

Policyholder (if other than patient)

I have been provided a copy of CHS' Notice of Privacy Practices.

Signature

Date

Time

(Patient or Authorized Representative)

Relationship to Patient

Reason Patient Unable/Unwilling to sign



Request for Treatment and Authorization
Carolina's HealthCare System

WILLIAMS, LEONARD CLINTON
ACCT: H13364-00172
UNIT: H000064-20-66

WILLIAMS, LEONARD CLINTON
ACCT: H13364-00172
UNIT: H000064-20-66



Carolinah HealthCare System

Insurance Verification Letter

Patient's Name: **WILLIAMS, LEONARD CLINTON**
Admit Date: **01/07/14**
Account Number: **H13364-00172**

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 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: _____
Secondary Insurance Name: _____

I understand my signature on this form indicates that I have verified and confirmed the insurance information listed above is accurate. 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.

No Insurance Coverage/Self Pay: **SELF PAY**

If you are currently without Medicare, Medicaid, or insurance coverage (uninsured) then you may be eligible to apply and/or be screened for other coverage options and financial assistance. You understand that by signing this form you are indicating 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 participate with these efforts will disqualify you from eligibility for our financial assistance discounts. Information on financial assistance is available on the Carolinas HealthCare System website at www.carolinashealthcare.org.

I attest the information above is accurate 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 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.

Signature: _____

Relationship to Patient: _____

Date: 1/7/2014



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Patient Questionnaires

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 1/7/2014
Visit #: 1336400172

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

11/1/1980

* Patient Questionnaire - Auth (Verified) *

Please check service needed for today. Please complete and hand to RN, NP or MD when you are called.

- ☐ Child/Adolescent Visit
☒ Adult Visit
☐ First Time Appointment

1. On my current medication(s), I feel I am doing:

☒ Well☐ Fairly well☐ Poorly – explain: _____

2. At today's appointment, I want:

☒ Just to have my medications refilled.☐ To have a medication change – explain: _____

3. I am having medication side effects.

☒ Yes – explain: Same - drowsiness, restlessness☐ No

4. I have had recent medical complications, or I am currently pregnant.

☐ Yes – explain: _____☒ No

5. I have been taking my medications as prescribed.

☒ Yes☐ No – explain: _____

6. Questions or concerns I want to discuss today.

Med run out on
different schedule, I have to go to the pharmacy
twice a monthSignature of Person Completing Form: [Signature]Date: 11/7/14

*If other than patient, give relationship: _____

For Staff Only:

Form reviewed by: KK PenistonDate: 11/7/14Time: 1758

Date: _____

Time: _____



Carolinas Healthcare System
Behavioral Health
Outpatient Medication Services
Patient Questionnaire
Page 1 of 1



Rev. 08/21/09



13364-00172 01/07/14
WILLIAMS, LEONARD CLINTON
H000064-20-66 DOB 11/01/80 M 33Y

ntifier



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 12/31/2013 16:09 EST
Performed On: 12/31/2013 16:08 EST by BARTLETT , DONNA RN

Universal Progress Note

Program : OMS Medication Clinic

Universal Progress Note : Came into the clinic and picked up his hard copy script previously written for Adderall.

BARTLETT , DONNA RN - 12/31/2013 16:08 EST

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 1/7/2014

Visit #: 1336400172

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Behavioral Health

Behavioral Health

Recorded Date	12/31/2013	
Recorded Time	16:08 EST	
Recorded By	BARTLETT ,DONNA RN	
Procedure		Units
Universal Progress Note	See Below ^{T1}	

Textual Results

T1: 12/31/2013 16:08 EST (Universal Progress Note)

Came into the clinic and picked up his hard copy script previously written for Adderall.

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 1/7/2014

Visit #: 1336400172

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Urgent Care Ballantyne

14214 Ballantyne Lake Rd

Suite 100

Charlotte, NC 28277-

Phone: 704-667-2650 Fax: 704-544-0172

Provider: VADEN ,TRACELA C MD
Date of Service: 1/15/2014
Visit #: 60328499

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 3714274
DOB: 11/1/1980 **Sex:** Male



AH Urgent Care Ballantyne

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Fax: 704-544-0172

Urgent Care Physician Reports

DOCUMENT NAME:

sinusitis

Patient: **WILLIAMS III, LEONARD CLINTON**

MRN: 3714274

FIN: 60328499

Age: **33 years** Sex: **Male** DOB: **11/1/1980**

Associated Diagnoses: **None**

Author: **VADEN , TRACELA MD**

Chief Complaint

1/15/2014 11:16 EST Pt states he has had flu symptoms since last Thursday - body aches, cough, chills

History of Present Illness

Patient with complaint of increasingly severe sinus pain for three days. No better with OTCs. Had flu symptoms and fever which were improving, but much worse the last several days. . Also with PND. NP cough.

Review of Systems

Constitutional: Negative.

Eye: Negative.

Ear/Nose/Mouth/Throat: Nasal congestion, Nasal discharge, Sinus pain.

Respiratory: Negative.

Cardiovascular: Negative.

Gastrointestinal: Negative.

Genitourinary: Negative.

Hematology/Lymphatics: Negative.

Endocrine: Negative.

Immunologic: Negative.

Musculoskeletal: Negative.

Integumentary: Negative.

Neurologic: Negative.

Psychiatric: Negative.

Health Status

Allergies: .

Allergic Reactions (All)

No known allergies

Current medications: Include medication list (Selected).

Prescriptions

Prescribed

Provider: **VADEN ,TRACELA C MD**

Date of Service: 1/15/2014

Visit #: 60328499

Pt Name: **WILLIAMS III, LEONARD CLINTON**

Org MRN#: 3714274

DOB: 11/1/1980

Sex: Male



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Urgent Care Physician Reports

Adderall XR 20 mg oral capsule, extended release: 1 capsule, ORAL, BID (2 times a day), 60 capsule

Zyprexa 15 mg oral tablet: 15 mg, 1 tablet, ORAL, Daily, 30 tablet

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

Documented Medications

Documented

Goodys Extra Strength: See Instructions, 1 packet as needed

RCL NP: KKP NP

Problem list: .

No problem items selected or recorded.

Histories

Past Medical History: Reviewed as documented in chart/EMR/Problem list., Non contributory to present illness.

Family History: ,

HYPERTENSION

GM, Maternal

Cancer

Father

GM, Paternal

GF, Paternal

GM, Maternal

As documented in chart..

Procedure History: .

No procedure history items have been selected or recorded.

Social History: .

Social & Psychosocial Habits

Alcohol

01/15/2014 **Use:** Denies

Tobacco

01/15/2014 **Smoking Status:** Never smoker

Physical Examination

General

Alert and oriented.

No acute distress.

VS/Measurements

Vital signs from chart : Vital Signs

Provider: VADEN ,TRACELA C MD

Date of Service: 1/15/2014

Visit #: 60328499

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 3714274

DOB: 11/1/1980

Sex: Male

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Phone: 704-667-2650

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Urgent Care Physician Reports

1/15/2014 11:16 EST

Temperature Oral (F)	97.9 DegF
Peripheral Pulse Rate	90 BPM
Respiratory Rate	20 breaths/minute
Systolic Blood Pressure	123 mmHg
Diastolic Blood Pressure	88 mmHg
Blood Pressure Location #1	Right arm
BP Instrument	Machine
Blood Pressure Cuff Size	Ig Adult
Blood Pressure Position	Sitting
Oxygen Saturation	99 %

, Measurements from chart : Measurements - Standard

1/15/2014 11:16 EST

Height Contributor (ft)	5 ft
Height Contributor (inches)	11 inch
Clinical Weight Contributor (lb)	230 lb

, BMI : Body Mass Index

1/15/2014 11:16 EST Body Mass Index 32.08 kg/m2

Eye

Sclera anicteric.
injected conjunctivae.

HENT

Normocephalic.
Head: maxilla, tenderness.
Ear: canal, tympanic membrane fluid in middle ear.
Throat: pharynx PND.

Neck

Supple.

Respiratory

No rales, rhonchi or wheezes.
Lungs are clear to auscultation.
Respirations are non-labored.
Breath sounds are equal.
Symmetrical chest wall expansion.

Cardiovascular

Regular rate.

Gastrointestinal

Soft.
Non-distended.
Abdomen.

Provider: VADEN ,TRACELA C MD**Date of Service:** 1/15/2014**Visit #:** 60328499**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 3714274**DOB:** 11/1/1980**Sex:** Male



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Urgent Care Physician Reports

Genitourinary

Neurologic

Alert.

Oriented.

Psychiatric

Cooperative.

Appropriate affect.

Musculoskeletal

Normal gait.

Normal strength.

Integumentary

Warm.

Dry.

Review / Management

Documentation reviewed: Reviewed prior records.

Impression and Plan

Orders

PowerOrders.

Pharmacy:

Hycodan 5 mg-1.5 mg/5 mL oral syrup (Prescribe): 5 mL, ORAL, q4h, 240 mL, PRN, as needed for cough

amoxicillin 875 mg oral tablet (Prescribe): 875 mg, 1 tablet, ORAL, BID (2 times a day), 20 tablet

supportive care.

OTCs prn .

Dx/Order Association Plan:

Flu syndrome

Comment:

Other status: New OV Level 3 - 99203 (Completed)

Sinusitis, acute

Comment:

Other status: New OV Level 3 - 99203 (Completed)

Orders:

1. HYDROcodone-homatropine, 5 mL, ORAL, q4h, 240 mL, PRN: as needed for cough

2. amoxicillin, 875 mg, 1 tablet, ORAL, BID (2 times a day), 20 tablet

End of Orders

Provider: VADEN ,TRACELA C MD

Date of Service: 1/15/2014

Visit #: 60328499

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 3714274

DOB: 11/1/1980

Sex: Male



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Urgent Care Physician Reports

Dx and Plan: Diagnosis, Plan.

Education and Follow up:

Counseled: Patient, Regarding treatment, Regarding medication risks, benefits and side effects, Prevention, cont reg meds and f/u w/ PCP..

Patient Instructions: Hydration, Patient education sheet given, Follow up as needed.

