



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

General Admission History

General Admission History

	Recorded Date	11/5/2014
	Recorded Time	09:40 EST
Procedure		
Recent Travel Outside United States MERS		See Below ^{T1}

Textual Results

T1: 11/5/2014 09:40 EST (Recent Travel Outside United States MERS)
No travel/no contact within past 14 days

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

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Phone:

Fax:

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 1/28/2015
Visit #: 1502200300

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



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Face Sheet

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 1/28/2015
Visit #: 1502200300

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



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Behavioral Health Assessments

DOCUMENT NAME: Psychiatric Assessment
SERVICE DATE/TIME: 1/28/2015 10:03 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: PENISTON ,KATHLEEN KELLY NP (1/28/2015 10:05 EST)
SIGN INFORMATION: MCGLYNN ,AIKO CHRISTINA DO (1/29/2015 08:39 EST);
PENISTON ,KATHLEEN KELLY NP (1/28/2015 10:08 EST)

PSYCH OMS NP

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 1502200300
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: Celexa, Adderall XR, Zyprexa
Compliance: Yes
Side Effects: weight, low energy
Residual Sx: none

Mood: stable
Sleep: well
Appetite: good
Energy: low
Concentration: fair
SI/HI: none
Psychosis: none

Concerns/Requests today: eval
Medical Changes: none
Stressors: work
Therapist: not currently

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 1/28/2015
Visit #: 1502200300

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



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Behavioral Health Assessments

Review of Systems

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

Pain - None

Location -

Rating on NRS -

Patient has been seen and evaluated for this pain by a medical provider.

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), 180 capsule

Zyprexa 15 mg oral tablet: 15 mg, 1 tablet, ORAL, Daily, 90 tablet

citalopram 20 mg oral tablet: 20 mg, 1 tablet, ORAL, Daily, 90 tablet

Documented Medications

Documented

Goodys Extra Strength: See Instructions, 1 packet as needed

Med List Status - Updated: KKP NP.

Problem list:

No problem items selected or recorded..

Histories

Social History

Denies alcohol, tobacco and drug use.

Alcohol use.

Tobacco use.

Drug use.

Occupation: employed full-time.

Life Stressors: employment.

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: 1/28/2015

Visit #: 1502200300

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Behavioral Health Assessments

Orientation: Oriented X4.
Language: Normal.
Level of consciousness: Alert.
Fund of Knowledge: Average.
Recent & Remote Memory: No impairment in recent or remote.
Speech: Overproductive.
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

1/28/2015 8:07 EST

Peripheral Pulse Rate

115 BPM HI

Systolic Blood Pressure

123 mmHg

Diastolic Blood Pressure

88 mmHg

, Measurements from flowsheet : Measurements - Standard

1/28/2015 8:07 EST

Height Contributor (ft)

5 ft

Height Contributor (inches)

11 inch

Clinical Weight Contributor (lb)

238 lb

Impression and Plan

Dx/Order Association Plan

Psychiatric Diagnoses: Bipolar D/O; ADD

Medical Diagnoses: none acute

Psychosocial Stressors: work

Summary: stable on meds

Plan

1) Medication: Continue Adderall XR 20 mg BID (BNMN)' Celexa, Zyprexa

2) Therapy - Patient declined

3) Labwork Ordered - Not indicated

4) SA Treatment - Not indicated

Provider: MCGLYNN, AIKO CHRISTINA DO

Date of Service: 1/28/2015

Visit #: 1502200300

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:32 EST

Print ID: 350115785



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Behavioral Health Assessments

- 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 - 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

01/28/2015 10:08 AM

Electronically Signed By: MCGLYNN, AIKO CHRISTINA DO

01/29/15 08:39 AM

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 1/28/2015

Visit #: 1502200300

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Consents

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 1/28/2015

Visit #: 1502200300

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: H15022-00300
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.

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.

Patient 11/28/15 Time 0737 (See)
 Date 11/28/15 Time 0737
 Witness [Signature]

Relation to Patient
 _____ Husband
 _____ Wife
 _____ Parent/s
 _____ Other (Specify)

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

practices. 1/28/2015 Date 0737 Time

Reason Patient Unable/Unwilling to sign _____



WILLIAMS, LEONARD CLINTON
ACCT: H15022-00300
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: 01/28/2015

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: 238 lb

BMI: 33.19 kg/m2

Blood Pressure: 123 mmHg / 88 mmHg

Additional Information:

Allergies:

No known allergies

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 1/28/2015

Visit #: 1502200300

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**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 01/28/2015 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 CVS/pharmacy #2562 115 W. ARROWOOD RD. CHARLOTTE, NC, 2-8217 Phone: (704)523-3862	
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 CVS/pharmacy #2562 115 W. ARROWOOD RD. CHARLOTTE, NC, 2-8217 Phone: (704)523-3862	

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

Provider: MCGLYNN ,AIKO CHRISTINA DO**Date of Service:** 1/28/2015**Visit #:** 1502200300**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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Fax:

Discharge Information - Patient Education

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

This medicine has been stopped.

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.

	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

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

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 1/28/2015

Visit #: 1502200300

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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Discharge Information - Patient Education

- 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: 1/28/2015
Visit #: 1502200300

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: 1/28/2015 07:32:00

FIN: 1502200300

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: 1/28/2015

Visit #: 1502200300

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:32 EST

Print ID: 350115785



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

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Discharge Information - Patient Education

DOCUMENT NAME:

Education/Pt. Response Form - Text

Education/Pt. Response Entered On: 1/28/2015 8:31 EST

Performed On: 1/28/2015 8:31 EST by PENISTON , KATHLEEN KELLY NP

Response to Education

Patient Education Provided : Yes

Response to Teaching : Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 1/28/2015 8:31 EST

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 1/28/2015

Visit #: 1502200300

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:32 EST

Print ID: 350115785



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Patient Questionnaires

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 1/28/2015
Visit #: 1502200300

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. Gutting med at CVSSignature of Person Completing Form: [Signature]Date: 1/28/15

*If other than patient, give relationship: _____

For Staff Only:

Form reviewed by: [Signature]Date: 1-28-15 Time: 0825

Date: _____ Time: _____



Carolinas HealthCare System
BH-Charlotte
Outpatient Medication Services
Patient Questionnaire
Page 1 of 1



Rev. 08/21/09



15022-00300 01/28/15
WILLIAMS, LEONARD CLINTON
H000064-20-66 DOB 11/01/80 M 34Y

ntifier

**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: 1/28/2015 8:21 EST
Performed On: 1/28/2015 8:07 EST by SULLIVAN , AUDREY JEAN PA STUDENT

Travel History*Recent Travel Outside of United States :* No travel/no contact within past 21 days

SULLIVAN , AUDREY JEAN PA STUDENT - 1/28/2015 8:07 EST

Med Clinic Follow Up General Info BH*Information Given By :* Patient*Have you been to hosp since last visit? :* No*Reason for Visit - BH :* Routine follow up*Reason for Visit Details - BH :* medication refill*History of Present Illness :* Pt reports feeling stress at work and long hours. Mood is stable, sleeping well, appetite good.*Low energy. Good concentration. No SI/HI/AVH.*

SULLIVAN , AUDREY JEAN PA STUDENT - 1/28/2015 8:07 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) :* 238 lb*Weight :* 107.956 kg*Body Mass Index :* 33.19 kg/m2*Body Surface Area :* 2.33 m2*Peripheral Pulse Rate :* 115 BPM (HI)*Systolic Blood Pressure :* 123 mmHg*Diastolic Blood Pressure :* 88 mmHg*Weight (lbs.) :* 238 lb*Height (ft.) :* 5.92 ft

SULLIVAN , AUDREY JEAN PA STUDENT - 1/28/2015 8:07 EST

Allergies

(As Of: 1/28/2015 08:22:00 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:* 11/5/2014

Provider: MCGLYNN ,AIKO CHRISTINA DO**Date of Service:** 1/28/2015**Visit #:** 1502200300**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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Phone:

Fax:

BH Clinical Documentation

9:41 EST

Substance Use Review BH

Has Patient Ever Used Tobacco? : Denies

SULLIVAN , AUDREY JEAN PA STUDENT - 1/28/2015 8:07 EST

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



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Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

DOCUMENT NAME:

CSSRS Short Version - Reassessment Entered On: 1/28/2015 8:25 EST
Performed On: 1/28/2015 8:25 EST by PENISTON , KATHLEEN KELLY NP

CSSRS Short Version - Reassessment

1. *Have you wished you were dead or wished you could go to sleep and not wake up? (ref) :* Since last visit, no
2. *Have you actually had any thoughts of killing yourself? (ref) :* Since last visit, no
6. *Have you ever done anything, started to do anything, or prepared to do anything to end your life? (ref) :* Since last visit, no

PENISTON , KATHLEEN KELLY NP - 1/28/2015 8:25 EST

Provider: MCGLYNN ,AIKO CHRISTINA DO
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Pt Name: WILLIAMS III, LEONARD CLINTON
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DOB: 11/1/1980 Sex: Male



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Vitals View

Recorded Date	1/28/2015	
Recorded Time	08:07 EST	
Recorded By	SULLIVAN ,AUDREY JEAN PA STUDENT	
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	115^H	BPM
Systolic Blood Pressure	123	mmHg
Diastolic Blood Pressure	88	mmHg

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 1/28/2015

Visit #: 1502200300

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:

Psychosocial

Psychosocial

	Recorded Date	1/28/2015
	Recorded Time	08:25 EST
	Recorded By	PENISTON ,KATHLEEN KELLY NP
Procedure	Units	
CSSRS Screen Wish to be Dead ReAsses		Since last visit, no
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 1/28/2015

Visit #: 1502200300

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	1/28/2015	
Recorded Time	08:07 EST	
Recorded By	SULLIVAN ,AUDREY JEAN PA STUDENT	
Procedure		Units
Information Given By	Patient	

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 1/28/2015

Visit #: 1502200300

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

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Phone:

Fax:

General Admission History

General Admission History

Recorded Date	1/28/2015
Recorded Time	08:07 EST
Procedure	
Recent Travel Outside United States MERS	See Below ^{T1}

Textual Results

T1: 1/28/2015 08:07 EST (Recent Travel Outside United States MERS)
No travel/no contact within past 14 days

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 1/28/2015
Visit #: 1502200300

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

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Phone:

Fax:

Social Habits

Social Habits

Recorded Date	1/28/2015
Recorded Time	08:07 EST
Procedure	
Has Patient Ever Used Tobacco?	Denies

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 1/28/2015
Visit #: 1502200300

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	1/28/2015	
Recorded Time	08:07 EST	
Recorded By	SULLIVAN ,AUDREY JEAN PA STUDENT	
Procedure		Units
Have you been to hosp since last visit?	No	
Reason for Visit -BH	Routine follow up	
Reason for Visit Details -BH	medication refill	
History of Present Illness	See Below ^{T1}	

Textual Results

T1: 1/28/2015 08:07 EST (History of Present Illness)

Pt reports feeling stress at work and long hours. Mood is stable, sleeping well, appetite good. Low energy. Good concentration. No SI/HI/AVH.

Provider: MCGLYNN ,AIKO CHRISTINA DO**Date of Service:** 1/28/2015**Visit #:** 1502200300**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: 1/29/2015
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: 3/6/2015 8:23 EST
Performed On: 3/6/2015 8:20 EST by MCCLOUGHAN , AMBER

BH Telephone Contact

Caller Name : Leonard

Relationship to Patient : Self

Provider : PENISTON , KATHLEEN KELLY NP

Call Type : Medication refill

Cell Phone Number : 828- [REDACTED]

Leave Voicemail : Yes

Reason for call : Pt wants to know if there is a refill on Diprexa?. He will also need a refill for next month and might need it for his other medications. Pt is having issues with insurance so he said his pick is different then 1per month.

Medication Taken as Prescribed? : Yes

Is Medication Effective? : Yes

Patient Reports Medication Side Effects : Yes

Comment-Med side effects? : Will talk to Dr about it

Last Visit Date : 1/28/2015 EST

Was Appointment Kept? : Show

Next Visit Date : 4/15/2015 EDT

MCCLOUGHAN , AMBER - 3/6/2015 8:20 EST

Follow Up

Phone Msg Communication Grid

1. Communication Date/Time : 3/11/2015 10:05 EDT

Communication Comment : Spoke to Nathan in pharmacy re: early refill. Pt notified

PARENTI , P DENISE RN - 3/11/2015 10:05 EDT

2. Communication Date/Time : 3/9/2015 13:46 EDT

Communication Comment : Early refill on Zyprexa OK. Please inform pharmacy.