Electronically Signed By: VADEN, TRACELA MD

01/15/2014 12:03 PM

Provider: VADEN ,TRACELA C MD

Date of Service: 1/15/2014

Visit #: 60328499

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 3714274

DOB: 11/1/1980

Sex: Male



AH Urgent Care Ballantyne
14214 Ballantyne Lake Rd
Suite 100
Charlotte, NC 28277-
Phone: 704-667-2650 Fax: 704-544-0172

Electronic Orders

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

Order: New OV Level 3 -99203	
Ordering Physician: VADEN ,TRACELA MD (National Provider Identifier: 1588698229)	
Electronically Signed By: VADEN ,TRACELA MD	
Order Details: 1/15/14 11:38:00 AM EST	
Order Comment:	
Action Type: Order	Action Date/Time: 1/15/2014 11:39 EST Entered By: VADEN ,TRACELA MD
Ordering Provider: VADEN ,TRACELA MD	Supervising Provider:
Order Details: 01/15/14 11:38:00 EST	
Review Information:	
Doctor Cosign: Not Required	
Order Comment:	

Provider: VADEN ,TRACELA C MD
Date of Service: 1/15/2014
Visit #: 60328499

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 3714274
DOB: 11/1/1980 **Sex:** Male



AH Urgent Care Ballantyne

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Suite 100

Charlotte, NC 28277-

Phone: 704-667-2650

Fax: 704-544-0172

Clinical Documentation

DOCUMENT NAME:

Ambulatory Adult Intake Form-Text

ELECTRONICALLY SIGNED BY:

WILLIAMS ,ALLISON D (1/15/2014 11:21 EST); WILLIAMS ,
ALLISON D (1/15/2014 11:16 EST)

Ambulatory Adult Intake Form Entered On: 1/15/2014 11:19 EST

Performed On: 1/15/2014 11:16 EST by WILLIAMS , ALLISON D

Intake

Chief Complaint : Pt states he has had flu symptoms since last Thursday - body aches, cough, chills

WILLIAMS , ALLISON D - 1/15/2014 11:16 EST

Vitals

Height Documented in (UOM) : feet/inches

Height Contributor (ft) : 5 ft

Height Contributor (inches) : 11 inch

Height : 180.34 cm

WILLIAMS , ALLISON D - 1/15/2014 11:16 EST

Clinical Weight Documented in (UOM) : lbs/oz

Clinical Weight Contributor (lb) : 230 lb

Weight : 104.327 kg

Body Mass Index : 32.08 kg/m2

Body Surface Area : 2.29 m2

WILLIAMS , ALLISON D - 1/15/2014 11:21 EST

Temperature Oral (F) : 97.9 DegF(Converted to: 36.6 DegC)

Peripheral Pulse Rate : 90 BPM

Respiratory Rate : 20 breaths/minute

Systolic Blood Pressure : 123 mmHg

Diastolic Blood Pressure : 88 mmHg

Blood Pressure Location #1 : Right arm

Blood Pressure Position : Sitting

BP Instrument : Machine

Blood Pressure Cuff Size : lg Adult

WILLIAMS , ALLISON D - 1/15/2014 11:16 EST

Weight (lbs.) : 230 lb

WILLIAMS , ALLISON D - 1/15/2014 11:21 EST

Height (ft.) : 5.92 ft

WILLIAMS , ALLISON D - 1/15/2014 11:16 EST

Communications

Cell Phone Number : 828- [REDACTED]

Leave Voicemail : Yes

Provider: VADEN ,TRACELA C MD

Date of Service: 1/15/2014

Visit #: 60328499

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 3714274

DOB: 11/1/1980

Sex: Male



AH Urgent Care Ballantyne

14214 Ballantyne Lake Rd

Suite 100

Charlotte, NC 28277-

Phone: 704-667-2650

Fax: 704-544-0172

Clinical Documentation

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

WILLIAMS , ALLISON D - 1/15/2014 11:16 EST

Amb Allergy and Meds

(As Of: 1/15/2014 11:19:50 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:* 1/7/2014 18:09 EST

Medication List

(As Of:)

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 ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* citalopram ; *Order Dt/Tm:* 1/7/2014 18:10:52

dextroamphetamine-amphetamine

: dextroamphetamine-amphetamine ; *Status:* Prescribed ; *Ordered As Mnemonic:* Adderall XR 20 mg oral capsule, extended release ; *Simple Display Line:* 1 capsule, ORAL, BID (2 times a day), 60 capsule ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 1/7/2014 18:13:46

OLANZapine

: OLANZapine ; *Status:* Prescribed ; *Ordered As Mnemonic:* Zyprexa 15 mg oral tablet ; *Simple Display Line:* 15 mg, 1 tablet, ORAL, Daily, 30 tablet ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* OLANZapine ; *Order Dt/Tm:* 1/7/2014 18:10:54

Home Meds

Provider: VADEN ,TRACELA C MD

Date of Service: 1/15/2014

Visit #: 60328499

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 3714274

DOB: 11/1/1980

Sex: Male



AH Urgent Care Ballantyne

14214 Ballantyne Lake Rd

Suite 100

Charlotte, NC 28277-

Phone: 704-667-2650

Fax: 704-544-0172

Clinical Documentation

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:* RCL NP ; *Simple Display Line:* KKP NP ; *Catalog Code:* Med List Status - Updated ; *Order Dt/Tm:* 6/11/2013 10:20:52

^ Social Habitsv2

Social History

(As Of:)

Tobacco:

Never smoker (Last Updated: 1/15/2014 11:19:06 EST by WILLIAMS , ALLISON D)

Alcohol:

Denies (Last Updated: 1/15/2014 11:19:06 EST by WILLIAMS , ALLISON D)

Body Mass Index2 : 32.08

WILLIAMS , ALLISON D - 1/15/2014 11:21 EST

Image 1 - Images currently included in the form version of this document have not been included in the text rendition version of the form.

Amb Family History

Family History

(As Of:)

Provider: VADEN ,TRACELA C MD

Date of Service: 1/15/2014

Visit #: 60328499

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 3714274

DOB: 11/1/1980

Sex: Male



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Clinical Documentation

Mother: *Relation:* Mother ; *Gender:* Female ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

Father: *Relation:* Father ; *Gender:* Male ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

Nomenclature: Cancer ; *Value:* Positive

Grandparent: *Relation:* Grandparent ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

GM, Maternal: *Relation:* GM, Maternal ;

Nomenclature: HYPERTENSION ; *Value:* Positive

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

Nomenclature: Cancer ; *Value:* Positive

GM, Paternal: *Relation:* GM, Paternal ;

Provider: VADEN ,TRACELA C MD
Date of Service: 1/15/2014
Visit #: 60328499

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 3714274
DOB: 11/1/1980 **Sex:** Male



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Clinical Documentation

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

Nomenclature: Cancer ; *Value:* Positive

GF, Maternal:

Relation: GF, Maternal ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

GF, Paternal:

Relation: GF, Paternal ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

Nomenclature: Cancer ; *Value:* Positive

Brother:

Relation: Brother ; *Gender:* Male ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

Sister:

Relation: Sister ; *Gender:* Female ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

Provider: VADEN ,TRACELA C MD
Date of Service: 1/15/2014
Visit #: 60328499

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 3714274
DOB: 11/1/1980 **Sex:** Male



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Clinical Documentation

Respiratory

Oxygen Saturation : 99 %

WILLIAMS , ALLISON D - 1/15/2014 11:16 EST

Provider: VADEN ,TRACELA C MD

Date of Service: 1/15/2014

Visit #: 60328499

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 3714274

DOB: 11/1/1980

Sex: Male

**AH Urgent Care Ballantyne**

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Fax: 704-544-0172

Discharge Information - Patient Education

DOCUMENT NAME:

Amb Depart Summary

Amb Depart Summary**Carolinas HealthCare System****Ballantyne Urgent Care**

14214 Ballantyne Lake Rd

Suite 100

Charlotte, NC 28277

Phone: 704-667-2650

Fax: 704-544-0172

Patient Visit Summary

Name: WILLIAMS III, LEONARD CLINTON	MRN: 3714274	DOB: 11/01/1980	Visit Date: 01/15/2014
Phone: (828) [REDACTED]	Age: 33 Years	Gender: Male	

Carolinas HealthCare System thanks you for allowing us to assist you with your healthcare needs. The following includes patient education materials and some information regarding your health. Should you have any questions or concerns regarding your visit, please contact your physician or healthcare provider at your convenience.

Your healthcare provider today: BALLANTYNE , MD**Today's Diagnosis:** Flu syndrome; Sinusitis, acute**Today's Clinical Information:****Height:** 5 ft, 11 inch**Weight:** 230 lb**BMI:** 32.08 kg/m2**Blood Pressure:** 123 mmHg / 88 mmHg**Additional Information:**

Provider: VADEN ,TRACELA C MD**Date of Service:** 1/15/2014**Visit #:** 60328499**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 3714274**DOB:** 11/1/1980**Sex:** Male

**AH Urgent Care Ballantyne**

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Fax: 704-544-0172

Discharge Information - Patient Education**Allergies:**

No known allergies

Problem List:

No Problems found

Medication Information:

	New Medicines to take at Home	Prescription	Next Dose Due
1.	amoxicillin (amoxicillin 875 mg oral tablet) 1 tablet by mouth two times a day	Prescription Given to Patient (unless noted below) [] Prescription Not Needed	
2.	HYDROcodone-homatropine (Hycodan 5 mg-1.5 mg/5 mL oral syrup) 5 mL by mouth every 4 hours as needed for cough	Prescription Given to Patient (unless noted below) [] Prescription Not Needed	

	Continue Taking These Medicines at Home	Next Dose Due
1.	APAP/ASA/caffeine (Goodys Extra Strength) See Instructions 1 packet as needed	
2.	citalopram (citalopram 20 mg oral tablet) 1 tablet by mouth every day	
3.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) 1 capsule by mouth two times a day	
4.	OLANzapine (Zyprexa 15 mg oral tablet) 1 tablet by mouth every day	

Provider: VADEN ,TRACELA C MD**Date of Service:** 1/15/2014**Visit #:** 60328499**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 3714274**DOB:** 11/1/1980**Sex:** Male

**AH Urgent Care Ballantyne**

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Fax: 704-544-0172

Discharge Information - Patient Education

*This is a list of current information in your Carolinas HealthCare System 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.

Scheduled Appointments:

	Date	Time	Location	Provider	Phone Number
--	------	------	----------	----------	--------------

Follow Up:**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.

Important Phone Numbers:**Poison Control Center 1-800-222-1222****National Suicide Prevention Lifeline 1-800-273-TALK (8255)****Smoking Cessation 1-800-QUIT NOW (1-800-784-8669)****National Domestic Violence Hotline 1-800-799-SAFE****Provider: VADEN ,TRACELA C MD****Date of Service: 1/15/2014****Visit #: 60328499****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 3714274****DOB: 11/1/1980****Sex: Male**



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Discharge Information - Patient Education

DOCUMENT NAME: Patient Education

Patient Education

Missing Image - the embedded image is not supported

Carolinas HealthCare System

Patient Education Materials

MRN: 3714274

Name: LEONARD WILLIAMS III

Visit Date: 1/15/2014 11:10:00

FIN: 60328499

DOB: 11/1/1980

Carolinas HealthCare System 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: VADEN ,TRACELA C MD

Date of Service: 1/15/2014

Visit #: 60328499

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 3714274

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: 1/15/2014 12:03 EST
Performed On: 1/15/2014 12:03 EST by VADEN , TRACELA MD

Response to Education

Patient Education Provided : Yes

VADEN , TRACELA MD - 1/15/2014 12:03 EST

Provider: VADEN ,TRACELA C MD
Date of Service: 1/15/2014
Visit #: 60328499

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 3714274
DOB: 11/1/1980 **Sex:** Male

**AH Urgent Care Ballantyne**

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Phone: 704-667-2650

Fax: 704-544-0172

Vitals View

Recorded Date	1/15/2014	
Recorded Time	11:16 EST	
Recorded By	WILLIAMS ,ALLISON D	
Procedure		Units
Height	180.34	cm
Weight	104.327	kg
BSA	2.29	m2
Body Mass Index	32.08	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11	inch
Clinical Weight Contributor (lb)	230	lb
Temperature Oral (F)	97.9	DegF
Peripheral Pulse Rate	90	BPM
Respiratory Rate	20	breaths/minute
Systolic Blood Pressure	123	mmHg
Diastolic Blood Pressure	88	mmHg
Blood Pressure Location #1	Right arm	
BP Instrument	Machine	
Blood Pressure Cuff Size	Ig Adult	
Blood Pressure Position	Sitting	
Oxygen Saturation	99	%

Provider: VADEN ,TRACELA C MD**Date of Service:** 1/15/2014**Visit #:** 60328499**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 3714274**DOB:** 11/1/1980**Sex:** Male

**AH Urgent Care Ballantyne**

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Suite 100

Charlotte, NC 28277-

Phone: 704-667-2650

Fax: 704-544-0172

Visit Information**Visit Information**

Recorded Date	1/15/2014	
Recorded Time	11:16 EST	
Recorded By	WILLIAMS ,ALLISON D	
Procedure		Units
Chief Complaint	See Below ^{T1}	

Textual Results

T1: 1/15/2014 11:16 EST (Chief Complaint)

Pt states he has had flu symptoms since last Thursday - body aches, cough, chills

Provider: VADEN ,TRACELA C MD**Date of Service:** 1/15/2014**Visit #:** 60328499**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 3714274**DOB:** 11/1/1980**Sex:** Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 4/10/2014
Visit #: 1409400231

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Face Sheet

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 4/10/2014
Visit #: 1409400231

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



Carolinus HealthCare System

OUTPATIENT RECORD

PATIENT	ACCOUNT NO.	ADMISSION DATE / TIME	F.C.	DATE OF BIRTH	AGE	SEX	RACE	MS	SERVICE	STATION	ROOM NO.	ACC.	PAT TYPE	BY	UNIT NUMBER
	H14094-00231	04/10/14 0754	SP	11/01/80	33Y	M	1	S	VEA	OP	-	-	OP	KB	H000064-20-66
GUARANTOR	ADMITTING DOCTOR		ATTENDING DOCTOR		DISCHARGE PHYSICIAN		ACCIDENT DATE/TIME		ADM TYPE/SOURCE		ACCIDENT WK. REL.				
	21297 MCGLYNN,AIKO CHRIS		21297 MCGLYNN,AIKO CHRIS						3 1		NO				
INSURANCE	PATIENT NAME AND ADDRESS				SOC-SEC-NO		PATIENT EMPLOYER				TELEPHONE NO.				
	WILLIAMS,LEONARD CLINTON 13009 YORKRIDGE DR APT 214 CHARLOTTE NC 28273				XXX-XX-4844 (828)387-5255		CORE INSTORE Solutio CHARLOTTE NC								
RELAT.	GUARANTOR NAME AND ADDRESS				SOC-SEC-NO		GUARANTOR EMPLOYER				TELEPHONE NO.				
	WILLIAMS,LEONARD CLINTON 13009 YORKRIDGE DR APT 214 CHARLOTTE NC 28273				XXX-XX-4844 (828)387-5255 RELATION SELF		CORE INSTORE SOLUTIONS CHARLOTTE NC								
MISC	INSURANCE 1				INSURANCE 2				INSURANCE 3						
	SELF PAY N/A N/A NC 22222-000 WILLIAMS,LEONARD CLINTON DOB 11/01/80				DOB				DOB						
OUTPATIENTS	RELATIVE 1 NAME AND ADDRESS		RELATIVE 1 RELATION		RELATIVE 2 NAME		ALLERGIES		REFERRING PHYSICIAN						
	HAUN,ANGELA		*MOTHER				NKA		SELF,REFERRAL						
ONE DAY SURGERY & ENDOSCOPY	DIAGNOSIS/COMPLAINT				ADV DIRECTIVES		ORGAN DONOR		PREV DATE		ARRIVAL MODE				
	300.9-NONPSYCHOTIC DISORD				NO				03/05/14		WALK IN				
	MISC COMMENTS:				STATUS		DISCHARGE DT		AT		OT				
	MEDICAL COMMENTS:														
	DEPARTMENT VISITED				PROCEDURE										
	1. _____				1A. _____				1B. _____						
	2. _____				2A. _____				2B. _____						
	3. _____				3A. _____				3B. _____						
	FINAL DIAGNOSIS (LIST MOST IMPORTANT FIRST)											CODE			
	COMPLICATIONS														
	SURGERY PERFORMED (LIST MOST IMPORTANT FIRST)											CODE			
	FOLLOW UP TREATMENT				DISCHARGE SUMMARY				RELEASED BY: _____						
	PHYSICAL ACTIVITY LIMITATIONS								ACCOMPANIED BY: _____						
	MEDICATION				CONDITION AT DISCHARGE: _____										
					CONSULTANT				SIGNATURE OF RESPONSIBLE PHYSICIAN						



983





AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

DOCUMENT NAME:

Outpatient Progress Note

Pt Name: WILLIAMS, LEONARD MRN: H642066 Date of Birth: 11/01/1980

DATE OF SERVICE: 04/10/2014.

VITAL SIGNS: Height 5 feet 11-1/2 inches, weight 230, blood pressure 116/72, pulse 114.

HISTORY OF PRESENT ILLNESS: The patient is a 33-year-old Caucasian male with a diagnosis of bipolar disorder and attention deficit disorder who presents to Outpatient Medication Services for evaluation. He was last seen on 01/07/2014 and at that time was continued on Celexa, Zyprexa, and Adderall. He reports compliance and does report ongoing side effects which he has had for quite some time. He reports some drowsiness and increased appetite. His medication continues to be effective for him and he reports that his mood is stable and he is sleeping well. Appetite is too much, energy is fair, and concentration is adequate. He does drink approximately 1 cup of coffee per day. He denies any alcohol or drug use. He does not use any tobacco products. He is not exercising regularly, but does recognize the need to get into a healthier pattern of physical exercise. His medication profile was reviewed and updated. He is not currently in any physical pain. The patient does report since his last visit, he was hired by Wells Fargo and is no longer contractor. This in turn will allow him to get health insurance and he is interested in seeing a specialist because he believes that he has Asperger's or an autism spectrum disorder. This writer encouraged him to do so and to see a psychologist who could properly diagnose him in this area.

MENTAL STATUS EXAMINATION: The patient is a well-nourished, appropriately-groomed, overweight male who appears approximately his stated age and is in no acute distress. He reports his mood as stable. Affect is congruent. Thoughts are logical and goal-directed. Speech is slightly accelerated. He is alert and oriented x 4. Insight and judgment are fair. Concentration appears moderate. He denies any current thoughts of harming himself or others or any psychosis. Fund of knowledge and memory were not formally assessed, although appear to be intact.

DIAGNOSES:

AXIS I:

1. Bipolar disorder type 1, currently euthymic.
2. Attention deficit disorder.

AXIS II:

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 4/10/2014

Visit #: 1409400231

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

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Phone:

Fax:

Office/Clinic Visit Notes

1. Deferred.

AXIS III:

1. Elevated triglycerides and cholesterol. Due to be ordered at his next visit.

AXIS IV: Financial problems.

AXIS V:

1. Current Global Assessment of Functioning equals 70.

ASSESSMENT AND PLAN:

1. The patient is to continue on Zyprexa 15 mg at bedtime, Celexa 20 mg daily, and Adderall 20 mg twice a day.
2. The patient is to return to meet with this writer in 3 to 4 months' time to further evaluate medication regimen.
3. The patient is to utilize the emergency department for any emergent psychiatric needs.
4. The patient is provided with education on medication and treatment plan.

MD co-sign, date and time: Aiko McGlynn, DO.

D: 04/10/2014 08:41AM KATHLEEN K. PENISTON, NP

T: 04/10/2014 12:04PM NTS

Job # 9673412/Conf # 1818398

cc:

**Electronically Signed By: PENISTON, KATHLEEN KELLY NP
04/14/2014 01:12 PM**

**Electronically Signed By: MCGLYNN, AIKO CHRISTINA DO
04/14/14 03:21 PM**

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 4/10/2014

Visit #: 1409400231

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Consents

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 4/10/2014
Visit #: 1409400231

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

REQUEST FOR TREATMENT AND AUTHORIZATION FORM

REQUEST FOR TREATMENT. The Hospital maintains personnel and facilities to assist my physicians in providing me medical care, and I authorize the Hospital personnel to perform on me the care ordered by my physicians. I understand that I have the right to be informed by my physicians of the nature and purpose of any proposed operation or procedure and any available alternative methods of treatment, together with an explanation of the risks associated with each of them. This form is not a substitute for such explanations, which are the responsibility of my physicians to provide according to recognized standards of medical practice, and I acknowledge that the Hospital and its personnel are not responsible for providing me this information. I consent to receive services by telemedicine (using interactive audio, video, or data communications to carry out consultations, evaluations, screenings, diagnosis, treatment, monitoring, or other communications benefiting a patient) if appropriate for my condition, and I understand the risks, benefits and alternatives of doing so. I choose to receive the services even if my insurance plan may not cover or continue to cover specific services, including the specific services rendered during the admission.

ASSIGNMENT OF INSURANCE BENEFITS. I/we hereby assign all my rights to The Charlotte-Mecklenburg Hospital Authority ("CHS") under any policy of insurance, including but not limited to, major medical insurance, hospital benefits, sick benefits, injury benefits due to me because of liability of a third party, such as auto insurance or Workers' Compensation insurance, and the proceeds of all claims resulting from the liability of the third party payable by any person, employer or insurance company to or for the patient up to the full amount of the hospital bill, and hereby authorize direct payment to Carolinas Medical Center and/or my attending physicians of all benefits to which I am entitled. This assignment includes payment of hospital, surgical, and medical benefits to Charlotte Radiology, P.A., Southeast Anesthesiology Consultants, P.A., Carolinas Pathology Group, P.A., Southeast Radiation Oncology Group, P.A., Emergency Medicine Physicians, P.A., The Charlotte-Mecklenburg Health Services Foundation, Inc., or any other professional groups contracted by CHS for professional services they may perform for me. In addition, I/we further warrant and represent that any insurance which I/we assign is valid insurance and in effect and that I/we have the right to make this assignment. I understand that I am financially responsible to the Hospital, my physicians, and those entities named in this assignment for amounts due that are not covered by this assignment. For example, I know that sometimes insurance companies will not pay for services ordered by my physician and which I have authorized. I understand that these payment denials occur for a variety of reasons. My insurance policy may not include the particular service as a benefit. In other cases, a service will not be covered by my insurance company because it decides the service is not necessary, despite my physician's decision to order the service. In any event, even if a service is not covered by insurance, I agree to pay for all charges for all services rendered, including the specific services rendered during this admission. I further agree that in the event benefits paid under this assignment or any other amounts paid by me/us or on my/our behalf exceed the amounts due the Hospital, my physicians, or those entities for services in connection with this hospitalization, any such excess amount may be applied to any other indebtedness that I or my spouse or any child for whom I am financially responsible may have to the Hospital or any other facility or entity related to CHS, my physicians, or these other entities.