PENISTON , KATHLEEN KELLY NP - 3/9/2015 13:46 EDT

3. Communication Date/Time : 3/9/2015 10:52 EDT

Communication Comment : Pt last filled Zyprexa 15mg 1 daily at BH-C 2/20/15, has 2 refills. Last filled Celexa 1/7/15, has 1 refill; may have gotten through mail order. Last filled Adderall XR 20mg 2/9/15, no refills. Pt says he has paper rx for Adderall XR to turn in,

FANG , SHANNON RN - 3/9/2015 10:51 EDT

4. Communication Comment : tomorrow, requesting early refill of Zyprexa (fill tomorrow) due to no transportation to get back to BH-C pharmacy 3/22/15 to fill Zyprexa. Pt aware of f/u apt, will keep. Will fwd to NP for approval of early refill of Zyprexa by 12 days.

FANG , SHANNON RN - 3/9/2015 10:51 EDT

Provider:

Date of Service: 1/29/2015

Visit #:

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

Follow-up Appointment : 4/15/15 0800

FANG , SHANNON RN - 3/9/2015 10:51 EDT

Provider:

Date of Service: 1/29/2015

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: 2/13/2015 11:39 EST
Performed On: 2/13/2015 11:35 EST by WRIGHT , LATOYA

BH Telephone Contact

Relationship to Patient : Self

Provider : PENISTON , KATHLEEN KELLY NP

Call Type : Other: Med adjustment

Cell Phone Number : 828 [REDACTED]

Reason for call : Pt is currently taking Olanzapine dissolving tablets, which are not working for him. Pt is not sure if he is not taking meds correctly or if name brand would be more effective. He is currently using CVS pharmacy, but would like prescription sent to CMC-R pharmacy.

Medication Taken as Prescribed? : Yes

Is Medication Effective? : No

Meds Stopped Since Last Visit : n/a

Meds Changed Since Last Visit : n/a

New Meds Since Last Visit : n/a

Last Visit Date : 1/28/2015 EST

Was Appointment Kept? : Show

Next Visit Date : 4/15/2015 EDT

WRIGHT , LATOYA - 2/13/2015 11:35 EST

Follow Up

Phone Msg Communication Grid

1. *Communication Date/Time :* 2/17/2015 12:48 EST

Communication Comment : Pt notified and he verbalized understanding.

COON , NICHOLAS P RN - 2/17/2015 12:48 EST

2. *Communication Date/Time :* 2/16/2015 14:13 EST

Communication Comment : OK. SEnt Olanzapine Rx to our pharmacy for 30 day supply plus 2 refills.

PENISTON , KATHLEEN KELLY NP - 2/16/2015 14:13 EST

3. *Communication Date/Time :* 2/16/2015 14:06 EST

Communication Comment : Pt not satisfied with CVS CAREMARK service. He also stated that the Olanzapine M-tabs not lasting as long as regular olanzapine, stating that he loses mental clarity sooner every day with the M-Tabs, He asks that you re-write the Olanzapine (regular)

COON , NICHOLAS P RN - 2/16/2015 14:05 EST

4. *Communication Comment :* with 2 refills and please send to CMC-R Pharmacy. Would rather pay monthly for meds.

COON , NICHOLAS P RN - 2/16/2015 14:05 EST

5. *Communication Date/Time :* 2/16/2015 13:57 EST

Provider:

Date of Service: 1/29/2015

Visit #:

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

BH Clinical Documentation

Communication Comment : Attempted to reach pt. Phone connection very poor and unable to speak to pt at this time. Need to ask pt how he is taking the medication.

COON , NICHOLAS P RN - 2/16/2015 13:57 EST

Provider:

Date of Service: 1/29/2015

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: 1/29/2015 7:14 EST
Performed On: 1/29/2015 7:10 EST 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

Reason for call : Pt states the brand exception form is saying pending with Carmont but he received letter of approval for Adderal XR but can not find the the letter. The medication is costing \$600 for 90 day supply but should be \$200...Wants a call back from the nurse..

Last Visit Date : 1/28/2015 EST

Was Appointment Kept? : Show

Next Visit Date : 4/15/2015 EDT

PEARSON , MICHELLE LPC - 1/29/2015 7:10 EST

Follow Up

Phone Msg Communication Grid

1. Communication Date/Time : 2/5/2015 12:53 EST

Communication Comment : Spoke to pt and he is aware that he should bring in 90 daysRx for exchange for (3) 30 day Rx's.

COON , NICHOLAS P RN - 2/5/2015 12:53 EST

2. Communication Date/Time : 2/5/2015 11:40 EST

Communication Comment : 30 day Rxs written and are available to pick-up when he drops off 90 day Rx. Place in controlled folder.

PENISTON , KATHLEEN KELLY NP - 2/5/2015 11:40 EST

3. Communication Date/Time : 1/30/2015 7:23 EST

Communication Comment : Pt states he needs another prescription and wants to know if OMS will write 3 thirty days prescription and he can bring the 90 day prescription back...Pt is having a difficult time with the brand name exception form...

PEARSON , MICHELLE LPC - 1/30/2015 7:22 EST

Provider:

Date of Service: 1/29/2015

Visit #:

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

Visit Information**Visit Information**

Recorded Date	3/6/2015	2/13/2015	
Recorded Time	08:20 EST	11:35 EST	
Recorded By	MCCLOUGHAN ,AMBER	WRIGHT ,LATOYA	
Procedure			Units
Provider	PENISTON , KATHLEEN KELLY NP	PENISTON , KATHLEEN KELLY NP	

Recorded Date	1/29/2015	
Recorded Time	07:10 EST	
Recorded By	PEARSON ,MICHELLE LPC	
Procedure		Units
Provider	PENISTON , KATHLEEN KELLY NP	

Provider:
Date of Service: 1/29/2015
Visit #:

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

Provider:
Date of Service: 4/15/2015
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: 4/15/2015 8:01 EDT
Performed On: 4/15/2015 7:58 EDT by PEARSON , MICHELLE LPC

BH Telephone Contact

Caller Name : Leonard Williams

Relationship to Patient : Self

Provider : PENISTON , KATHLEEN KELLY NP

Call Type : Medication refill

Cell Phone Number : 828 [REDACTED]

Leave Voicemail : Yes

Chart Requested : No

Reason for call : Pt is request refill of Zyprexa 15mg...Pharmacy: BH Charlotte...

Medication Taken as Prescribed? : Yes

Is Medication Effective? : Yes

Patient Reports Medication Side Effects : Yes

Comment-Med side effects? : feels sedated in the mornings, crave sugar and carbs, and restless...

Last Visit Date : 4/15/2015 EDT

Date Last Seen : 1/28/2015 EST

Was Appointment Kept? : No-Show

Next Visit Date : 4/24/2015 EDT

PEARSON , MICHELLE LPC - 4/15/2015 7:58 EDT

Follow Up

Phone Msg Communication Grid

1. Communication Date/Time : 4/16/2015 11:00 EDT

Communication Comment : Pt has refill of olanzapine 15mg at BHC pharmacy, last filled 3/11/15, rx# 6678480. Got VM, LM that refill available at pharmacy here, given pharmacy # and to push 8 to speak to a pharmacist. Will close.

FANG , SHANNON RN - 4/16/2015 11:00 EDT

Provider:

Date of Service: 4/15/2015

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	4/15/2015	
Recorded Time	07:58 EDT	
Recorded By	PEARSON ,MICHELLE LPC	
Procedure		Units
Provider	PENISTON , KATHLEEN KELLY NP	

Provider:

Date of Service: 4/15/2015

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: 4/24/2015
Visit #: 1511100239

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: 4/24/2015
Visit #: 1511100239

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

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Phone:

Fax:

Office/Clinic Visit Notes

DOCUMENT NAME:

PSYCH OMS NP

Patient: **WILLIAMS III, LEONARD CLINTON**

MRN: 0000642066

FIN: 1511100239

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, Celexa, Zyprexa

Compliance: Yes

Side Effects: tiredness, weight gain

Residual Sx:none

Mood: stable

Sleep: good

Appetite:ravenous at times ?hypoglycemia

Energy:low in the am

Concentration: good

SI/HI: none

Psychosis: none

Concerns/Requests today: ongoing

Medical Changes: no PCP

Stressors: cutting hours at work

Therapist: none

Patient at baseline. Side effects remain.

Review of Systems

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

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 4/24/2015

Visit #: 1511100239

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Phone:

Fax:

Office/Clinic Visit Notes

Pain - None

Location -

Rating on NRS -

Patient has been seen and evaluated for this pain by a medical provider.

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, 90 tablet

Documented Medications

Documented

Goodys Extra Strength: See Instructions, 1 packet as needed.

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: 4/24/2015

Visit #: 1511100239

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Phone:

Fax:

Office/Clinic Visit Notes

Recent & Remote Memory: No impairment in recent or remote.

Speech: Perserverative.

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

4/24/2015 13:40 EDT

Peripheral Pulse Rate

102 BPM HI

Systolic Blood Pressure

123 mmHg

Diastolic Blood Pressure

67 mmHg

, Measurements from flowsheet : Measurements - Standard

4/24/2015 13:40 EDT

Height Contributor (ft)

5 ft

Height Contributor (inches)

11 inch

Clinical Weight Contributor (lb)

237 lb

Impression and Plan

Dx/Order Association Plan

Psychiatric Diagnoses: Bipolar D/O; ADD

Medical Diagnoses: none acute

Psychosocial Stressors: financial

Summary: At baseline

Plan

1) Medication: Zyprexa 15mg QHS; Celexa 20mg daily; Adderal XR 20mg BID (BNMN)

2) Therapy - Patient declined

3) Labwork Ordered - HgA1C, glucose, Lipid

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: 4/24/2015

Visit #: 1511100239

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

04/24/2015 02:05 PM

Electronically Signed By: MCGLYNN, AIKO CHRISTINA DO

04/27/15 09:46 AM

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 4/24/2015

Visit #: 1511100239

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:

Cardiology Reports

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 4/24/2015
Visit #: 1511100239

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

WILLIAMSON, JAMES

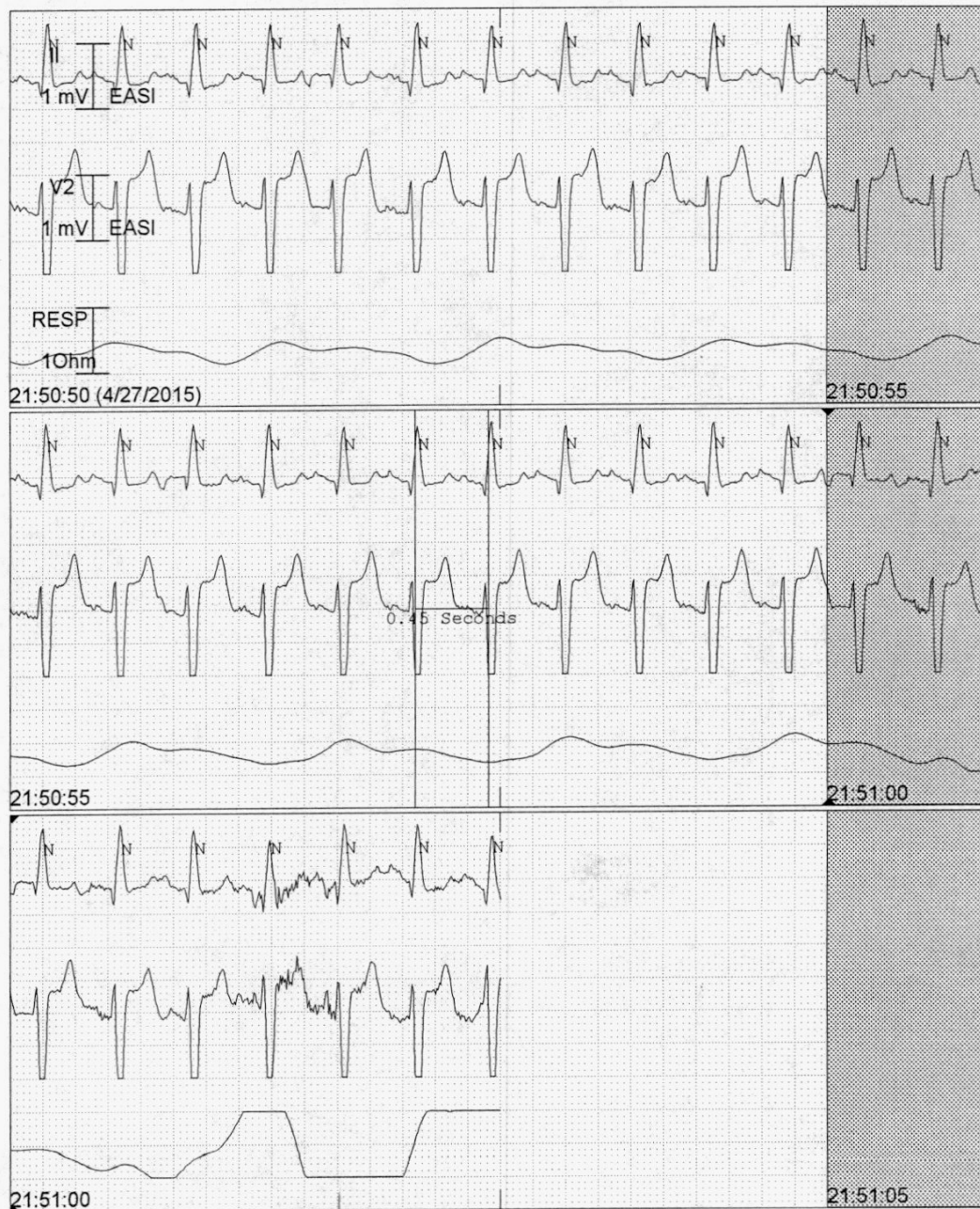
Medical Record Number:0000186344

L374

Strip Report 4/27/2015 21:50:59

PR: 0.13 QRS: 0.09 QT: 0.23 RR: 0.45 QTC: 0.34 (s)