NOTICE OF INDEPENDENT CONTRACTORS. I understand that CHS has contracted with certain independent professional groups for such groups to exclusively provide certain services at CHS facilities, including but not limited to Charlotte Radiology, P.A., Southeast Anesthesiology Consultants, P.A., Carolinas Pathology Group, P.A., Southeast Radiation Oncology Group, P.A., and Emergency Medicine Physicians, P.A. I understand that these professional groups are independent contractors, are not employees or agents of CHS, and are not subject to control or supervision by CHS in their delivery of professional services.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION. I authorize the Hospital and my physicians to furnish any medical information relating to my hospitalization or treatment to my insurance company, governmental or charitable agencies and their agents, my employer and professional review organizations with whom I may have insurance coverage or who may be assisting in payment of my hospital and medical care. I also authorize the Hospital and my physicians to release any medical information to any licensed physician or medical facility to which I may be referred or transferred for further medical care. In addition, I authorize the Hospital and my physicians to release any medical information necessary to prove the Hospital's damages in any legal proceeding brought to enforce any unpaid balance on any of my accounts. This authorization will expire two (2) years from the date shown below, and I understand that I or my legal representative may revoke this authorization at any time, except to the extent that: (i) action has already been taken, or (ii) in the event of my death, the release of medical information is necessary to verify any charges incurred by me.

AUTHORIZATION TO RELEASE MEDICARE AND MEDICAID INFORMATION. I certify that the information provided by me in applying for payment under Titles V, XVIII and/or XIX of the Social Security Act is correct. I understand that health care services paid for under the Medicare, Medicaid and Maternal and Child Health programs are subject to review by professional organizations, which may recommend denial of payment if my medical condition does not warrant continued hospital care. I authorize those agencies responsible for determining eligibility under these programs to provide to the Hospital any information relating to the determination of my eligibility. I request payment of benefits under these programs be made to the Hospital and my physicians on my behalf.

Request for Treatment and Authorization



Carolinas HealthCare System

WILLIAMS, LEONARD CLINTON
ACCT: H14094-00231
UNIT: H000064-20-66



901



PAYMENT GUARANTY. I (patient and/or responsible party/ies) agree to pay all charges for services rendered by the Hospital and my physicians or other providers during my hospitalization or treatment. This guaranty includes charges for services not covered by my insurance, regardless of the reason that insurance coverage is denied. If I fail to pay all charges and the Hospital or my physicians use an attorney to collect unpaid charges, I agree to pay the reasonable cost of the attorney's services in addition to the unpaid charges. I consent and authorize CHS and its agents and subcontractors to contact outside data sources of its choosing, including credit reporting agencies, for purposes related to my account, including evaluating and assessing my credit worthiness, my charity eligibility, and the viability of collecting any amounts due for the treatment I receive, whether at this time or on subsequent visits. I understand and agree that CHS may assign my accounts as it deems necessary for purposes of collecting any amounts I owe, including to collection agencies and attorneys. I consent and authorize Hospital and third party agents of Hospital to contact me by telephone at any number associated with me, including a wireless number, and to use pre-recorded and/or an automatic dialing service in connection with any communication made to me or related to my account.

PERSONAL PROPERTY. The Hospital will hold any money, valuables or other personal property in my possession until I am able to return them home for safekeeping. I understand the Hospital is not responsible for money, valuables and other personal property retained in my room and has no liability for their loss.

RELEASE OF INFORMATION FOR FINANCIAL PURPOSES. I authorize the Financial Counseling staff of the Hospital to assist me in the processing of any benefits application, including Medical Assistance, Aid to Families with Dependent Children, or Special Assistance, initiated for the Patient within six months of the date of this authorization. The Financial Counselor may have access to and copy any records or information to which I would be entitled. I authorize and direct the County Department of Social Services to provide such information to the Financial Counselor orally via telephone. I authorize and consent to referral to the County for benefits by use of an appropriate referral form. I request that if my benefits are approved or denied, a copy of the approval or denial be attached to and returned with the referral form. The doctrine of informed consent has been explained to me. I acknowledge that this consent is voluntary and that it may be revoked by me at any time except to the extent that action has already been taken in reliance on it. Unless otherwise revoked, this consent shall be valid for one (1) year from the date of authorization, or until final determination of any benefits application as described above, whichever is later.

I have read the foregoing request and authorization in its entirety and agree to be bound by all terms and conditions herein. Witness my (our) hand(s) and seal(s) below.

<u>[Signature]</u> Patient _____ (Seal)	_____ (Seal) Responsible Party/ies
<u>4/10/14</u> Date _____ Time _____	Relation to Patient ____ Husband ____ Wife ____ Parent/s ____ Other (Specify)
<u>[Signature]</u> Witness _____	

Policyholder (if other than patient)

I have been provided a copy of CHS' Notice of Privacy Practices.

Signature [Signature] Date 4/10/14 Time 7:56 a.m.
(Patient or Authorized Representative)

Relationship to Patient _____

Reason Patient Unable/Unwilling to sign _____



Request for Treatment and Authorization
Carolina's HealthCare System

WILLIAMS, LEONARD CLINTON
ACCT: H14094-00231
UNIT: H000064-20-66



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Amb Depart Summary

Amb Depart Summary

Carolinas HealthCare System

CMC Randolph OMS Medication Clinic

501 Billingsley Rd

Charlotte, NC 28211

Patient Visit Summary

Name: WILLIAMS III, LEONARD
CLINTON

MRN: 0000642066

DOB: 11/01/1980

Visit Date: 04/10/2014

Phone: (828) [REDACTED]

Age: 33 Years

Gender: Male

Carolinas HealthCare System thanks you for allowing us to assist you with your healthcare needs. The following includes patient education materials and some information regarding your health. Should you have any questions or concerns regarding your visit, please contact your physician or healthcare provider at your convenience.

Your healthcare provider today: PENISTON , KATHLEEN KELLY NP; MCGLYNN , AIKO CHRISTINA DO

Today's Diagnosis:

Today's Clinical Information:

Height:

Weight:

BMI:

Blood Pressure: /

Additional Information:

Problem List:

No Problems found

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 4/10/2014

Visit #: 1409400231

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education**Allergies:**

No known allergies

Medication Information:

	New Medicines to take at Home	Prescription	Next Dose Due
1.	citalopram (citalopram 20 mg oral tablet) 1 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2862	
2.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) 1 capsule by mouth two times a day	Prescription Given to Patient (unless noted below) []Prescription Not Needed	
3.	OLANzapine (Zyprexa 15 mg oral tablet) 1 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2862	

	Continue Taking These Medicines at Home	Next Dose Due
1.	APAP/ASA/cafeine (Goodys Extra Strength) See Instructions 1 packet as needed	

*This is a list of current information in your Carolinas HealthCare System 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.

Suggested Follow Up:

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 4/10/2014
Visit #: 1409400231

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

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.

Important Phone Numbers:

Poison Control Center 1-800-222-1222

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

Smoking Cessation 1-800-QUIT NOW (1-800-784-8669)

National Domestic Violence Hotline 1-800-799-SAFE

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 4/10/2014

Visit #: 1409400231

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Patient Education

Patient Education



Carolinas HealthCare System

Patient Education Materials

MRN: 0000642066

Name: LEONARD WILLIAMS

Visit Date: 4/10/2014 07:54:00

FIN: 1409400231

DOB: 11/1/1980

Carolinas HealthCare System 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: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 4/10/2014

Visit #: 1409400231

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:32 EST

Print ID: 350115788



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Education/Pt. Response Form - Text

Education/Pt. Response Entered On: 4/10/2014 8:28 EDT

Performed On: 4/10/2014 8:28 EDT by PENISTON , KATHLEEN KELLY NP

Response to Education

Patient Education Provided : Yes

Response to Teaching : Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 4/10/2014 8:28 EDT

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 4/10/2014

Visit #: 1409400231

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Patient Questionnaires

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 4/10/2014
Visit #: 1409400231

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

11/1/1980

* Patient Questionnaire - Auth (Verified) *

Please check service needed for today. Please complete and hand to RN, NP or MD when you are called.

- ☐ Child/Adolescent Visit
☐ Adult Visit
☐ First Time Appointment

1. On my current medication(s), I feel I am doing:

☒ Well☐ Fairly well☐ Poorly – explain: _____

2. At today's appointment, I want:

☒ Just to have my medications refilled.☐ To have a medication change – explain: _____

3. I am having medication side effects.

☒ Yes – explain: drowsiness, morning, restlessness, appetite☐ No

4. I have had recent medical complications, or I am currently pregnant.

☐ Yes – explain: _____☒ No

5. I have been taking my medications as prescribed.

☒ Yes☐ No – explain: _____6. Questions or concerns I want to discuss today. NoneSignature of Person Completing Form: [Signature]Date: 4/10/2014

*If other than patient, give relationship: _____

For Staff Only:

Form reviewed by: KK PenistonDate: 4-10-14 Time: 0810

Date: _____ Time: _____



Carolinas Healthcare System
Behavioral Health
Outpatient Medication Services
Patient Questionnaire
Page 1 of 1



Rev. 08/21/09

Patient



Date of

14094-00231 04/10/14
WILLIAMS, LEONARD CLINTON
H000064-20-66 DOB 11/01/80 M 33Y

Medic



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 8/12/2014
Visit #: 1422100167

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Face Sheet

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 8/12/2014
Visit #: 1422100167