HR 132	%SpO2 96	PVC 0	ST-I -0.1	ST-II 0.0
ST-III 0.1	ST-aVR 0.1	ST-aVL -0.1	ST-aVF 0.1	ST-V1 1.3
ST-V2 2.2	ST-V3 1.6	ST-V4 0.7	ST-V5 0.1	ST-V6 -0.2
QTc 463	dQTc 22	QT 312	QT-HR 132	PULSE 132



4-27-15
ST
Susan Weaver, RN



15111-00239
L000018-63-44
WILLIAMSON, JAMES DERRICK
ATTPHY: 74277 TESFAI, MEBRAHTOM W
04/21/15 DOB: 01/25/57 M 58Y



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Consents

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 4/24/2015

Visit #: 1511100239

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: H15111-00239
UNIT: H000064-20-66



901



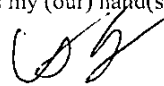

*** Request for Treatment and Authorization - Auth (Verified) ***

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.

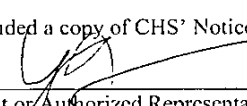
PERSONAL PROPERTY. The Hospital will hold any money, valuables or other personal property in my possession until I am able to return them home for safekeeping. I understand the Hospital is not responsible for money, valuables and other personal property retained in my room and has no liability for their 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 <u>4/24/2015</u>	Time <u>1:13 pm</u>	Relation to Patient	
Witness 		<input type="checkbox"/> Husband	
		<input type="checkbox"/> Wife	
		<input type="checkbox"/> Parent/s	
		<input type="checkbox"/> Other (Specify)	
Policyholder (if other than patient)			

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

Signature 	Date <u>4/25/2015</u>	Time <u>1:13 pm</u>
(Patient or Authorized Representative)		
Relationship to Patient <u>Self</u>		
Reason Patient Unable/Unwilling to sign _____		



Request for Treatment and Authorization
Carolin HealthCare System

WILLIAMS, LEONARD CLINTON
ACCT: H15111-00239
UNIT: H00064-20-66

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Electronic Orders

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

Order: Basic Metabolic Panel with GFR		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: Blood, 4/24/15 1:47:00 PM EDT, Routine collect, Once, Stop date 4/28/15 5:14:41 AM EDT, Medication management		
Order Comment:		
Action Type: Order	Action Date/Time: 4/24/2015 13:47 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP		Supervising Provider:
Order Details: Blood, 04/24/15 13:47:00 EDT, Routine collect, Once, Stop date 04/24/15 13:47:00 EDT, Medication management		
Review Information:		
Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 4/28/2015 21:52 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Cancel	Action Date/Time: 4/28/2015 05:14 EDT	Entered By: CONTRIBUTOR_SYSTEM, MISYS
Ordering Provider: PENISTON ,KATHLEEN KELLY NP		Supervising Provider:
Order Details: Blood, 04/24/15 13:47:00 EDT, Routine collect, Once, Stop date 04/24/15 13:47:00 EDT, Medication management		
Review Information:		
Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 4/28/2015 21:52 EDT		
Doctor Cosign: Not Required		
Order Comment:		

Provider: MCGLYNN ,AIKO CHRISTINA DO**Date of Service:** 4/24/2015**Visit #:** 1511100239**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:

Electronic OrdersOrder: **Hemoglobin A1c HA1c**

Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)

Electronically Signed By: PENISTON ,KATHLEEN KELLY NP

Order Details: Blood, 4/24/15 1:47:00 PM EDT, Routine collect, Once, Stop date 4/28/15 5:14:41 AM EDT, Medication management

Order Comment:

Action Type: Order	Action Date/Time: 4/24/2015 13:47 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
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Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:
--	-----------------------

Order Details: Blood, 04/24/15 13:47:00 EDT, Routine collect, Once, Stop date 04/24/15 13:47:00 EDT, Medication management

Review Information:

Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 4/28/2015 21:52 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Cancel	Action Date/Time: 4/28/2015 05:14 EDT	Entered By: CONTRIBUTOR_SYSTEM, MISYS
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Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:
--	-----------------------

Order Details: Blood, 04/24/15 13:47:00 EDT, Routine collect, Once, Stop date 04/24/15 13:47:00 EDT, Medication management

Review Information:

Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 4/28/2015 21:52 EDT

Doctor Cosign: Not Required

Order Comment:

Provider: MCGLYNN ,AIKO CHRISTINA DO**Date of Service: 4/24/2015****Visit #: 1511100239****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:

Electronic Orders**Order: Lipid Panel**

Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)

Electronically Signed By: PENISTON ,KATHLEEN KELLY NP

Order Details: Blood, 4/24/15 1:47:00 PM EDT, Routine collect, Once, Stop date 4/28/15 5:14:42 AM EDT, Medication management

Order Comment:

Action Type: Order	Action Date/Time: 4/24/2015 13:47 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
--------------------	---------------------------------------	---

Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:
--	-----------------------

Order Details: Blood, 04/24/15 13:47:00 EDT, Routine collect, Once, Stop date 04/24/15 13:47:00 EDT, Medication management

Review Information:

Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 4/28/2015 21:52 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Cancel	Action Date/Time: 4/28/2015 05:14 EDT	Entered By: CONTRIBUTOR_SYSTEM, MISYS
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Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:
--	-----------------------

Order Details: Blood, 04/24/15 13:47:00 EDT, Routine collect, Once, Stop date 04/24/15 13:47:00 EDT, Medication management

Review Information:

Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 4/28/2015 21:52 EDT

Doctor Cosign: Not Required

Order Comment:

Provider: MCGLYNN ,AIKO CHRISTINA DO**Date of Service: 4/24/2015****Visit #: 1511100239****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:

Electronic Orders**Order: Glucose (Blood)**

Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)

Electronically Signed By: PENISTON ,KATHLEEN KELLY NP

Order Details: Blood, 4/24/15 1:47:00 PM EDT, Routine collect, Once, Stop date 4/24/15 1:48:05 PM EDT, Medication management

Order Comment:

Action Type: Order	Action Date/Time: 4/24/2015 13:47 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
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Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:
--	-----------------------

Order Details: Blood, 04/24/15 13:47:00 EDT, Routine collect, Once, Stop date 04/24/15 13:47:00 EDT, Medication management

Review Information:

Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 4/25/2015 21:46 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Cancel	Action Date/Time: 4/24/2015 13:48 EDT	Entered By: CONTRIBUTOR_SYSTEM, MISYS
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Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:
--	-----------------------

Order Details: Blood, 04/24/15 13:47:00 EDT, Routine collect, Once, Stop date 04/24/15 13:47:00 EDT, Medication management

Review Information:

Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 4/25/2015 21:46 EDT

Doctor Cosign: Not Required

Order Comment:

Provider: MCGLYNN ,AIKO CHRISTINA DO**Date of Service: 4/24/2015****Visit #: 1511100239****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:

Electronic Orders

Order: Consider Diabetes Survival Skills Education

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/24/15 1:47:00 PM EDT Routine Once Stop: 4/30/15 12:14:04 AM EDT

Order Comment: Order placed by Discern Expert Rule.

Action Type: Order Action Date/Time: 4/24/2015 13:47 EDT Entered By: SYSTEM

Ordering Provider: SYSTEM Supervising Provider:

Order Details: 04/24/15 13:47:00 EDT Routine Once Stop: 04/24/15 13:47:00 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by Discern Expert Rule.

Action Type: Discontinue Action Date/Time: 4/30/2015 00:14 EDT Entered By: SYSTEM

Ordering Provider: SYSTEM Supervising Provider:

Order Details: 04/24/15 13:47:00 EDT Routine Once Stop: 04/24/15 13:47:00 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 4/24/2015

Visit #: 1511100239

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:

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

Phone: (828) [REDACTED]

MRN: 0000642066

Age: 34 Years

DOB: 11/01/1980

Sex: Male

Visit Date: 04/24/2015

Primary Care Provider:
none

Race: Caucasian

Ethnicity: Non-Hispanic
Preferred Language:
English

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: MCGLYNN , AIKO CHRISTINA DO

Reason for Visit:

Today's Diagnosis: Medication management

Today's Clinical Information:

Height: 5 ft, 11 inch

Weight: 237 lb

BMI: 33.05 kg/m2

Blood Pressure: 123 mmHg / 67 mmHg

Additional Information:

Smoking Status

Never smoker

Allergies:

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 4/24/2015

Visit #: 1511100239

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

No known allergies

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 04/24/2015 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	

Provider: MCGLYNN ,AIKO CHRISTINA DO**Date of Service:** 4/24/2015**Visit #:** 1511100239**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

		501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2862	
--	--	---	--

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

These Medicines have been Changed or Stopped

Medicine has changed. See #2 in Continued Medications above. dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) capsule
Medicine has changed. See #2 in Continued Medications above. dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) capsule
Medicine has changed. See #2 in Continued 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.

Scheduled Appointments:

	Date	Time	Location	Provider	Phone Number
--	-------------	-------------	-----------------	-----------------	---------------------

Follow Up:

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 4/24/2015
Visit #: 1511100239

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

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: 4/24/2015

Visit #: 1511100239

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: WILLIAMS III, LEONARD CLINTON

Visit Date: 4/24/2015 02:31:00

FIN: 1511100239

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: 4/24/2015

Visit #: 1511100239

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:32 EST

Print ID: 350115783



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: 4/24/2015 14:02 EDT

Performed On: 4/24/2015 14:02 EDT by PENISTON , KATHLEEN KELLY NP

Response to Education

Response to Teaching : Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 4/24/2015 14:02 EDT

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 4/24/2015

Visit #: 1511100239

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: 4/24/2015
Visit #: 1511100239

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: diarrhea in morning, appetite increase
☐ No

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

- ☐ Yes – explain: 237.
☒ No

5. I have been taking my medications as prescribed.

- ☒ Yes
☐ No – explain: _____

6. Questions or concerns I want to discuss today. feeling tired a lot

Signature of Person Completing Form: _____ Date: _____

*If other than patient, give relationship: _____

For Staff Only:

Form reviewed by: K. PenningtonDate: 4.24.15 Time: 1340

Date: _____ Time: _____



Carolinas HealthCare System
BH-Charlotte
Outpatient Medication Services
Patient Questionnaire
Page 1 of 1



Rev. 08/21/09



15111-00239 04/24/15
WILLIAMS, LEONARD CLINTON
H000064-20-66 DOB 11/01/80 M 34Y

ter



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: 4/24/2015 13:41 EDT
Performed On: 4/24/2015 13:40 EDT 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 - 4/24/2015 13:40 EDT

^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) : 237 lb

Weight : 107.502 kg

Body Mass Index : 33.05 kg/m2

Body Surface Area : 2.32 m2

Peripheral Pulse Rate : 102 BPM (HI)