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



Carolinas HealthCare System

OUTPATIENT RECORD

PATIENT	ACCOUNT NO	ADMISSION DATE / TIME	F C	DATE OF BIRTH	AGE	SEX	RACE	MS	SERVICE	STATION	ROOM NO	ACC	PAT TYPE	BY	UNIT NUMBER	
	H14221-00167	08/12/14 0742	SP	11/01/80	33Y	M	1	S	VEA	OP	-		OP	MFS	H000064-20-66	
GUARANTOR	ADMITTING DOCTOR		ATTENDING DOCTOR		DISCHARGE PHYSICIAN		ACCIDENT DATE/TIME		ADM TYPE/SOURCE		ACCIDENT WK REL					
	15273 PENISTON, KATHLEEN		21297 MCGLYNN, AIKO CHRIS						3 2		NO					
INSURANCE	PATIENT NAME AND ADDRESS				SOC-SEC-NO		PATIENT EMPLOYER				TELEPHONE NO					
	WILLIAMS, LEONARD CLINTON 13009 YORKRIDGE DRIVE APT 214 CHARLOTTE NC 28273				XXX-XX-4844 (828)387-5255		CORE INSTORE Solutio CHARLOTTE NC									
RELAT.	PATIENT EMAIL ADDRESS				TELEPHONE NO		GUARANTOR EMPLOYER				TELEPHONE NO					
	brokerc3@gmail.com				(828)387-5255		CORE INSTORE SOLUTIONS CHARLOTTE NC									
MISC	GUARANTOR NAME AND ADDRESS				SOC-SEC-NO		RELATION				OCCUPATION					
	WILLIAMS, LEONARD CLINTON 13009 YORKRIDGE DRIVE APT 214 CHARLOTTE NC 28273				XXX-XX-4844 (828)387-5255		SELF									
O U T P A T I E N T S	INSURANCE 1				INSURANCE 2				INSURANCE 3							
	SELF PAY N/A N/A NC 22222-000 WILLIAMS, LEONARD CLINTON DOB 11/01/80				DOB				DOB							
O N E D A Y S U R G E R Y & E N D O S C O P Y	RELATIVE 1 NAME AND ADDRESS		RELATIVE 1 RELATION		RELATIVE 2 NAME		ALLERGIES		PRIMARY CARE PHYSICIAN		REFERRING PHYSICIAN					
	HAUN, ANGELA		*MOTHER				NKA		*BHC CMC RANDOLPH		SELF, REFERRAL					
O U T P A T I E N T S	DIAGNOSIS/COMPLAINT				ADV DIRECTIVES		ORGAN DONOR		PREV DATE		ARRIVAL MODE		LOCATION			
	300.9-NONPSYCHOTIC DISORD				NO				08/12/14		WALK IN		HOMS			
O U T P A T I E N T S	MISC COMMENTS				STATUS		DISCHARGE DT		AT		DT		DEATH			
													MECKLENBURG			
O U T P A T I E N T S	MEDICAL COMMENTS				INFLUENZA		PNEUMONIA									
O U T P A T I E N T S	DEPARTMENT VISITED				PROCEDURE											
	1. _____				1A. _____				1B. _____							
O U T P A T I E N T S	2. _____				2A. _____				2B. _____							
	3. _____				3A. _____				3B. _____							
O U T P A T I E N T S	FINAL DIAGNOSIS (LIST MOST IMPORTANT FIRST)												CODE			
O U T P A T I E N T S	COMPLICATIONS															
O U T P A T I E N T S	SURGERY PERFORMED (LIST MOST IMPORTANT FIRST)												CODE			
O U T P A T I E N T S	FOLLOW UP TREATMENT				DISCHARGE SUMMARY				RELEASED BY: _____							
	PHYSICAL ACTIVITY LIMITATIONS								ACCOMPANIED BY _____							
O U T P A T I E N T S	MEDICATION				CONDITION AT DISCHARGE											
					CONSULTANT				SIGNATURE OF RESPONSIBLE PHYSICIAN							



983





AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

DOCUMENT NAME:

PSYCH OMS NP

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 1422100167
Age: **33 years** Sex: **Male** DOB: **11/1/1980**
Associated Diagnoses: **None**
Author: **PENISTON , KATHLEEN KELLY NP**

Visit Information

Visit type: On-going care, Scheduled follow-up.
Accompanied by: No one.
History limitation: None.

History of Present Illness

Medications: Celexa, Zyprexa, Adderall
Compliance: Yes
Side Effects: yes-drowsiness
Residual Sx:

Mood: Stable
Sleep: 9-10 hours per night
Appetite: "horrible diet"
Energy: struggles with this
Concentration: fair
SI/HI: no
Psychosis: no

Concerns/Requests today: insurance needs prior auth for Adderall
Medical Changes: no PCP
Stressors: nothing new
Therapist: no

Patient is a 33 year old male who presents to OMS for eval. Patient overall doing quite well. Side effects persist but are manageable. Patient has had multiplr trials of meds in the past and this has been the best combination. Pulse elevated (2 readings 122, 103) and he does use Energy drinks/caffeine, is on a stimulant, and has a poor diet (self

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 8/12/2014
Visit #: 1422100167

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

report "I eat crap") and no current exercise routine. Any/all of these can be influencing this reading. Pt has had a lot of work success and works a lot of hours as well.

Review of Systems

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

Pain - no

Health Status

Allergies:

Allergic Reactions (All)

No known allergies.

Current medications: (Selected)

Prescriptions

Prescribed

Adderall XR 20 mg oral capsule, extended release: 1 capsule, ORAL, BID (2 times a day), 60 capsule

Zyprexa 15 mg oral tablet: 15 mg, 1 tablet, ORAL, Daily, 30 tablet

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

Documented Medications

Documented

Goodys Extra Strength: See Instructions, 1 packet as needed

RCL NP: KKP NP.

Problem list:

No problem items selected or recorded..

Histories

Social History

Alcohol use: none.

Tobacco use: denies tobacco use and exposure.

Drug use: denies drug use.

Occupation: employed full-time.

Life Stressors: negative.

Physical Examination

Mental Status Examination:

General appearance: Appropriately dressed and groomed.

Gait & station: Normal.

Strength & tone: Not tested.

Attention & concentration: Normal.

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 8/12/2014

Visit #: 1422100167

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

Orientation: Oriented X4.
Language: Normal.
Level of consciousness: Alert.
Fund of Knowledge: Average.
Recent & Remote Memory: No impairment in recent or remote.
Speech: Normal in rate & rhythm.
Thought process: Goal directed.
Mood and affect: Euthymic.
Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts.
Perceptions+: No abnormalities.
Insight: Fair.
Judgment: Fair.

VS/Measurements

Vital Signs

8/12/2014 8:40 EDT

Peripheral Pulse Rate
Systolic Blood Pressure
Diastolic Blood Pressure

122 BPM HI
109 mmHg LOW
78 mmHg

, Measurements from flowsheet : Measurements - Standard

8/12/2014 8:40 EDT

Height Contributor (ft)
Height Contributor (inches)
Clinical Weight Contributor (lb)

5 ft
11 inch
232 lb

Impression and Plan

Dx/Order Association Plan

Psychiatric Diagnoses: Bipolar D/O, type 1, currently euthymic; ADD

Medical Diagnoses: none

Psychosocial Stressors: work

Summary: Stable on medications; elevated pulse

Plan

- 1) Medication: Continue Zyprexa 15mg QHS; Celexa 20 mg daily, and Adderall XR 20 mg BID
- 2) Therapy - Patient declined
- 3) Labwork Ordered - Will order at next visit
- 4) Counseled of Bx changes and need to schedule a PCP appt.

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 8/12/2014

Visit #: 1422100167

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

- 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 of OMS WIC for any needed medication adjustments or missed appointments.

Professional Services

Amount of time spent with patient - 25 Minutes

Greater than 50% of the time spent with patient was devoted to counseling and coordination of care.

Electronically Signed By: PENISTON, KATHLEEN KELLY NP

08/12/2014 09:26 AM

Electronically Signed By: MCGLYNN, AIKO CHRISTINA DO

08/12/14 09:32 AM

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 8/12/2014

Visit #: 1422100167

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Consents

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 8/12/2014
Visit #: 1422100167

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

REQUEST FOR TREATMENT AND AUTHORIZATION FORM

REQUEST FOR TREATMENT. The Hospital maintains personnel and facilities to assist my physicians in providing me medical care, and I authorize the Hospital personnel to perform on me the care ordered by my physicians. I understand that I have the right to be informed by my physicians of the nature and purpose of any proposed operation or procedure and any available alternative methods of treatment, together with an explanation of the risks associated with each of them. This form is not a substitute for such explanations, which are the responsibility of my physicians to provide according to recognized standards of medical practice, and I acknowledge that the Hospital and its personnel are not responsible for providing me this information. I consent to receive services by telemedicine (using interactive audio, video, or data communications to carry out consultations, evaluations, screenings, diagnosis, treatment, monitoring, or other communications benefiting a patient) if appropriate for my condition, and I understand the risks, benefits and alternatives of doing so. I choose to receive the services even if my insurance plan may not cover or continue to cover specific services, including the specific services rendered during the admission.

ASSIGNMENT OF INSURANCE BENEFITS. I/we hereby assign all my rights to The Charlotte-Mecklenburg Hospital Authority ("CHS") under any policy of insurance, including but not limited to, major medical insurance, hospital benefits, sick benefits, injury benefits due to me because of liability of a third party, such as auto insurance or Workers' Compensation insurance, and the proceeds of all claims resulting from the liability of the third party payable by any person, employer or insurance company to or for the patient up to the full amount of the hospital bill, and hereby authorize direct payment to Carolinas Medical Center and/or my attending physicians of all benefits to which I am entitled. This assignment includes payment of hospital, surgical, and medical benefits to Charlotte Radiology, P.A., Southeast Anesthesiology Consultants, P.A., Carolinas Pathology Group, P.A., Southeast Radiation Oncology Group, P.A., Emergency Medicine Physicians, P.A., The Charlotte-Mecklenburg Health Services Foundation, Inc., or any other professional groups contracted by CHS for professional services they may perform for me. In addition, I/we further warrant and represent that any insurance which I/we assign is valid insurance and in effect and that I/we have the right to make this assignment. I understand that I am financially responsible to the Hospital, my physicians, and those entities named in this assignment for amounts due that are not covered by this assignment. For example, I know that sometimes insurance companies will not pay for services ordered by my physician and which I have authorized. I understand that these payment denials occur for a variety of reasons. My insurance policy may not include the particular service as a benefit. In other cases, a service will not be covered by my insurance company because it decides the service is not necessary, despite my physician's decision to order the service. In any event, even if a service is not covered by insurance, I agree to pay for all charges for all services rendered, including the specific services rendered during this admission. I further agree that in the event benefits paid under this assignment or any other amounts paid by me/us or on my/our behalf exceed the amounts due the Hospital, my physicians, or those entities for services in connection with this hospitalization, any such excess amount may be applied to any other indebtedness that I or my spouse or any child for whom I am financially responsible may have to the Hospital or any other facility or entity related to CHS, my physicians, or these other entities.

NOTICE OF INDEPENDENT CONTRACTORS. I understand that CHS has contracted with certain independent professional groups for such groups to exclusively provide certain services at CHS facilities, including but not limited to Charlotte Radiology, P.A., Southeast Anesthesiology Consultants, P.A., Carolinas Pathology Group, P.A., Southeast Radiation Oncology Group, P.A., and Emergency Medicine Physicians, P.A. I understand that these professional groups are independent contractors, are not employees or agents of CHS, and are not subject to control or supervision by CHS in their delivery of professional services.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION. I authorize the Hospital and my physicians to furnish any medical information relating to my hospitalization or treatment to my insurance company, governmental or charitable agencies and their agents, my employer and professional review organizations with whom I may have insurance coverage or who may be assisting in payment of my hospital and medical care. I also authorize the Hospital and my physicians to release any medical information to any licensed physician or medical facility to which I may be referred or transferred for further medical care. In addition, I authorize the Hospital and my physicians to release any medical information necessary to prove the Hospital's damages in any legal proceeding brought to enforce any unpaid balance on any of my accounts. This authorization will expire two (2) years from the date shown below, and I understand that I or my legal representative may revoke this authorization at any time, except to the extent that: (i) action has already been taken, or (ii) in the event of my death, the release of medical information is necessary to verify any charges incurred by me.

AUTHORIZATION TO RELEASE MEDICARE AND MEDICAID INFORMATION. I certify that the information provided by me in applying for payment under Titles V, XVIII and/or XIX of the Social Security Act is correct. I understand that health care services paid for under the Medicare, Medicaid and Maternal and Child Health programs are subject to review by professional organizations, which may recommend denial of payment if my medical condition does not warrant continued hospital care. I authorize those agencies responsible for determining eligibility under these programs to provide to the Hospital any information relating to the determination of my eligibility. I request payment of benefits under these programs be made to the Hospital and my physicians on my behalf.