Systolic Blood Pressure : 123 mmHg

Diastolic Blood Pressure : 67 mmHg

Weight (lbs.) : 237 lb

Height (ft.) : 5.92 ft

PENISTON , KATHLEEN KELLY NP - 4/24/2015 13:40 EDT

Communications - Acute

Primary Care Provider : none

Cell Phone Number : 828 [REDACTED]

Leave Voicemail : Yes

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

PENISTON , KATHLEEN KELLY NP - 4/24/2015 13:40 EDT

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 4/24/2015

Visit #: 1511100239

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

DOCUMENT NAME:

CSSRS Short Version - Reassessment Entered On: 4/24/2015 14:03 EDT
Performed On: 4/24/2015 14:03 EDT by PENISTON , KATHLEEN KELLY NP

CSSRS Short Version - Reassessment

CSSRS Reassess Able to Assess : Yes

1. *Have you wished you were dead or wished you could go to sleep and not wake up? (ref) :* Since last visit, no
 2. *Have you actually had any thoughts of killing yourself? (ref) :* Since last visit, no
 6. *Have you done anything, started to do anything, or prepared to do anything to end your life? (ref) :* Since last visit, no
- PENISTON , KATHLEEN KELLY NP - 4/24/2015 14:03 EDT

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 4/24/2015
Visit #: 1511100239

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	4/24/2015	
Recorded Time	13:40 EDT	
Recorded By	PENISTON ,KATHLEEN KELLY NP	
Procedure		Units
Height	180.34	cm
Weight	107.502	kg
BSA	2.32	m2
Body Mass Index	33.05	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11	inch
Clinical Weight Contributor (lb)	237	lb
Peripheral Pulse Rate	102 ^H	BPM
Systolic Blood Pressure	123	mmHg
Diastolic Blood Pressure	67	mmHg

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 4/24/2015

Visit #: 1511100239

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:

Psychosocial

Psychosocial

	Recorded Date	4/24/2015
	Recorded Time	14:03 EDT
	Recorded By	PENISTON ,KATHLEEN KELLY NP
Procedure	Units	
CSSRS Reassess Able to Assess		Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, no
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 4/24/2015
Visit #: 1511100239

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	4/24/2015	
Recorded Time	13:40 EDT	
Recorded By	PENISTON ,KATHLEEN KELLY NP	
Procedure		Units
Primary Care Provider	none	

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 4/24/2015

Visit #: 1511100239

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

General Admission History

General Admission History

	Recorded Date	4/24/2015
	Recorded Time	13:40 EDT
Procedure		
Recent Travel Outside United States MERS		See Below ^{T1}

Textual Results

T1: 4/24/2015 13:40 EDT (Recent Travel Outside United States MERS)
No travel/no contact within past 14 days

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 4/24/2015
Visit #: 1511100239

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: 7/14/2015
Visit #: 1519100111

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: 7/14/2015
Visit #: 1519100111

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: 1519100111

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, Celexa, Zyprexa

Compliance: Yes

Side Effects: None

Residual Sx: yes but not significant

Mood: stable

Sleep: good

Appetite:remains high

Energy: low in the am

Concentration: memory worse-loses track of conversation

SI/HI: none

Psychosis: none

Concerns/Requests today: evaluation

Medical Changes: none

Stressors: financial

Therapist: none

At baseline.

Review of Systems

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

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 7/14/2015

Visit #: 1519100111

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:

Office/Clinic Visit Notes

Pain - none

Location -

Rating on NRS -

Patient has been seen and evaluated for this pain by a medical provider.

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: KKP NP, 0 Refill(s).

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.

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 7/14/2015

Visit #: 1519100111

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

Fund of Knowledge: Average.

Recent & Remote Memory: No impairment in recent or remote.

Speech: Normal in rate & rhythm.

Thought process: Perseverating.

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**

7/14/2015 8:19 EDT

Peripheral Pulse Rate**108 BPM HI**

Systolic Blood Pressure

112 mmHg

Diastolic Blood Pressure

80 mmHg

, Measurements from flowsheet : Measurements - Standard

7/14/2015 8:19 EDT

Height Contributor (ft)

5 ft

Height Contributor (inches)

11 inch

Clinical Weight Contributor (lb)

235 lb

Impression and Plan**Dx/Order Association Plan**

Psychiatric Diagnoses: Bipolar D/O, ADD

Medical Diagnoses: none

Psychosocial Stressors: financial

Summary: at baseline

Plan

- 1) Medication: Zyprexa 15mg QHS; Celexa 20mg daily; Adderall XR 15mg BID (BNMN)
- 2) Therapy - Patient declined
- 3) Labwork Ordered - Hg A1C, lipid profile
- 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.

Provider: MCGLYNN ,AIKO CHRISTINA DO**Date of Service: 7/14/2015****Visit #: 1519100111****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

- 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 - 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
07/14/2015 08:43 AM

Electronically Signed By: MCGLYNN, AIKO CHRISTINA DO
07/14/15 10:18 AM

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 7/14/2015
Visit #: 1519100111

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: 7/14/2015
Visit #: 1519100111

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: H15191-00111
UNIT: H00064-20-66



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.

Patient _____ (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 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: H15191-00111
UNIT: H000064-20-66

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Electronic Orders

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

Order: Hemoglobin A1c HA1c		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: Blood, 7/14/15 8:30:00 AM EDT, Routine collect, Once, Stop date 7/15/15 2:06:59 AM EDT, Medication management		
Order Comment:		
Action Type: Order	Action Date/Time: 7/14/2015 08:30 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP		Supervising Provider:
Order Details: Blood, 07/14/15 8:30:00 EDT, Routine collect, Once, Stop date 07/14/15 8:30:00 EDT, Medication management		
Review Information:		
Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 7/15/2015 22:02 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Discontinue	Action Date/Time: 7/15/2015 02:06 EDT	Entered By: SYSTEM
Ordering Provider: PENISTON ,KATHLEEN KELLY NP		Supervising Provider:
Order Details: Blood, 07/14/15 8:30:00 EDT, Routine collect, Once, Stop date 07/14/15 8:30:00 EDT, Medication management		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Provider: MCGLYNN ,AIKO CHRISTINA DO**Date of Service:** 7/14/2015**Visit #:** 1519100111**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:

Electronic Orders**Order: Lipid Panel**

Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)

Electronically Signed By: PENISTON ,KATHLEEN KELLY NP

Order Details: Blood, 7/14/15 8:30:00 AM EDT, Routine collect, Once, Stop date 7/15/15 2:06:59 AM EDT, Medication management

Order Comment:

Action Type: Order	Action Date/Time: 7/14/2015 08:30 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
--------------------	---------------------------------------	---

Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:
--	-----------------------

Order Details: Blood, 07/14/15 8:30:00 EDT, Routine collect, Once, Stop date 07/14/15 8:30:00 EDT, Medication management

Review Information:

Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 7/15/2015 22:02 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue	Action Date/Time: 7/15/2015 02:06 EDT	Entered By: SYSTEM
--------------------------	---------------------------------------	--------------------

Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:
--	-----------------------

Order Details: Blood, 07/14/15 8:30:00 EDT, Routine collect, Once, Stop date 07/14/15 8:30:00 EDT, Medication management

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MCGLYNN ,AIKO CHRISTINA DO**Date of Service: 7/14/2015****Visit #: 1519100111****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:

Electronic Orders

Order: Consider Diabetes Survival Skills Education

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 7/14/15 8:30:00 AM EDT Routine Once Stop: 7/15/15 2:06:59 AM EDT

Order Comment: Order placed by Discern Expert Rule.

Action Type: Order Action Date/Time: 7/14/2015 08:30 EDT Entered By: SYSTEM

Ordering Provider: SYSTEM Supervising Provider:

Order Details: 07/14/15 8:30:00 EDT Routine Once Stop: 07/14/15 8:30:00 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by Discern Expert Rule.

Action Type: Discontinue Action Date/Time: 7/15/2015 02:06 EDT Entered By: SYSTEM

Ordering Provider: SYSTEM Supervising Provider:

Order Details: 07/14/15 8:30:00 EDT Routine Once Stop: 07/14/15 8:30:00 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 7/14/2015

Visit #: 1519100111

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:

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: 07/14/2015
Phone: (828) [REDACTED]	Age: 34 Years	Sex: Male	Primary Care Provider: none
Race: Caucasian	Ethnicity: Non-Hispanic	Preferred Language: English	

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: MCGLYNN , AIKO CHRISTINA DO

Reason for Visit:

Today's Diagnosis: Medication management

Today's Clinical Information:

Height: 5 ft, 11 inch

Weight: 235 lb

BMI: 32.78 kg/m2

Blood Pressure: 112 mmHg / 80 mmHg

Additional Information:

Smoking Status

Never smoker

Allergies:

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 7/14/2015

Visit #: 1519100111

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

No known allergies

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 07/14/2015 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.	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	Prescription Given to Patient (unless noted below) [] Prescription Not Needed	

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 7/14/2015

Visit #: 1519100111

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

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

These Medicines have been Changed or Stopped

Medicine has changed. See #2 in Continued Medications above.
dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)
capsule

Medicine has changed. See #2 in Continued Medications above.
dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)
capsule

Medicine has changed. See #2 in Continued 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.

Scheduled Appointments:

	Date	Time	Location	Provider	Phone Number
--	-------------	-------------	-----------------	-----------------	---------------------

Follow Up:

Reminders:

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 7/14/2015
Visit #: 1519100111

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

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

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: 7/14/2015

Visit #: 1519100111

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: WILLIAMS III, LEONARD CLINTON

Visit Date: 7/14/2015 03:08:00

FIN: 1519100111

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: 7/14/2015

Visit #: 1519100111

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:32 EST

Print ID: 350115782



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: 7/14/2015 8:37 EDT

Performed On: 7/14/2015 8:37 EDT by PENISTON , KATHLEEN KELLY NP

Response to Education

Response to Teaching : Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 7/14/2015 8:37 EDT

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 7/14/2015

Visit #: 1519100111

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: 7/14/2015
Visit #: 1519100111

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:

235.

☒ 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: low blood in morning, appetite, redness☐ 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: SLHDate: 7/14/2015

*If other than patient, give relationship: _____

For Staff Only:

Form reviewed by: _____

Date: _____ Time: _____

Date: _____ Time: _____



Carolinas HealthCare System
BH-Charlotte
Outpatient Medication Services
Patient Questionnaire
Page 1 of 1



Rev. 08/21/09

Pat

Da

Me



15191-00111 07/14/15

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: 7/14/2015 8:20 EDT
Performed On: 7/14/2015 8:19 EDT 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 - 7/14/2015 8:19 EDT

^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) : 235 lb

Weight : 106.595 kg

Body Mass Index : 32.78 kg/m2

Body Surface Area : 2.31 m2

Peripheral Pulse Rate : 108 BPM (HI)

Systolic Blood Pressure : 112 mmHg

Diastolic Blood Pressure : 80 mmHg

Weight (lbs.) : 235 lb

Height (ft.) : 5.92 ft

PENISTON , KATHLEEN KELLY NP - 7/14/2015 8:19 EDT

Communications - Acute

Primary Care Provider : none

Cell Phone Number : 828- [REDACTED]

Leave Voicemail : Yes

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

PENISTON , KATHLEEN KELLY NP - 7/14/2015 8:19 EDT

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 7/14/2015

Visit #: 1519100111

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

DOCUMENT NAME:

CSSRS Short Version - Reassessment Entered On: 7/14/2015 8:25 EDT
Performed On: 7/14/2015 8:25 EDT by PENISTON , KATHLEEN KELLY NP

CSSRS Short Version - Reassessment

CSSRS Reassess Able to Assess : Yes

1. *Have you wished you were dead or wished you could go to sleep and not wake up? (ref) :* Since last visit, no
 2. *Have you actually had any thoughts of killing yourself? (ref) :* Since last visit, no
 6. *Have you done anything, started to do anything, or prepared to do anything to end your life? (ref) :* Since last visit, no
- PENISTON , KATHLEEN KELLY NP - 7/14/2015 8:25 EDT

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 7/14/2015
Visit #: 1519100111

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	7/14/2015	
Recorded Time	08:19 EDT	
Recorded By	PENISTON ,KATHLEEN KELLY NP	
Procedure		Units
Height	180.34	cm
Weight	106.595	kg
BSA	2.31	m2
Body Mass Index	32.78	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11	inch
Clinical Weight Contributor (lb)	235	lb
Peripheral Pulse Rate	108^H	BPM
Systolic Blood Pressure	112	mmHg
Diastolic Blood Pressure	80	mmHg

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 7/14/2015

Visit #: 1519100111

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:

Psychosocial

Psychosocial

	Recorded Date	7/14/2015
	Recorded Time	08:25 EDT
	Recorded By	PENISTON ,KATHLEEN KELLY NP
Procedure	Units	
CSSRS Reassess Able to Assess		Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, no
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 7/14/2015

Visit #: 1519100111

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	7/14/2015	
Recorded Time	08:19 EDT	
Recorded By	PENISTON ,KATHLEEN KELLY NP	
Procedure		Units
Primary Care Provider	none	

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 7/14/2015

Visit #: 1519100111

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

General Admission History

General Admission History

Recorded Date	7/14/2015
Recorded Time	08:19 EDT
Procedure	
Recent Travel Outside United States MERS	See Below ^{T1}

Textual Results

T1: 7/14/2015 08:19 EDT (Recent Travel Outside United States MERS)
No travel/no contact within past 14 days

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 7/14/2015
Visit #: 1519100111

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: 10/9/2015
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: 10/9/2015 16:03 EDT
Performed On: 10/9/2015 16:01 EDT by CALDWELL, FELICIA A**

BH Telephone Contact

Relationship to Patient : Self

Provider : PENISTON, KATHLEEN KELLY NP

Call Type : Medication refill

Cell Phone Number : 828- [REDACTED]

Reason for call : Pt needs refill for Celexa & Zyprexa, uses our pharmacy and no appts. for Peniston (FU3)

Last Visit Date : 7/14/2015 EDT

CALDWELL, FELICIA A - 10/9/2015 16:01 EDT

Follow Up

Phone Msg Communication Grid

1. *Communication Date/Time* : 10/12/2015 15:09 EDT

Communication Comment : Pt returned call. Made aware he has a script to pick up and meds called to pharm.