Request for Treatment and Authorization



Carolinas HealthCare System

WILLIAMS, LEONARD CLINTON
ACCT: H14221-00167
UNIT: H000064-20-66



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PAYMENT GUARANTY. I (patient and/or responsible party/ies) agree to pay all charges for services rendered by the Hospital and my physicians or other providers during my hospitalization or treatment. This guaranty includes charges for services not covered by my insurance, regardless of the reason that insurance coverage is denied. If I fail to pay all charges and the Hospital or my physicians use an attorney to collect unpaid charges, I agree to pay the reasonable cost of the attorney's services in addition to the unpaid charges. I consent and authorize CHS and its agents and subcontractors to contact outside data sources of its choosing, including credit reporting agencies, for purposes related to my account, including evaluating and assessing my credit worthiness, my charity eligibility, and the viability of collecting any amounts due for the treatment I receive, whether at this time or on subsequent visits. I understand and agree that CHS may assign my accounts as it deems necessary for purposes of collecting any amounts I owe, including to collection agencies and attorneys. I consent and authorize Hospital and third party agents of Hospital to contact me by telephone at any number associated with me, including a wireless number, and to use pre-recorded and/or an automatic dialing service in connection with any communication made to me or related to my account.

PERSONAL PROPERTY. The Hospital will hold any money, valuables or other personal property in my possession until I am able to return them home for safekeeping. I understand the Hospital is not responsible for money, valuables and other personal property retained in my room and has no liability for their loss.

RELEASE OF INFORMATION FOR FINANCIAL PURPOSES. I authorize the Financial Counseling staff of the Hospital to assist me in the processing of any benefits application, including Medical Assistance, Aid to Families with Dependent Children, or Special Assistance, initiated for the Patient within six months of the date of this authorization. The Financial Counselor may have access to and copy any records or information to which I would be entitled. I authorize and direct the County Department of Social Services to provide such information to the Financial Counselor orally via telephone. I authorize and consent to referral to the County for benefits by use of an appropriate referral form. I request that if my benefits are approved or denied, a copy of the approval or denial be attached to and returned with the referral form. The doctrine of informed consent has been explained to me. I acknowledge that this consent is voluntary and that it may be revoked by me at any time except to the extent that action has already been taken in reliance on it. Unless otherwise revoked, this consent shall be valid for one (1) year from the date of authorization, or until final determination of any benefits application as described above, whichever is later.

I have read the foregoing request and authorization in its entirety and agree to be bound by all terms and conditions herein. Witness my (our) hand(s) and seal(s) below.

[Signature]
Patient _____ (Seal)

Responsible Party/ies _____ (Seal)

08/12/2014 0741
Date Time

Relation to Patient
☐ Husband
☐ Wife
☐ Parent/s
☐ Other (Specify)

[Signature]
Witness

Policyholder (if other than patient) _____

I have been provided a copy of CHS' Notice of Privacy Practices.

Signature [Signature] Date 8/12/2014 Time 0741
(Patient or Authorized Representative)

Relationship to Patient _____

Reason Patient Unable/Unwilling to sign _____



Request for Treatment and Authorization
Carolinan HealthCare System

WILLIAMS, LEONARD CLINTON
ACCT: H14221-00167
UNIT: H000064-20-66



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Amb Depart Summary

Amb Depart Summary

Carolinas HealthCare System

CMC Randolph OMS Medication Clinic

501 Billingsley Rd

Charlotte, NC 28211

Patient Visit Summary

Name: WILLIAMS III, LEONARD
CLINTON

MRN: 0000642066

DOB: 11/01/1980

Visit Date: 08/12/2014

Phone: (828) [REDACTED]

Age: 33 Years

Sex: Male

Primary Care Provider:

Carolinas HealthCare System thanks you for allowing us to assist you with your healthcare needs. The following includes patient education materials and some information regarding your health. Should you have any questions or concerns regarding your visit, please contact your physician or healthcare provider at your convenience.

Your healthcare provider today: PENISTON , KATHLEEN KELLY NP

Reason for Visit:

Today's Diagnosis:

Today's Clinical Information:

Height: 5 ft, 11 inch

Weight: 232 lb

BMI: 32.36 kg/m2

Blood Pressure: 109 mmHg / 78 mmHg

Additional Information:

Allergies:

No known allergies

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 8/12/2014

Visit #: 1422100167

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:32 EST

Print ID: 350115787



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

Problem List:

No Problems found

Recorded at this visit:

Procedures

No Procedures documented

Immunizations

No Immunizations documented this visit

Completed Results:

Laboratory and Radiology this Visit (last charted value for your 08/12/2014 visit)

No Laboratory and Radiology documented

Medication Information:

	New Medicines to take at Home	Prescription	Next Dose Due
1.	citalopram (citalopram 20 mg oral tablet) 1 tablet by mouth every day	Prescription Given to Patient (unless noted below) [] Prescription Not Needed	
2.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) 1 capsule by mouth two times a day	Prescription Given to Patient (unless noted below) [] Prescription Not Needed	
3.	OLANzapine (Zyprexa 15 mg oral tablet) 1 tablet by mouth every day	Prescription Given to Patient (unless noted below) [] Prescription Not Needed	

	Continue Taking These Medicines at Home	Next Dose Due
1.	APAP/ASA/caffeine (Goodys Extra Strength) See Instructions 1 packet as needed	
2.	Med List Status - Updated/Reviewed (Med List Status - Updated/Reviewed) KKP NP	

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 8/12/2014

Visit #: 1422100167

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

*This is a list of current information in your Carolinas HealthCare System 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.

	Date	Time	Location	Provider	Phone Number
--	------	------	----------	----------	--------------

Follow Up:

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.

Important Phone Numbers:

Poison Control Center 1-800-222-1222

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

Smoking Cessation 1-800-QUIT NOW (1-800-784-8669)

National Domestic Violence Hotline 1-800-799-SAFE

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 8/12/2014

Visit #: 1422100167

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Patient Education

Patient Education



Carolinas HealthCare System

Patient Education Materials

MRN: 0000642066

Name: LEONARD WILLIAMS

Visit Date: 8/12/2014 07:42:00

FIN: 1422100167

DOB: 11/1/1980

Carolinas HealthCare System 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: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 8/12/2014

Visit #: 1422100167

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:32 EST

Print ID: 350115787



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Education/Pt. Response Form - Text

Education/Pt. Response Entered On: 8/12/2014 9:07 EDT

Performed On: 8/12/2014 9:07 EDT by PENISTON , KATHLEEN KELLY NP

Response to Education

Patient Education Provided : Yes

Response to Teaching : Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 8/12/2014 9:07 EDT

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 8/12/2014

Visit #: 1422100167

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Patient Questionnaires

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 8/12/2014
Visit #: 1422100167

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

11/1/1980

* Patient Questionnaire - Auth (Verified) *

Please check service needed for today. Please complete and hand to RN, NP or MD when you are called.

- ☐ Child/Adolescent Visit
☒ Adult Visit
☐ First Time Appointment

1. On my current medication(s), I feel I am doing:

- ☒ Well
☐ Fairly well
☐ Poorly – explain: _____

2. At today's appointment, I want:

- ☒ Just to have my medications refilled.
☐ To have a medication change – explain: _____

3. I am having medication side effects.

- ☒ Yes – explain: Same as always, drowsiness in morning
☐ No

4. I have had recent medical complications, or I am currently pregnant.

- ☐ Yes – explain: _____
☒ No

5. I have been taking my medications as prescribed.

- ☒ Yes
☐ No – explain: _____

6. Questions or concerns I want to discuss today. Insurance

Signature of Person Completing Form: _____

Date: 8/12/2014

*If other than patient, give relationship: _____

For Staff Only:

Form reviewed by: KK RuntzDate: 8.12.14 Time: 0839

Date: _____ Time: _____



Carolinas Healthcare System
Behavioral Health
Outpatient Medication Services
Patient Questionnaire
Page 1 of 1



Rev. 08/21/09



14221-00167 08/12/14
WILLIAMS, LEONARD CLINTON
H000064-20-66 DOB 11/01/80 M 33Y

(ifier



11/1/1980

* Patient Questionnaire - Auth (Verified) *

Lamuda

PA - other meds.

Add.

elevated pulse.

Seroquel Risperdal
Abilify Depakote
Geodon Effexor, Paxil.
Zyprexa-akathisia -)
(elevated pulse)
? hypoglycemia.

14221-00167 08/12/14
WILLIAMS, LEONARD CLINTON
H000064-20-66 DOB 11/01/80 M 33Y



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

DOCUMENT NAME:

Medication Clinic Follow-Up Assessment BH Entered On: 8/12/2014 8:41 EDT
Performed On: 8/12/2014 8:40 EDT by PENISTON , KATHLEEN KELLY NP

^Vitals

Height Documented in (UOM) : feet/inches

Height Contributor (ft) : 5 ft

Height Contributor (inches) : 11 inch

Height : 180.34 cm

Clinical Weight Documented in (UOM) : lbs/oz

Clinical Weight Contributor (lb) : 232 lb

Weight : 105.235 kg

Body Mass Index : 32.36 kg/m2

Body Surface Area : 2.3 m2

Peripheral Pulse Rate : 122 BPM (HI)

Systolic Blood Pressure : 109 mmHg (LOW)

Diastolic Blood Pressure : 78 mmHg

Weight (lbs.) : 232 lb

Height (ft.) : 5.92 ft

PENISTON , KATHLEEN KELLY NP - 8/12/2014 8:40 EDT

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 8/12/2014

Visit #: 1422100167

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Vitals View

Recorded Date	8/12/2014	
Recorded Time	08:40 EDT	
Recorded By	PENISTON ,KATHLEEN KELLY NP	
Procedure		Units
Height	180.34	cm
Weight	105.235	kg
BSA	2.3	m2
Body Mass Index	32.36	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11	inch
Clinical Weight Contributor (lb)	232	lb
Peripheral Pulse Rate	122 ^H	BPM
Systolic Blood Pressure	109 ^L	mmHg
Diastolic Blood Pressure	78	mmHg

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 8/12/2014

Visit #: 1422100167

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Provider:
Date of Service: 9/20/2014
Visit #:

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



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

BH Clinical Documentation

DOCUMENT NAME:

BH Telephone Contact Form Entered On: 9/20/2014 19:00 EDT
Performed On: 9/20/2014 18:57 EDT by PEARSON , MICHELLE LPC

BH Telephone Contact

Caller Name : Leonard Williams

Relationship to Patient : Self

Provider : PENISTON , KATHLEEN KELLY NP

Cell Phone Number : 828- [REDACTED]

Leave Voicemail : Yes

Chart Requested : No

PEARSON , MICHELLE LPC - 9/20/2014 18:57 EDT

Reason for call : Pt states he needs brand exception for medication, Adderall XR. Pt states he is taking the generic and is feeling bad & can't function. {Addendum: Will forward to provider for review & whether the order may be changed to "Brand Name only." This would require a new Rx and, likely, will require a Prior Authorization, depending on pt's insurance/what the pharmacy says. Will forward to provider for review.}

JOHNSON , KENNETH A RN - 9/23/2014 10:38 EDT

~~{Pt states he needs brand exception for medication, Adderall XR...Pt. states he is taking generic and is feeling bad and can't function...}~~
~~]- previously charted by PEARSON , MICHELLE LPC at 9/20/2014 18:57 EDT};~~

Last Visit Date : 8/12/2014 EDT

Was Appointment Kept? : Show

Next Visit Date : 11/5/2014 EST

PEARSON , MICHELLE LPC - 9/20/2014 18:57 EDT

Follow Up

Phone Msg Communication Grid

1. Communication Date/Time : 9/25/2014 9:03 EDT

Communication Comment : [Late Entry from 9/24/14, 1200] Per OMS front desk documentation, the pt signed to p/u his Rx today [9/24/14].

Phone Message Disposition : Other: Per OMS front desk documentation, the pt did p/u his Rx.

JOHNSON , KENNETH A RN - 9/25/2014 9:03 EDT

2. Communication Date/Time : 9/23/2014 11:19 EDT

Communication Comment : OK. New Rx written and placed in controlled box in OMS.

PENISTON , KATHLEEN KELLY NP - 9/23/2014 11:19 EDT

3. Communication Date/Time : 9/22/2014 11:23 EDT

Communication Comment : Pt called to check status of request

WRIGHT , LATOYA - 9/22/2014 11:22 EDT

Provider:

Date of Service: 9/20/2014

Visit #:

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Visit Information

Visit Information

Recorded Date	9/20/2014	
Recorded Time	18:57 EDT	
Recorded By	PEARSON ,MICHELLE LPC	
Procedure		Units
Provider	PENISTON , KATHLEEN KELLY NP	

Provider:

Date of Service: 9/20/2014

Visit #:

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 11/5/2014
Visit #: 1430300357

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Face Sheet

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 11/5/2014
Visit #: 1430300357

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

DOCUMENT NAME:

PSYCH OMS NP

Patient: **WILLIAMS III, LEONARD CLINTON**

MRN: 0000642066

FIN: 1430300357

Age: **34 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

Medications: Adderall XR, Zyprexa, Celexa

Compliance: Yes

Side Effects: drowsiness, weight gain

Residual Sx: none

Mood: stable

Sleep: too much

Appetite: good

Energy: low

Concentration: fair

SI/HI: none

Psychosis: none

Concerns/Requests today: refills - brand name Adderall XR

Medical Changes: none

Stressors: recently got robbed x 2 (car)

Therapist: none

Patient is 34 year old male who presents to OMS for eval. Needs PA/Exemption to get Brand Name Adderall through his insurance. Patient reports that Adderall generic has not been effective (poor concentration and agitation).

Review of Systems

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/5/2014

Visit #: 1430300357

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

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

Pain - None

Health Status

Allergies:

Allergic Reactions (All)

No known allergies.

Current medications: (Selected)

Prescriptions

Prescribed

Adderall XR 20 mg oral capsule, extended release: 1 capsule, ORAL, BID (2 times a day), 60 capsule

Zyprexa 15 mg oral tablet: 15 mg, 1 tablet, ORAL, Daily, 30 tablet

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

Documented Medications

Documented

Goodys Extra Strength: See Instructions, 1 packet as needed

Med List Status - Updated/Reviewed: KKP NP.

Problem list:

No problem items selected or recorded..

Histories

Social History

Alcohol use: none.

Tobacco use: denies tobacco use and exposure.

Drug use: denies drug use.

Occupation: employed full-time.

Life Stressors: employment, financial difficulties.

Physical Examination

Mental Status Examination:

General appearance: Appropriately dressed and groomed.

Gait & station: Normal.

Strength & tone: Not tested.

Attention & concentration: Normal.

Orientation: Oriented X4.

Language: Normal.

Level of consciousness: Alert.

Fund of Knowledge: Average.

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/5/2014

Visit #: 1430300357

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

Recent & Remote Memory: No impairment in recent or remote.

Speech: Normal in rate & rhythm.

Thought process: Tangential.

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

11/5/2014 9:40 EST

Peripheral Pulse Rate

118 BPM HI

Systolic Blood Pressure

129 mmHg

Diastolic Blood Pressure

86 mmHg

, Measurements from flowsheet : Measurements - Standard

11/5/2014 9:40 EST

Height Contributor (ft)

5 ft

Height Contributor (inches)

11 inch

Clinical Weight Contributor (lb)

230 lb

Impression and Plan

Dx/Order Association Plan

Psychiatric Diagnoses: Bipolar, ADD

Medical Diagnoses: elevated pulse

Psychosocial Stressors: work

Summary: Stable on meds;

Plan

- 1) Medication: Continue and will route to nursing to get PA for brand name Adderall XR.
- 2) Therapy - Patient declined
- 3) Labwork Ordered - Not indicated
- 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 of OMS WIC for any needed medication adjustments or missed appointments.

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/5/2014

Visit #: 1430300357

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

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

11/05/2014 11:08 AM

Electronically Signed By: MCGLYNN, AIKO CHRISTINA DO

11/05/14 11:35 AM

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/5/2014

Visit #: 1430300357

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Consents

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 11/5/2014
Visit #: 1430300357

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

REQUEST FOR TREATMENT AND AUTHORIZATION FORM

REQUEST FOR TREATMENT. The Hospital maintains personnel and facilities to assist my providers in providing me medical care, and I authorize the Hospital personnel to perform on me the care ordered by my providers. I understand that I have the right to be informed by my providers of the nature and purpose of any proposed operation or procedure and any available alternative methods of treatment, together with an explanation of the risks associated with each of them. This form is not a substitute for such explanations, which are the responsibility of my providers to provide according to recognized standards of medical practice, and I acknowledge that the Hospital and its personnel are not responsible for providing me this information. I consent to receive services by telemedicine (using interactive audio, video, or data communications to carry out consultations, evaluations, screenings, diagnosis, treatment, monitoring, or other communications benefiting a patient) if appropriate for my condition, and I understand the risks, benefits and alternatives of doing so. I choose to receive the services even if my insurance plan may not cover or continue to cover specific services, including the specific services rendered during the admission.

ASSIGNMENT OF INSURANCE BENEFITS. I/we hereby assign all my rights to The Charlotte-Mecklenburg Hospital Authority ("CHS") under any policy of insurance, including but not limited to, major medical insurance, hospital benefits, sick benefits, injury benefits due to me because of liability of a third party, such as auto insurance or Workers' Compensation insurance, and the proceeds of all claims resulting from the liability of the third party payable by any person, employer or insurance company to or for the patient up to the full amount of the hospital bill, and hereby authorize direct payment to Carolinas Medical Center and/or my attending providers of all benefits to which I am entitled. This assignment includes payment of hospital, surgical, and medical benefits to Charlotte Radiology, P.A., Southeast Anesthesiology Consultants, P.A., Carolinas Pathology Group, P.A., Southeast Radiation Oncology Group, P.A., Emergency Medicine Physicians, P.A., The Charlotte-Mecklenburg Health Services Foundation, Inc., or any other professional groups contracted by CHS for professional services they may perform for me. In addition, I/we further warrant and represent that any insurance which I/we assign is valid insurance and in effect and that I/we have the right to make this assignment. I understand that I am financially responsible to the Hospital, my providers, and those entities named in this assignment for amounts due that are not covered by this assignment. For example, I know that sometimes insurance companies will not pay for services ordered by my provider and which I have authorized. I understand that these payment denials occur for a variety of reasons. My insurance policy may not include the particular service as a benefit. In other cases, a service will not be covered by my insurance company because it decides the service is not necessary, despite my provider's decision to order the service. In any event, even if a service is not covered by insurance, I agree to pay for all charges for all services rendered, including the specific services rendered during this admission. I further agree that in the event benefits paid under this assignment or any other amounts paid by me/us or on my/our behalf exceed the amounts due the Hospital, my providers, or those entities for services in connection with this hospitalization, any such excess amount may be applied to any other indebtedness that I or my spouse or any child for whom I am financially responsible may have to the Hospital or any other facility or entity related to CHS, my providers, or these other entities.

NOTICE OF INDEPENDENT CONTRACTORS. I understand that CHS has contracted with certain independent professional groups for such groups to exclusively provide certain services at CHS facilities, including but not limited to Charlotte Radiology, P.A., Southeast Anesthesiology Consultants, P.A., Carolinas Pathology Group, P.A., Southeast Radiation Oncology Group, P.A., and Emergency Medicine Physicians, P.A. I understand that these professional groups are independent contractors, are not employees or agents of CHS, and are not subject to control or supervision by CHS in their delivery of professional services.

RELEASE OF MEDICAL INFORMATION. I understand that the Hospital and my providers can use my information for treatment, payment, and health care operations, as further outlined in the CHS Notice of Privacy Practices. As clarification, I understand the Hospital and my providers may furnish any medical information relating to my hospitalization or treatment to my insurance company, governmental or charitable agencies and their agents, and professional review organizations with whom I may have insurance coverage or who may be assisting in payment of my hospital and medical care. I also understand the Hospital and my providers may release any medical information to any licensed provider or medical facility to which I may be referred or transferred for further medical care. I authorize the Hospital and my provider to take and produce pictures, recordings, and/or video of me for treatment and health care operation purposes. I can object to, or rescind my permission for, pictures, recordings, and video being taken or produced for reasons other than treatment and health care operations at any time. In addition, I authorize the Hospital and my providers to release any medical information necessary to prove the Hospital's damages and legal proceedings brought to enforce any unpaid balance on any of my accounts.

AUTHORIZATION TO RELEASE MEDICARE AND MEDICAID INFORMATION. I certify that the information provided by me in applying for payment under Titles V, XVIII and/or XIX of the Social Security Act is correct. I understand that health care services paid for under the Medicare, Medicaid and Maternal and Child Health programs are subject to review by professional organizations, which may recommend denial of payment if my medical condition does not warrant continued hospital care. I authorize those agencies responsible for determining eligibility under these programs to provide to the Hospital any information relating to the determination of my eligibility. I request payment of benefits under these programs be made to the Hospital and my physicians on my behalf.

Request for Treatment and Authorization



Carolinas HealthCare System

WILLIAMS, LEONARD CLINTON
ACCT: H14303-00357
UNIT: H000064-20-66



901



PAYMENT GUARANTY. I (patient and/or responsible party/ies) agree to pay all charges for services rendered by the Hospital and my physicians or other providers during my hospitalization or treatment. This guaranty includes charges for services not covered by my insurance, regardless of the reason that insurance coverage is denied. If I fail to pay all charges and the Hospital or my physicians use an attorney to collect unpaid charges, I agree to pay the reasonable cost of the attorney's services in addition to the unpaid charges. I consent and authorize CHS and its agents and subcontractors to contact outside data sources of its choosing, including credit reporting agencies, for purposes related to my account, including evaluating and assessing my credit worthiness, my charity eligibility, and the viability of collecting any amounts due for the treatment I receive, whether at this time or on subsequent visits. I understand and agree that CHS may assign my accounts as it deems necessary for purposes of collecting any amounts I owe, including to collection agencies and attorneys. I consent and authorize Hospital and third party agents of Hospital to contact me by telephone at any number associated with me, including a wireless number, and to use pre-recorded and/or an automatic dialing service in connection with any communication made to me or related to my account.

PERSONAL PROPERTY. The Hospital will hold any money, valuables or other personal property in my possession until I am able to return them home for safekeeping. I understand the Hospital is not responsible for money, valuables and other personal property retained in my room and has no liability for their loss.