Apologized to pt about the availability of appts and offered for him to see some else in the interim or to transfer here to another MD. Pt refused and stated that he

WALTERS, LISA RN - 10/12/2015 15:09 EDT

2. *Communication Comment* : understands and would like to stay with K. Peniston. Pt at first stated that he would call back to sched due to possible upcoming interview, but then changed his mind and asked to see when K. Peniston had appt. First avail appt for 11/3/15. Made appt

WALTERS, LISA RN - 10/12/2015 15:09 EDT

3. *Communication Comment* : for 11/3/15 @ 0900. Pt reports he will be here today to pick up script. Will close.

WALTERS, LISA RN - 10/12/2015 15:09 EDT

4. *Communication Date/Time* : 10/12/2015 13:23 EDT

Communication Comment : Left message for pt. Pt has script here to pickup and refills sent to pharm. Pt needs to be offered to transfer to another provider or interim appt and please apologize.

WALTERS, LISA RN - 10/12/2015 13:23 EDT

5. *Communication Date/Time* : 10/12/2015 8:34 EDT

Communication Comment : Adderall XR printed and placed in folder for pick-up. Other Rx's sent to pharmacy. Please offer patient another provider (transfer or interim) and apologize.

PENISTON, KATHLEEN KELLY NP - 10/12/2015 8:33 EDT

6. *Communication Date/Time* : 10/9/2015 17:11 EDT

Communication Comment : Pt last filled Celexa, Adderall XR + Zyprexa at BHC Pharmacy 9/11/15. Pt is going out of town Tuesday, NP has no appts available. Will fwd to NP.

FANG, SHANNON RN - 10/9/2015 17:11 EDT

Follow-up Appointment : 11/3/15 @ 0900

Provider:

Date of Service: 10/9/2015

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

WALTERS , LISA RN - 10/12/2015 15:09 EDT

{[NEEDS FU3 APT/ see above notes]} -- previously charted by WALTERS , LISA RN at 10/12/2015 13:23 EDT};

{[NEEDS FU3 APT]} -- previously charted by FANG , SHANNON RN at 10/9/2015 17:11 EDT};

Provider:

Date of Service: 10/9/2015

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	10/9/2015	
Recorded Time	16:01 EDT	
Recorded By	CALDWELL ,FELICIA A	
Procedure		Units
Provider	PENISTON , KATHLEEN KELLY NP	

Provider:

Date of Service: 10/9/2015

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: 11/3/2015
Visit #: 1530300149

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: 11/3/2015
Visit #: 1530300149

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 WITH NURSE

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 1530300149
Age: **35 years** Sex: **Male** DOB: **11/1/1980**
Associated Diagnoses: **None**
Author: **PENISTON , KATHLEEN KELLY NP**

Visit Information**Visit type****Accompanied by****History limitation****History of Present Illness**

Nursing assessment reviewed. Patient is a 35-year-old Caucasian male with a diagnosis of bipolar disorder who presents to outpatient medication services for evaluation. He also has a diagnosis of attention deficit disorder. Current medications include Celexa, Zyprexa, and Adderall. The patient reports ongoing problems with low energy and increased appetite. He also has a very poor diet as is evidenced by his description of his eating habits to this writer. He also does not have a primary care provider at this time and is not completed the recommended lab work which was ordered at his last visit. He does report some stressors related to work but overall states that he has been doing fairly well. He does report some intermittent depressive symptoms but no symptoms significant periods of depression or mania. He denies any thoughts of harming himself or others. He also denies any psychotic symptoms.

Review of Systems

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

Health Status**Allergies:**Allergic Reactions (All)

No known allergies.

Current medications: (Selected)Prescriptions*Prescribed*

Adderall XR 20 mg oral capsule, extended release: 1 capsule, ORAL, BID (2 times a day), for 30 day(s), 60 capsule, 0 Refill(s)

ZyPREXA 15 mg oral tablet: 15 mg, 1 tablet, ORAL, Daily, for 30 day(s), 30 tablet, 0 Refill(s)

citalopram 20 mg oral tablet: 20 mg, 1 tablet, ORAL, Daily, for 30 day(s), 30 tablet, 0 Refill(s)

Provider: MCGLYNN ,AIKO CHRISTINA DO**Date of Service:** 11/3/2015**Visit #:** 1530300149**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

Documented Medications

Documented

Goodys Extra Strength: See Instructions, 1 packet as needed

Med List Status - Updated: Alicia Adamczyk, RN, 0 Refill(s).

Problem list:

No problem items selected or recorded..

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.

Recent & Remote Memory: No impairment in recent or remote.

Speech: Overproductive.

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

11/3/2015 9:16 EST

Peripheral Pulse Rate	93 BPM
Systolic Blood Pressure	114 mmHg
Diastolic Blood Pressure	83 mmHg
Blood Pressure Location #1	Left arm
BP Instrument	Machine

, Measurements from flowsheet : Measurements - Standard

11/3/2015 9:16 EST

Height Contributor (ft)	5 ft
Height Contributor (inches)	11 inch
Clinical Weight Contributor (lb)	237 lb
Clinical Weight Contributor (oz)	8 oz

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/3/2015

Visit #: 1530300149

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

Impression and Plan

Dx/Order Association Plan

Psychiatric Diagnoses: Bipolar disorder, ADD

Medical Diagnoses: None reported

Psychosocial Stressors: Work

Summary: Patient maintains mood stability on current medication regimen. However he continues to experience some low energy, fatigue, and increased appetite. He is concerned about his overall health though has not followed up with recommended lab work or referral to seek a primary care provider.

Plan

- 1) Medication: Zyprexa 15 mg at bedtime, Celexa 20 mg daily, Adderall XR 20 mg twice a day (BNMN)
- 2) Therapy - Patient declined, lipid profile
- 3) Labwork Ordered - HgA1C
- 4) SA Treatment - Not indicated
- 5) RTC in 3 months for further evaluation of medication.
- 6) Patient was provided with education regarding medication and treatment plan.
- 7) Patient is aware of emergency services availability including Psychiatric ED and Mobile Crisis.
- 8) Patient is aware to contact OMS for any needed medication adjustments.

Professional Services

Amount of time spent with patient - Minutes

Greater than 50% of the time spent with patient was devoted to counseling and coordination of care.

Electronically Signed By: PENISTON, KATHLEEN KELLY NP

11/03/2015 01:49 PM

Electronically Signed By: MCGLYNN, AIKO CHRISTINA DO

11/03/15 04:24 PM

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/3/2015

Visit #: 1530300149

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: 11/3/2015
Visit #: 1530300149

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: H15303-00149
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)	<u>11/3/2015</u> Date	<u>0907</u> Time	Responsible Party/ies _____ (Seal)
<u>[Signature]</u> Witness			Relation to Patient ____ Husband ____ Wife ____ Parent/s ____ Other (Specify)

Policyholder (if other than patient) _____

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

<u>[Signature]</u> Signature _____ (Patient or Authorized Representative)	<u>11/3/2015</u> Date	<u>0907</u> Time
Relationship to Patient <u>Self</u>		

Reason Patient Unable/Unwilling to sign _____



Request for Treatment and Authorization
Carolinan HealthCare System

WILLIAMS, LEONARD CLINTON
ACCT: H15303-00149
UNIT: H000064-20-66



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Clinical Documentation

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

ADAMCZYK ,ALICIA M RN (11/3/2015 09:25 EST)

Education Teaching Record Entered On: 11/3/2015 9:26 EST
Performed On: 11/3/2015 9:25 EST by ADAMCZYK , ALICIA M RN

ETR Discipline

Education Teaching Record Discipline : Nursing

ADAMCZYK , ALICIA M RN - 11/3/2015 9:25 EST

ETR Education General

Education Plan of Care : No patient identified learning needs

Preferred Learning Methods : Discussion, Reading

Barriers to Learning : None evident

Action Plan to Barriers : None required

ADAMCZYK , ALICIA M RN - 11/3/2015 9:25 EST

ETR Advance Directives

ETR Advance Directives Gen View : Date Education Provided Learner Response

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 : Handout/booklet, Verbal instructions

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

ADAMCZYK , ALICIA M RN - 11/3/2015 9:25 EST

ETR Medications

Education Medications Grid

1. Medication : Adderall XR

ADAMCZYK , ALICIA M RN - 11/3/2015 9:25 EST

2. Medication : Celexa

ADAMCZYK , ALICIA M RN - 11/3/2015 9:25 EST

3. Medication : Zyprexa

ADAMCZYK , ALICIA M RN - 11/3/2015 9:25 EST

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

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

ADAMCZYK , ALICIA M RN - 11/3/2015 9:25 EST

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/3/2015

Visit #: 1530300149

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:

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

Phone: (828) [REDACTED]

MRN: 0000642066

Age: 35 Years

DOB: 11/01/1980

Sex: Male

Visit Date: 11/03/2015

Primary Care Provider:
PENISTON , KATHLEEN
KELLY NP

Race: Caucasian

Ethnicity: Non-Hispanic
Preferred Language:
English

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: MCGLYNN , AIKO CHRISTINA DO

Reason for Visit:

Today's Diagnosis: Attention deficit disorder (ADD) without hyperactivity; Bipolar 1 disorder

Today's Clinical Information:

Height: 5 ft, 11 inch

Weight: 237 lb 8 oz

BMI: 33.12 kg/m2

Blood Pressure: 114 mmHg / 83 mmHg

Additional Information:

Allergies:

No known allergies

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/3/2015

Visit #: 1530300149

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Phone:

Fax:

Discharge Information - Patient Education

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 11/03/2015 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	

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/3/2015

Visit #: 1530300149

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

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Phone:

Fax:

Discharge Information - Patient Education

		Phone: (704)358-2862	
--	--	----------------------	--

	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)
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.

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.