RELEASE OF INFORMATION FOR FINANCIAL PURPOSES. I authorize the Financial Counseling staff of the Hospital to assist me in the processing of any benefits application, including Medical Assistance, Aid to Families with Dependent Children, or Special Assistance, initiated for the Patient within six months of the date of this authorization. The Financial Counselor may have access to and copy any records or information to which I would be entitled. I authorize and direct the County Department of Social Services to provide such information to the Financial Counselor orally via telephone. I authorize and consent to referral to the County for benefits by use of an appropriate referral form. I request that if my benefits are approved or denied, a copy of the approval or denial be attached to and returned with the referral form. The doctrine of informed consent has been explained to me. I acknowledge that this consent is voluntary and that it may be revoked by me at any time except to the extent that action has already been taken in reliance on it. Unless otherwise revoked, this consent shall be valid for one (1) year from the date of authorization, or until final determination of any benefits application as described above, whichever is later.

I have read the foregoing request and authorization in its entirety and agree to be bound by all terms and conditions herein.
Witness my (our) hand(s) and seal(s) below.

Witness (Signature) _____
 Patient ☒ 11/15/14 0915 (Seal)
 Date _____ Time _____
 Witness _____

Responsible Party/ies _____ (Seal)

Relation to Patient

_____ Husband

_____ Wife

_____ Parent/s

_____ Other (Specify)

Policyholder (if other than patient)

I have been provided a copy of QHS' Notice of Privacy Practices.

I have been provided a copy of OHS' Notice of Privacy Practices.

Signature [Signature] Date 11/5/2014 Time 9:13 am

(Patient or Authorized Representative)

Relationship to Patient Self

Reason Patient Unable/Unwilling to sign _____



Request for Treatment and Authorization
Carolinas HealthCare System

WILLIAMS, LEONARD CLINTON
ACCT: H14303-00357
UNIT: H000064-20-66

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Amb Depart Summary

Amb Depart Summary**Carolinas HealthCare System**

CMC Randolph OMS Medication Clinic

501 Billingsley Rd

Charlotte, NC 28211

Patient Visit Summary**Name:** WILLIAMS III, LEONARD
CLINTON**MRN:** 0000642066**DOB:** 11/01/1980**Visit Date:** 11/05/2014**Phone:** (828) [REDACTED]**Age:** 34 Years**Sex:** Male**Primary Care Provider:**

Carolinas HealthCare System thanks you for allowing us to assist you with your healthcare needs. The following includes patient education materials and some information regarding your health. Should you have any questions or concerns regarding your visit, please contact your physician or healthcare provider at your convenience.

Your healthcare provider today: PENISTON , KATHLEEN KELLY NP**Reason for Visit:****Today's Diagnosis:****Today's Clinical Information:****Height:** 5 ft, 11 inch**Weight:** 230 lb**BMI:** 32.08 kg/m2**Blood Pressure:** 129 mmHg / 86 mmHg**Additional Information:****Allergies:**

No known allergies

Provider: MCGLYNN ,AIKO CHRISTINA DO**Date of Service:** 11/5/2014**Visit #:** 1430300357**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

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Discharge Information - Patient Education

Problem List:

No Problems found

Recorded at this visit:

Procedures

No Procedures documented

Immunizations

No Immunizations documented this visit

Completed Results:

Laboratory and Radiology this Visit (last charted value for your 11/05/2014 visit)

No Laboratory and Radiology documented

Medication Information:

	New Medicines to take at Home	Prescription	Next Dose Due
1.	citalopram (citalopram 20 mg oral tablet) 1 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2862	
2.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) 1 capsule by mouth two times a day	Prescription Given to Patient (unless noted below) [] Prescription Not Needed	
3.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) 1 capsule by mouth two times a day	Prescription Given to Patient (unless noted below) [] Prescription Not Needed	
4.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) 1 capsule by mouth two times a day	Prescription Given to Patient (unless noted below) [] Prescription Not Needed	
5.	OLANzapine (Zyprexa 15 mg oral tablet) 1 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2862	

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/5/2014

Visit #: 1430300357

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Discharge Information - Patient Education

	Continue Taking These Medicines at Home	Next Dose Due
1.	APAP/ASA/caffeine (Goodys Extra Strength) See Instructions 1 packet as needed	
2.	Med List Status - Updated/Reviewed (Med List Status - Updated/Reviewed) KKP NP	

These Medicines have been Changed or Stopped

Medicine has changed. See #2 in New Medications above.
dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)
capsule

Medicine has changed. See #2 in New Medications above.
dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)
capsule

*This is a list of current information in your Carolinas HealthCare System 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.

	Date	Time	Location	Provider	Phone Number
--	------	------	----------	----------	--------------

Follow Up:

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.

Important Phone Numbers:

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 11/5/2014
Visit #: 1430300357

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

Poison Control Center 1-800-222-1222

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

Smoking Cessation 1-800-QUIT NOW (1-800-784-8669)

National Domestic Violence Hotline 1-800-799-SAFE

MyCarolinas Patient Online Access

Carolinas Healthcare System now offers MyCarolinas. It provides secure online access to your health information. With MyCarolinas, you can:

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

These are just some of the things you can do with MyCarolinas. It is free. It is secure. It is very easy to use. For more information and to get started, visit <https://my.carolinashealthcare.org> Choose **Enroll Online**.

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/5/2014

Visit #: 1430300357

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Patient Education

Patient Education



Carolinas HealthCare System

Patient Education Materials

MRN: 0000642066

Name: LEONARD WILLIAMS

Visit Date: 11/5/2014 09:09:00

FIN: 1430300357

DOB: 11/1/1980

Carolinas HealthCare System 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: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/5/2014

Visit #: 1430300357

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:32 EST

Print ID: 350115786



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Education/Pt. Response Form - Text

Education/Pt. Response Entered On: 11/5/2014 10:03 EST

Performed On: 11/5/2014 10:03 EST by PENISTON , KATHLEEN KELLY NP

Response to Education

Patient Education Provided : Yes

Response to Teaching : Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 11/5/2014 10:03 EST

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/5/2014

Visit #: 1430300357

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Patient Questionnaires

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 11/5/2014
Visit #: 1430300357

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

11/1/1980

* Patient Questionnaire - Auth (Verified) *

Please check service needed for today. Please complete and hand to RN, NP or MD when you are called.

- ☐ Child/Adolescent Visit
- ☒ Adult Visit
- ☐ First Time Appointment

1. On my current medication(s), I feel I am doing:

☒ Well☐ Fairly well☐ Poorly – explain: _____

2. At today's appointment, I want:

☒ Just to have my medications refilled.☐ To have a medication change – explain: _____

3. I am having medication side effects.

☒ Yes – explain: Same as always☐ No

4. I have had recent medical complications, or I am currently pregnant.

☐ Yes – explain: _____☒ No

5. I have been taking my medications as prescribed.

☒ Yes☐ No – explain: _____6. Questions or concerns I want to discuss today. Brand exception form

Signature of Person Completing Form: _____

Date: 11/5/2014

*If other than patient, give relationship: _____

For Staff Only:

Form reviewed by: KK PenningtonDate: 11/5/14 Time: 0939

Date: _____ Time: _____



Carolinas HealthCare System
BH-Charlotte
Outpatient Medication Services
Patient Questionnaire
Page 1 of 1



Rev. 08/21/09

Pat

Da

Me

14303-00357 11/05/14
WILLIAMS, LEONARD CLINTON
H000064-20-66 DOB 11/01/80 M 34Y



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

DOCUMENT NAME:

Medication Clinic Follow-Up Assessment BH Entered On: 11/5/2014 9:41 EST
Performed On: 11/5/2014 9:40 EST by PENISTON , KATHLEEN KELLY NP

Travel History

Recent Travel Outside of United States : No travel/no contact within past 21 days

PENISTON , KATHLEEN KELLY NP - 11/5/2014 9:40 EST

^Vitals

Height Documented in (UOM) : feet/inches

Height Contributor (ft) : 5 ft

Height Contributor (inches) : 11 inch

Height : 180.34 cm

Clinical Weight Documented in (UOM) : lbs/oz

Clinical Weight Contributor (lb) : 230 lb

Weight : 104.327 kg

Body Mass Index : 32.08 kg/m2

Body Surface Area : 2.29 m2

Peripheral Pulse Rate : 118 BPM (HI)

Systolic Blood Pressure : 129 mmHg

Diastolic Blood Pressure : 86 mmHg

Weight (lbs.) : 230 lb

Height (ft.) : 5.92 ft

PENISTON , KATHLEEN KELLY NP - 11/5/2014 9:40 EST

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/5/2014

Visit #: 1430300357

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

DOCUMENT NAME:

BH Telephone Contact Form Entered On: 11/7/2014 16:37 EST
Performed On: 11/7/2014 16:35 EST by FANG , SHANNON RN

BH Telephone Contact

Provider : PENISTON , KATHLEEN KELLY NP

Call Type : Prior Authorization

Cell Phone Number : 828- [REDACTED]

Reason for call : CVS Caremark 1-800-294-5979, ID# 6WF0073876800 says pt has Prior Authorization approval for Adderall XR 20mg BID #60 expires 8/11/17 (PA# 14-015148619). CVS Caremark also says they can do 90 day rx of Adderall XR. Will fwd to NP as FYI.

FANG , SHANNON RN - 11/7/2014 16:35 EST

Follow Up

Phone Msg Communication Grid

1. Communication Date/Time : 11/11/2014 13:56 EST

Communication Comment : Pt notified of NP response. Pt says he fills all meds at BH-C pharmacy. Pt says he was only given #15 Zyprexa from BH-C pharamcy on 11/6/14. Pt asking for rest of rx. BH-C says they will

FANG , SHANNON RN - 11/11/2014 13:56 EST

2. Communication Comment : give him the other #15 (will fill now) but he has to pick it up at BH-C pharmacy. (cannot transfer to a closer pharmacy due to insurance would not pay for the #15) Pt notified, will close.

FANG , SHANNON RN - 11/11/2014 13:56 EST

3. Communication Date/Time : 11/10/2014 15:44 EST

Communication Comment : OK. Please inform patient this has been completed. I gave him a enough Rxs to get filled for 3 months/

PENISTON , KATHLEEN KELLY NP - 11/10/2014 15:43 EST

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/5/2014

Visit #: 1430300357

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Vitals View

Recorded Date	11/5/2014	
Recorded Time	09:40 EST	
Recorded By	PENISTON ,KATHLEEN KELLY NP	
Procedure		Units
Height	180.34	cm
Weight	104.327	kg
BSA	2.29	m2
Body Mass Index	32.08	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11	inch
Clinical Weight Contributor (lb)	230	lb
Peripheral Pulse Rate	118 ^H	BPM
Systolic Blood Pressure	129	mmHg
Diastolic Blood Pressure	86	mmHg

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/5/2014

Visit #: 1430300357

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Visit Information

Visit Information

Recorded Date	11/7/2014	
Recorded Time	16:35 EST	
Recorded By	FANG ,SHANNON RN	
Procedure		Units
Provider	PENISTON , KATHLEEN KELLY NP	

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 11/5/2014
Visit #: 1430300357

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