Provider: MCGLYNN ,AIKO CHRISTINA DO**Date of Service: 11/3/2015****Visit #: 1530300149****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



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Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

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

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: 11/3/2015

Visit #: 1530300149

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: WILLIAMS III, LEONARD CLINTON

Visit Date: 11/3/2015 03:05:00

FIN: 1530300149

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: 11/3/2015

Visit #: 1530300149

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:32 EST

Print ID: 350115781



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: 11/3/2015 9:48 EST

Performed On: 11/3/2015 9:48 EST by PENISTON , KATHLEEN KELLY NP

Response to Education

Response to Teaching : Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 11/3/2015 9:48 EST

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/3/2015

Visit #: 1530300149

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:32 EST

Print ID: 350115781



AH BH Charlotte OMS Medication

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Phone:

Fax:

Patient Questionnaires

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 11/3/2015
Visit #: 1530300149

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. noneSignature of Person Completing Form: [Signature]Date: 11/3/15

*If other than patient, give relationship: _____

For Staff Only:

Form reviewed by: [Signature]Date: 11/3/15Time: 0920Date: 11/3/15Time: 0936

Carolinas HealthCare System
BH-Charlotte
Outpatient Medication Services
Patient Questionnaire
Page 1 of 1



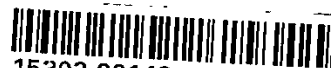
Rev. 08/21/09

Patient Name:

Date of Birth:

Patient Identifier

Medical Record #:



15303-00149-11/03/15
WILLIAMS, LEONARD CLINTON
H000064-20-66 DOB 11/01/80 M 35Y

**AH BH Charlotte OMS Medication**

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Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

DOCUMENT NAME:

Medication Clinic Follow-Up Assessment BH Entered On: 11/3/2015 9:24 EST
Performed On: 11/3/2015 9:16 EST by ADAMCZYK , ALICIA M RN

Medicaid Number*Medicaid Coverage :* No

ADAMCZYK , ALICIA M RN - 11/3/2015 9:16 EST

Travel History*Recent Travel Outside of United States :* No travel/no contact within past 21 days

ADAMCZYK , ALICIA M RN - 11/3/2015 9:16 EST

Medication List*Medication Information Obtained From :* Patient/family*Medication Disposition :* No meds brought to hospital*Medication Status :* Medication list updated

ADAMCZYK , ALICIA M RN - 11/3/2015 9:16 EST

Medication List

(As Of: 11/3/2015 09:24:07 EST)

*Prescription/Discharge Order*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), for 30 day(s), 60 capsule, 0 Refill(s) ; *Ordering*
Provider: PENISTON , KATHLEEN KELLY NP; *Catalog Code:*
dextroamphetamine-amphetamine ; *Order Dt/Tm:* 10/12/2015
08:32:19

citalopram

: citalopram ; *Status:* Prescribed ; *Ordered As Mnemonic:*
citalopram 20 mg oral tablet ; *Simple Display Line:* 20 mg, 1
tablet, ORAL, Daily, for 30 day(s), 30 tablet, 0 Refill(s) ; *Ordering*
Provider: PENISTON , KATHLEEN KELLY NP; *Catalog Code:*
citalopram ; *Order Dt/Tm:* 10/12/2015 08:33:31

OLANZapine

: OLANZapine ; *Status:* Prescribed ; *Ordered As Mnemonic:*
ZyPREXA 15 mg oral tablet ; *Simple Display Line:* 15 mg, 1
tablet, ORAL, Daily, for 30 day(s), 30 tablet, 0 Refill(s) ; *Ordering*
Provider: PENISTON , KATHLEEN KELLY NP; *Catalog Code:*
OLANZapine ; *Order Dt/Tm:* 10/12/2015 08:33:29

Provider: MCGLYNN ,AIKO CHRISTINA DO**Date of Service:** 11/3/2015**Visit #:** 1530300149**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Phone:

Fax:

BH Clinical Documentation*Home Meds*

Med List Status - Updated : Med List Status - Updated ; *Status:* Documented ; *Ordered As Mnemonic:* Med List Status - Updated ; *Simple Display Line:* Alicia Adamczyk, RN, 0 Refill(s) ; *Catalog Code:* Med List Status - Updated ; *Order Dt/Tm:* 11/3/2015 09:16:09

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:* Discontinued ; *Ordered As Mnemonic:* Med List Status - Updated ; *Simple Display Line:* KKP NP, 0 Refill(s) ; *Catalog Code:* Med List Status - Updated ; *Order Dt/Tm:* 7/14/2015 08:21:05

Med Clinic Follow Up General Info BH*Information Given By :* Patient*Accompanied By :* Self*Have you been to hosp since last visit? :* No*Reason for Visit - BH :* Routine follow up*Reason for Visit Details - BH :* routine f/u*History of Present Illness :* Denies SI/HI/AH/VH. Feel fatigued a lot, feels Zyprexa plays a part. Some mild depression.*"Every now and then I get down."* Denies anxiety. Talkative. Calm and pleasant.*Patient Perception of Medications :* feels medications work*Suicidal Ideations :* Denies

ADAMCZYK , ALICIA M RN - 11/3/2015 9:16 EST

Med Clinic Symptom Review Grid*Appetite Problem symptom :* Denies*Sleep Problem symptom :* Denies*Energy Problem Symptom :* Yes

(Comment: Drink 5 hours energy [ADAMCZYK , ALICIA M RN - 11/3/2015 9:16 EST])

Concentration Problem Symptom : Denies*Self Mutilation Behavior :* Denies*Homicidal Ideation/Plan :* Denies**Provider:** MCGLYNN ,AIKO CHRISTINA DO**Date of Service:** 11/3/2015**Visit #:** 1530300149**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH BH Charlotte OMS Medication**

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BH Clinical Documentation*Assaultive Ideation/Behavior* : Denies*Psychotic Symptoms* : Denies*Substance Use* : Denies

ADAMCZYK , ALICIA M RN - 11/3/2015 9:16 EST

In Psychotherapy : Denies

ADAMCZYK , ALICIA M RN - 11/3/2015 9:16 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)* : 237 lb*Clinical Weight Contributor (oz)* : 8 oz*Weight* : 107.729 kg*Body Mass Index* : 33.12 kg/m2*Body Surface Area* : 2.32 m2*Peripheral Pulse Rate* : 93 BPM*Systolic Blood Pressure* : 114 mmHg*Diastolic Blood Pressure* : 83 mmHg*Blood Pressure Location #1* : Left arm*BP Instrument* : Machine*Weight (lbs.)* : 237.5 lb*Height (ft.)* : 5.92 ft

ADAMCZYK , ALICIA M RN - 11/3/2015 9:16 EST

Substance Use Review BHSubstance Abuse/Use Assessment Grid1. *Substance of Abuse* : None

ADAMCZYK , ALICIA M RN - 11/3/2015 9:16 EST

Has Patient Ever Used Tobacco? : Yes, greater than 30 days*Do You Want to Stop Using Tobacco?* : N/A

ADAMCZYK , ALICIA M RN - 11/3/2015 9:16 EST

Social History*Impact on treatment* : No*Stressors* : None*Instability of Care Provider Supervision* : None*Safety Issues in Current Living Situat* : None

ADAMCZYK , ALICIA M RN - 11/3/2015 9:16 EST

Education/Employment**Provider:** MCGLYNN ,AIKO CHRISTINA DO**Date of Service:** 11/3/2015**Visit #:** 1530300149**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH BH Charlotte OMS Medication**

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Phone:

Fax:

BH Clinical Documentation

Employment Status : Employed
Employment Status Details : FT
Recent Changes to Employment : No

ADAMCZYK , ALICIA M RN - 11/3/2015 9:16 EST

Providers/AgenciesCD - Current Treatment Provider Grid

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

ADAMCZYK , ALICIA M RN - 11/3/2015 9:16 EST

2. Current Treatment Providers/Agencies : Psychiatrist
Provider/Agency Name : Kathy Peniston
Appointment Date : 11/3/15

ADAMCZYK , ALICIA M RN - 11/3/2015 9:16 EST

Pain BH Initial

Have you had pain in last 12 hrs? : No

ADAMCZYK , ALICIA M RN - 11/3/2015 9:16 EST

Communications - Acute

Primary Care Provider : PENISTON , KATHLEEN KELLY NP
Cell Phone Number : 828-
Leave Voicemail : Yes
Phone Number Availability : Phone will be off at work. Please leave message

ADAMCZYK , ALICIA M RN - 11/3/2015 9:16 EST

Medical Screening/Review of Systems - BHGastrointestinal Past Medical Hx Grid

Reflux Disease : Self

ADAMCZYK , ALICIA M RN - 11/3/2015 9:16 EST

Psychiatric Past Medical History Grid

Mood Swings/Bipolar : Self

ADAMCZYK , ALICIA M RN - 11/3/2015 9:16 EST

Reproductive Medical History

Other : Self, difficult to start urine stream

ADAMCZYK , ALICIA M RN - 11/3/2015 9:16 EST

DNR : Full Code Blue
Non-Psychiatric Hosp Details : denies
Med Hx/ROS Details : no changes
Approx Date of LMP : NA

ADAMCZYK , ALICIA M RN - 11/3/2015 9:16 EST

Provider: MCGLYNN ,AIKO CHRISTINA DO**Date of Service:** 11/3/2015**Visit #:** 1530300149**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	11/3/2015	
Recorded Time	09:16 EST	
Recorded By	ADAMCZYK ,ALICIA M RN	
Procedure		Units
Height	180.34	cm
Weight	107.729	kg
BSA	2.32	m2
Body Mass Index	33.12	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11	inch
Clinical Weight Contributor (lb)	237	lb
Clinical Weight Contributor (oz)	8	oz
Peripheral Pulse Rate	93	BPM
Systolic Blood Pressure	114	mmHg
Diastolic Blood Pressure	83	mmHg
Blood Pressure Location #1	Left arm	
BP Instrument	Machine	
Have you had pain in last 12 hrs?	No	

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/3/2015

Visit #: 1530300149

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Phone:

Fax:

Psychosocial

Psychosocial

	Recorded Date	11/3/2015
	Recorded Time	09:16 EST
	Recorded By	ADAMCZYK ,ALICIA M RN
Procedure	Units	
Stressors		None

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/3/2015

Visit #: 1530300149

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	11/3/2015	
Recorded Time	09:16 EST	
Recorded By	ADAMCZYK ,ALICIA M RN	
Procedure		Units
Accompanied By	Self	
Information Given By	Patient	
Medication Information Obtained From	Patient/family	
Medication Disposition	No meds brought to hospital	
Primary Care Provider	PENISTON , KATHLEEN KELLY NP	
Medication Status	Medication list updated	

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/3/2015

Visit #: 1530300149

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Phone:

Fax:

Resuscitation Status

Resuscitation Status

Recorded Date	11/3/2015
Recorded Time	09:16 EST
Procedure	
DNR	Full Code Blue

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 11/3/2015
Visit #: 1530300149

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



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Charlotte, NC 28211-

Phone:

Fax:

General Admission History

General Admission History

	Recorded Date	11/3/2015
	Recorded Time	09:16 EST
Procedure		
Recent Travel Outside United States MERS		See Below ^{T1}

Textual Results

T1: 11/3/2015 09:16 EST (Recent Travel Outside United States MERS)
No travel/no contact within past 14 days

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 11/3/2015
Visit #: 1530300149

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



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Phone:

Fax:

Health History

Health History

	Recorded Date	11/3/2015
	Recorded Time	09:16 EST
Procedure		
Reflux Disease Medical History		Self
Reproductive, Other Medical History		See Below ^{T1}
Mood Swings/Bipolar Medical History		Self

Textual Results

T1: 11/3/2015 09:16 EST (Reproductive, Other Medical History)
Self, difficult to start urine stream

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 11/3/2015
Visit #: 1530300149

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:

Social Habits

Social Habits

Recorded Date	11/3/2015
Recorded Time	09:16 EST
Procedure	
Has Patient Ever Used Tobacco?	Yes, greater than 30 days
Do You Want to Stop Using Tobacco?	N/A

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/3/2015

Visit #: 1530300149

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:

Interdisciplinary and Patient Education

Interdisciplinary and Patient Education

Recorded Date	11/3/2015
Recorded Time	09:25 EST
Recorded By	ADAMCZYK ,ALICIA M RN
Procedure	
Education Teaching Record Discipline	Nursing
Education Plan of Care	See Below ^{T1}
Preferred Learning Methods	Discussion, Reading
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	See Below ^{T3}
Learner Response -Advance Directive	See Below ^{T4}
Medication Education	See Below ^{T5}
Learner -Medications	Patient
Ability/Readiness to Learn -Medications	Receptive
Method of Teaching Medications	Verbal instructions
Learner Response -Medications	See Below ^{T6}

Textual Results

- T1: 11/3/2015 09:25 EST (Education Plan of Care)
No patient identified learning needs
- T2: 11/3/2015 09:25 EST (Advance Directives Discussed)
Health Care Power of Attorney, Living will
- T3: 11/3/2015 09:25 EST (Method of Teaching - Adv Directive)
Handout/booklet, Verbal instructions
- T4: 11/3/2015 09:25 EST (Learner Response - Advance Directive)
Demonstrates acceptable knowledge of topic/instructions
- T5: 11/3/2015 09:25 EST (Medication Education)
Dose/Frequency/Strength/Route, Purpose/Side Effects/Contraindications, Range Dose/Range Frequency
- T6: 11/3/2015 09:25 EST (Learner Response - Medications)
Demonstrates acceptable knowledge of topic/instructions

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/3/2015

Visit #: 1530300149

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	11/3/2015	
Recorded Time	09:16 EST	
Recorded By	ADAMCZYK ,ALICIA M RN	
Procedure		Units
Have you been to hosp since last visit?	No	
Reason for Visit -BH	Routine follow up	
Reason for Visit Details -BH	routine f/u	
Sleep Problem symptom	Denies	
Appetite Problem symptom	Denies	
Energy Problem Symptom	Yes ^{R1}	
Concentration problem symptom	Denies	
Self Mutilation Behavior	Denies	
Homicidal Ideation/Plan	Denies	
Assaultive Ideation/Behavior	Denies	
Psychotic Symptoms	Denies	
Substance Use	Denies	
In Psychotherapy	Denies	
Patient Perception of Medications	feels medications work	
Approx Date of LMP	NA	
Non-Psychiatric Hosp Details	denies	
Med Hx/ROS Details	no changes	
Cultural/Spiritual Practices Impact Tx	No	
Instability of Care Provider Supervision	None	
Safety Issues in Current Living Situat	None	
Currently Employed	Employed	
Employment Status Details	FT	
Recent Changes to Employment	No	
Suicidal Ideations	Denies	
History of Present Illness	See Below ^{T1}	

Textual Results

T1: 11/3/2015 09:16 EST (History of Present Illness)
Denies SI/HI/AH/VH. Feel fatigued a lot, feels Zyprexa plays a part. Some mild depression. "Every now and then I get down." Denies anxiety. Talkative. Calm and pleasant.

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 11/3/2015

Visit #: 1530300149

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

Result Comments

R1: Energy Problem Symptom
Drink 5 hours energy

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 11/3/2015
Visit #: 1530300149

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



Carolinas Laboratory Network

Phone:

Fax:

Provider: RFO ,CAROLINAS LABORATORY NETWORK
Date of Service: 1/19/2016
Visit #: 78632101

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



Carolinas Laboratory Network

Phone:

Fax:

Correspondence & Follow Up

DOCUMENT NAME:



Carolinas HealthCare System

LEONARD WILLIAMS III



CHARLOTTE NC 28273

January 20, 2016

Dear Mr. Leonard Williams III,

Attached below are the lab results obtained 1/19/16 as requested by Kathleen Penniston, NP. Your cholesterol and tryglicerides levels were elevated. Please follow up with your primary medical provider. See attached list of providers if you do not have a primary medical provider.

Feel free to contact us a 704-444-2431 if you have any questions.

Sincerely,

Outpatient Medication Services
Behavioral Health Charlotte
5041 Billingsley Rd
Charlotte, NC 28211
704-444-2431

Provider: RFO ,CAROLINAS LABORATORY NETWORK
Date of Service: 1/19/2016
Visit #: 78632101

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



Carolinas Laboratory Network

Phone:

Fax:

Correspondence & Follow Up

Result Name	Current Result	Normal Range
Sodium Level (mmol/L)	138 1/19/2016	134 - 143
Potassium Level (mmol/L)	4.2 1/19/2016	3.5 - 5.1
Chloride Level (mmol/L)	103 1/19/2016	98 - 107
CO2 (mmol/L)	26 1/19/2016	21 - 31
Anion-Gap (mmol/L)	9 1/19/2016	3 - 15
Glucose Level (mg/dL)	107 1/19/2016	74 - 118
BUN (mg/dL)	10 1/19/2016	7 - 25
Creatinine (mg/dL)	0.97 1/19/2016	0.67 - 1.17
Estimated GFR Non-African American (mL/min/1.73_m2)	>59 1/19/2016	>59 -
Estimated GFR African American (mL/min/1.73_m2)	>59 1/19/2016	>59 -
Calcium Level (mg/dL)	9.8 1/19/2016	8.6 - 10.3
Cholesterol (mg/dL)	(H) 201 1/19/2016	- <200
Triglycerides (mg/dL)	(H) 286 1/19/2016	- <150
HDL-Cholesterol (mg/dL)	(L) 29 1/19/2016	>60 -
LDL-Cholesterol (mg/dL)	(H) 115 1/19/2016	- <100
Non HDL Chol (LDL+VLDL) (mg/dL)	172 1/19/2016	
Calculated Percent HGB A1C (%)	6.4 1/19/2016	
Estimated Average Glucose (HGB A1C) (mg/dL)	137 1/19/2016	

Provider: RFO ,CAROLINAS LABORATORY NETWORK
Date of Service: 1/19/2016
Visit #: 78632101

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

**Carolinas Laboratory Network**

Phone:

Fax:

Chemistry**Accession Number:** T7096861

Orderable Name: Basic Metab Reference Lab GFR (BASIC MET PKG REF LAB W/GFR)		Collected Date/Time: 1/19/2016 10:45 EST	Result Date/Time: 1/19/2016 19:20 EST
Procedure	Result	Units	Reference Range
Sodium Level	138 ^{*1}	mmol/L	[134-143]
Potassium Level	4.2 ^{*1}	mmol/L	[3.5-5.1]
Chloride Level	103 ^{*1}	mmol/L	[98-107]
CO2	26 ^{*1}	mmol/L	[21-31]
Anion-Gap	9 ^{*1}	mmol/L	[3-15]
Glucose Level	107 ^{*1}	mg/dL	[74-118]
BUN	10 ^{*1}	mg/dL	[7-25]
Creatinine	0.97 ^{*1}	mg/dL	[0.67-1.17]
Estimated GFR Non-African American	>59 ^{R1 *1}	mL/min/1.73_m2	[>59]
Estimated GFR African American	>59 ^{R2 *1}	mL/min/1.73_m2	[>59]
Calcium Level	9.8 ^{*1}	mg/dL	[8.6-10.3]

Orderable Name: Hemoglobin A1c HA1c (HEMOGLOBIN A1C)		Collected Date/Time: 1/19/2016 10:45 EST	Result Date/Time: 1/20/2016 00:04 EST
Procedure	Result	Units	Reference Range
Calculated Percent HGB A1C	6.4 ^{R3 *1}	%	
Estimated Average Glucose (HGB A1C)	137 ^{R4 *1}	mg/dL	

Orderable Name: Lipid Panel (LIPID PANEL)		Collected Date/Time: 1/19/2016 10:45 EST	Result Date/Time: 1/19/2016 19:20 EST
Procedure	Result	Units	Reference Range
Cholesterol	201 ^{H *1}	mg/dL	[<200]
Triglycerides	286 ^{H *1}	mg/dL	[<150]
HDL-Cholesterol	29 ^{L *1}	mg/dL	[>60]
LDL-Cholesterol	115 ^{H *1}	mg/dL	[<100]
Non HDL Chol (LDL+VLDL)	172 ^{R5 *1}	mg/dL	

Result Comments

R1: Estimated GFR Non-African American
Calculated GFR for Non-African American patients using IDMS-Traceable MDRD formula.

Provider: RFO ,CAROLINAS LABORATORY NETWORK
Date of Service: 1/19/2016
Visit #: 78632101

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



Atrium Health

Carolinas Laboratory Network

Phone:

Fax:

Chemistry

Result Comments

- R2: Estimated GFR African American
Calculated GFR for African American patients using IDMS-Traceable MDRD formula.
- R3: Calculated Percent HGB A1C
< 7% Therapeutic goal for glycemic control in adults.
- 4.0 - 6.0 % Non Diabetic
- R4: Estimated Average Glucose (HGB A1C)
Estimated average daily glucose of
126 mg/dl equates to HA1C of 6.0%.
- R5: Non HDL Chol (LDL+VLDL)
GOAL FOR HIGH RISK PATIENTS: <130 MG/DL
GOAL FOR HIGHEST RISK PATIENT: <100 MG/DL

Performing Locations

- *1: This test was performed at:
Carolinas Healthcare System Lab, 5040 Airport Center Parkway, Medical Director: Lipford, Edward MD,
704-512-4900, Charlotte, NC, 28208-

Provider: RFO ,CAROLINAS LABORATORY NETWORK
Date of Service: 1/19/2016
Visit #: 78632101

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



Carolinas Laboratory Network

Phone:

Fax:

Electronic Orders

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

Order: Hemoglobin A1c HA1c (HEMOGLOBIN A1C)		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: CONTRIBUTOR_SYSTEM,MISYS		
Order Details: Other, 1/19/16 10:45:00 AM EST, R collect, Once, Stop date 1/20/16 12:04:19 AM EST, Collected		
Order Comment:		
Action Type: Order	Action Date/Time: 1/19/2016 11:20 EST	Entered By: CONTRIBUTOR_SYSTEM, MISYS
Ordering Provider: PENISTON ,KATHLEEN KELLY NP		Supervising Provider:
Order Details: Other, 01/19/16 10:45:00 EST, R collect, Once, Stop date 01/19/16 10:45:00 EST, Collected		
Review Information:		
Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 1/25/2016 22:26 EST		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 1/19/2016 11:20 EST	Entered By: CONTRIBUTOR_SYSTEM, MISYS
Ordering Provider: PENISTON ,KATHLEEN KELLY NP		Supervising Provider:
Order Details: Other, 01/19/16 10:45:00 EST, R collect, Once, Stop date 01/19/16 10:45:00 EST, Collected		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Complete	Action Date/Time: 1/20/2016 00:04 EST	Entered By: SYSTEM
Ordering Provider: PENISTON ,KATHLEEN KELLY NP		Supervising Provider:
Order Details: Other, 01/19/16 10:45:00 EST, R collect, Once, Stop date 01/19/16 10:45:00 EST, Collected		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Provider: RFO ,CAROLINAS LABORATORY NETWORK
Date of Service: 1/19/2016
Visit #: 78632101

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



Carolinas Laboratory Network

Phone:

Fax:

Electronic Orders

Order: **Basic Metab Reference Lab GFR (BASIC MET PKG REF LAB W/GFR)**

Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)

Electronically Signed By: CONTRIBUTOR_SYSTEM,MISYS

Order Details: Other, 1/19/16 10:45:00 AM EST, R collect, Once, Stop date 1/19/16 7:20:41 PM EST, Collected

Order Comment:

Action Type: Order	Action Date/Time: 1/19/2016 11:20 EST	Entered By: CONTRIBUTOR_SYSTEM, MISYS
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Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:
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Order Details: Other, 01/19/16 10:45:00 EST, R collect, Once, Stop date 01/19/16 10:45:00 EST, Collected

Review Information:

Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 1/25/2016 22:26 EST

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change	Action Date/Time: 1/19/2016 11:20 EST	Entered By: CONTRIBUTOR_SYSTEM, MISYS
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Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:
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Order Details: Other, 01/19/16 10:45:00 EST, R collect, Once, Stop date 01/19/16 10:45:00 EST, Collected

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Complete	Action Date/Time: 1/19/2016 19:20 EST	Entered By: SYSTEM
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Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:
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Order Details: Other, 01/19/16 10:45:00 EST, R collect, Once, Stop date 01/19/16 10:45:00 EST, Collected

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: RFO ,CAROLINAS LABORATORY NETWORK

Date of Service: 1/19/2016

Visit #: 78632101

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 3714274

DOB: 11/1/1980

Sex: Male



Carolinas Laboratory Network

Phone:

Fax:

Electronic Orders

Order: Lipid Panel (LIPID PANEL)

Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)

Electronically Signed By: CONTRIBUTOR_SYSTEM,MISYS

Order Details: Other, 1/19/16 10:45:00 AM EST, R collect, Once, Stop date 1/19/16 7:20:48 PM EST, Collected

Order Comment:

Action Type: Order	Action Date/Time: 1/19/2016 11:20 EST	Entered By: CONTRIBUTOR_SYSTEM, MISYS
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Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:
--	-----------------------

Order Details: Other, 01/19/16 10:45:00 EST, R collect, Once, Stop date 01/19/16 10:45:00 EST, Collected

Review Information:

Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 1/25/2016 22:26 EST

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change	Action Date/Time: 1/19/2016 11:21 EST	Entered By: CONTRIBUTOR_SYSTEM, MISYS
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Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:
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Order Details: Other, 01/19/16 10:45:00 EST, R collect, Once, Stop date 01/19/16 10:45:00 EST, Collected

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Complete	Action Date/Time: 1/19/2016 19:20 EST	Entered By: SYSTEM
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Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:
--	-----------------------

Order Details: Other, 01/19/16 10:45:00 EST, R collect, Once, Stop date 01/19/16 10:45:00 EST, Collected

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: RFO ,CAROLINAS LABORATORY NETWORK

Date of Service: 1/19/2016

Visit #: 78632101

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 3714274

DOB: 11/1/1980

Sex: Male



Phone:

Fax:

Electronic Orders

Order: Consider Diabetes Survival Skills Education

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 1/19/16 10:45:00 AM EST Routine Once Stop: 1/25/16 1:11:48 AM EST

Order Comment: Order placed by Discern Expert Rule.

Action Type: Order Action Date/Time: 1/19/2016 11:20 EST Entered By: SYSTEM

Ordering Provider: SYSTEM Supervising Provider:

Order Details: 01/19/16 10:45:00 EST Routine Once Stop: 01/19/16 10:45:00 EST

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by Discern Expert Rule.

Action Type: Discontinue Action Date/Time: 1/25/2016 01:11 EST Entered By: SYSTEM

Ordering Provider: SYSTEM Supervising Provider:

Order Details: 01/19/16 10:45:00 EST Routine Once Stop: 01/19/16 10:45:00 EST

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: RFO ,CAROLINAS LABORATORY NETWORK

Date of Service: 1/19/2016

Visit #: 78632101

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: 2/3/2016
Visit #: 1603400113

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 WITH NURSE

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 1603400113
Age: **35 years** Sex: **Male** DOB: **11/1/1980**
Associated Diagnoses: **None**
Author: **PENISTON , KATHLEEN KELLY NP**

Visit Information

Visit type

Accompanied by

History limitation

History of Present Illness

Nursing assessment reviewed. Patient is a 35-year-old male who presents outpatient medication services for evaluation. Diagnoses include bipolar disorder and ADD. The patient is currently taking Zyprexa, citalopram, and Adderall XR. He reports compliance denies adverse effects. He states he is doing fairly well. Mood is mostly stable with some periods of increased anxiety and depressive symptoms that are manageable and do not affect his ability to function on a daily basis. No manic symptoms are noted. The patient believes that he also may have a diagnosis of autism spectrum disorder and has scheduled an appointment with a psychologist on February 23 to have further evaluation. The patient continues to report a lot of fatigue and low energy and it is unclear whether this is related to medication or other factors such as poor nutritional status. The patient denies thoughts of harming self or others or any psychosis. Financial problems continue to burden him and be a worry for him. He reports good concentration and appetite is adequate. Energy is low. Sleep is adequate. Labwork was completed and reviewed which showed increase in triglycerides and some cholesterol issues as well. The patient has been referred to see a primary care provider and states he will follow up with one in the near future.

Review of Systems

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

Health Status

Allergies:

Allergic Reactions (All)

No known allergies

Current medications: (Selected)

Prescriptions

Prescribed

Provider: **MCGLYNN ,AIKO CHRISTINA DO**

Date of Service: **2/3/2016**

Visit #: **1603400113**

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

Adderall XR 20 mg oral capsule, extended release: 1 capsule, ORAL, BID (2 times a day), for 30 day(s), 60 capsule, 0 Refill(s)

Adderall XR 20 mg oral capsule, extended release: 1 capsule, ORAL, BID (2 times a day), for 30 day(s), 60 capsule, 0 Refill(s)

Adderall XR 20 mg oral capsule, extended release: 1 capsule, ORAL, BID (2 times a day), for 30 day(s), 60 capsule, 0 Refill(s)

ZyPREXA 15 mg oral tablet: 15 mg, 1 tablet, ORAL, Daily, for 30 day(s), 30 tablet, 3 Refill(s)

citalopram 20 mg oral tablet: 20 mg, 1 tablet, ORAL, Daily, for 30 day(s), 30 tablet, 3 Refill(s)

Documented Medications***Documented***

Goodys Extra Strength: See Instructions, 1 packet as needed

Med List Status - Updated: A.Bizzell,lpn, 0 Refill(s)

Problem list:

No problem items selected or recorded.

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.

Recent & Remote Memory: No impairment in recent or remote.

Speech: Perserverative.

Thought process: Perseverating.

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**

2/3/2016 8:22 EST

Peripheral Pulse Rate**103 BPM HI**

Systolic Blood Pressure

114 mmHg

Diastolic Blood Pressure

74 mmHg

Blood Pressure Location #1

Right arm

Provider: MCGLYNN ,AIKO CHRISTINA DO**Pt Name: WILLIAMS III, LEONARD CLINTON****Date of Service: 2/3/2016****Org MRN#: 0000642066****Visit #: 1603400113****DOB: 11/1/1980****Sex: Male**

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

BP Instrument

Machine

, Measurements from flowsheet : Measurements - Standard

2/3/2016 8:22 EST

Height Contributor (ft)

5 ft

Height Contributor (inches)

11 inch

Clinical Weight Contributor (lb)

240 lb

Clinical Weight Contributor (oz)

8 oz

Impression and Plan**Dx/Order Association Plan**

Psychiatric Diagnoses: Bipolar, ADD

Medical Diagnoses: Elevated triglycerides

Psychosocial Stressors: Work

Summary: At baseline

Plan

- 1) Medication: Continue Zyprexa 15 mg at bedtime, Celexa 20 mg daily, and Adderall XR 20 mg twice a day (brand name medically necessary)
- 2) Therapy - patient has an appointment to see a psychologist scheduled for February 23
- 3) Labwork Ordered - lab work was reviewed and patient was referred to see a primary care provider regarding elevated triglycerides and cholesterol.
- 4) SA Treatment - Not indicated
- 5) RTC in 3 months for further evaluation of medication.
- 6) Patient was provided with education regarding medication and treatment plan.
- 7) Patient is aware of emergency services availability including Psychiatric ED and Mobile Crisis.
- 8) Patient is aware to contact OMS for any needed medication adjustments.

Professional Services

Amount of time spent with patient - Minutes

Greater than 50% of the time spent with patient was devoted to counseling and coordination of care.

Provider: MCGLYNN ,AIKO CHRISTINA DO**Date of Service:** 2/3/2016**Visit #:** 1603400113**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

Electronically Signed By: PENISTON, KATHLEEN KELLY NP
02/03/2016 09:28 AM

Electronically Signed By: MCGLYNN, AIKO CHRISTINA DO
02/03/16 12:07 PM

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 2/3/2016
Visit #: 1603400113

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: 2/3/2016
Visit #: 1603400113

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: H16034-00113
UNIT: H000064-20-66



901

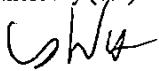


PAYMENT GUARANTY. I (patient and/or responsible party/ies) agree to pay all charges for services rendered by the Hospital and my physicians or other providers during my hospitalization or treatment. This guaranty includes charges for services not covered by my insurance, regardless of the reason that 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.


 Patient _____ (Seal)
2/3/2016 8:15 am
 Date Time
D. Rickman
 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 CHS' Notice of Privacy Practices.

Signature  Date 2/3/2016 Time 8:30 am
 (Patient or Authorized Representative)

Relationship to Patient self

Reason Patient Unable/Unwilling to sign _____



Request for Treatment and Authorization
Carolinan HealthCare System

WILLIAMS, LEONARD CLINTON
 ACCT: H16034-00113
 UNIT: H000064-20-66



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Clinical Documentation

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

BIZZELL ,ASHLEY LPN (2/3/2016 08:27 EST)

Education Teaching Record Entered On: 2/3/2016 8:29 EST

Performed On: 2/3/2016 8:27 EST by BIZZELL , ASHLEY LPN

ETR Discipline

Education Teaching Record Discipline : Nursing

BIZZELL , ASHLEY LPN - 2/3/2016 8:27 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

BIZZELL , ASHLEY LPN - 2/3/2016 8:27 EST

ETR Advance Directives

ETR Advance Directives Gen View : Date Education Provided Learner Response

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

(Comment: none, info declined [BIZZELL , ASHLEY LPN - 2/3/2016 8:27 EST])

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

BIZZELL , ASHLEY LPN - 2/3/2016 8:27 EST

ETR Admission/Orientation

Admission Requirements : Yes

Admission Requirements Education : 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

Orientation to Room, Unit, Dept : Ask Me 3, Orientation to Facility/Dept, Patient Identifiers

Learner - Orientation : Patient

Ability/Readiness to Learn - Orientation : Receptive

Method of Teaching - Orientation : Verbal instructions

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

BIZZELL , ASHLEY LPN - 2/3/2016 8:27 EST

ETR Medications

Education Medications Grid

1. Medication : dextroamphetamine-amphetamine

BIZZELL , ASHLEY LPN - 2/3/2016 8:27 EST

2. Medication : citalopram

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 2/3/2016

Visit #: 1603400113

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Charlotte, NC 28211-

Phone:

Fax:

Clinical Documentation

3. Medication : olanzapine

BIZZELL , ASHLEY LPN - 2/3/2016 8:27 EST

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

Learner : Patient

Ability / Readiness to Learn : Receptive

Method of Teaching : Verbal instructions

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

BIZZELL , ASHLEY LPN - 2/3/2016 8:27 EST

BIZZELL , ASHLEY LPN - 2/3/2016 8:27 EST

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 2/3/2016

Visit #: 1603400113

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

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: 02/03/2016
Phone: (828) [REDACTED]	Age: 35 Years	Sex: Male	Primary Care Provider: PCP , None
Race: Caucasian	Ethnicity: Non-Hispanic	Preferred Language: English	

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: MCGLYNN , AIKO CHRISTINA DO

Reason for Visit:

Today's Diagnosis: Bipolar disorder

Today's Clinical Information:

Height: 5 ft 11 inch

Weight: 240 lb 8 oz

BMI: 33.54 kg/m2

Blood Pressure: 114 mmHg / 74 mmHg

Additional Information:

Allergies:

No known allergies

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 2/3/2016

Visit #: 1603400113

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:

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 02/03/2016 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	

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 2/3/2016

Visit #: 1603400113

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

		Phone: (704)358-2862	
--	--	----------------------	--

	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)
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.

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.

Provider: MCGLYNN ,AIKO CHRISTINA DO**Date of Service: 2/3/2016****Visit #: 1603400113****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



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Fax:

Discharge Information - Patient Education

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

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: 2/3/2016

Visit #: 1603400113

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: WILLIAMS III, LEONARD CLINTON

Visit Date: 2/3/2016 08:16:00

FIN: 1603400113

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: 2/3/2016

Visit #: 1603400113

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:31 EST

Print ID: 350115780



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: 2/3/2016 9:00 EST

Performed On: 2/3/2016 9:00 EST by PENISTON , KATHLEEN KELLY NP

Response to Education

Response to Teaching : Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 2/3/2016 9:00 EST

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 2/3/2016

Visit #: 1603400113

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:31 EST

Print ID: 350115780



AH BH Charlotte OMS Medication

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Charlotte, NC 28211-

Phone:

Fax:

Patient Questionnaires

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 2/3/2016
Visit #: 1603400113

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. Bloodwork, fatigue,Signature of Person Completing Form: DLVDate: 2/03/2016

*If other than patient, give relationship: _____

For Staff Only:

Form reviewed by: AbrellDate: 2/3/16Time: 8:25

Date: _____

Time: _____



Carolinas HealthCare System
BH-Charlotte
Outpatient Medication Services
Patient Questionnaire
Page 1 of 1



Rev. 08/21/09



16034-00113 02/03/16
WILLIAMS, LEONARD CLINTON Identifier
H000064-20-66 DOB 11/01/80 M 35Y

**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: 2/3/2016 8:26 EST
Performed On: 2/3/2016 8:22 EST by BIZZELL , ASHLEY LPN

Medicaid Number*Medicaid Coverage :* No

BIZZELL , ASHLEY LPN - 2/3/2016 8:22 EST

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

BIZZELL , ASHLEY LPN - 2/3/2016 8:22 EST

Allergies

(As Of: 2/3/2016 08:26:30 EST)

Allergies (Active)

No known allergies

Estimated Onset Date: Unspecified ; *Created By:* FERRARO,
NICHOLAS P RN; *Reaction Status:* Active ; *Category:* Drug ;
Substance: No known allergies ; *Type:* Allergy ; *Updated By:*
FERRARO, NICHOLAS P RN; *Reviewed Date:* 2/3/2016 8:22
EST

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

BIZZELL , ASHLEY LPN - 2/3/2016 8:22 EST

Medication List*Medication Information Obtained From :* Patient/family*Medication Status :* Medication list updated

BIZZELL , ASHLEY LPN - 2/3/2016 8:22 EST

Medication List

(As Of: 2/3/2016 08:26:30 EST)

*Prescription/Discharge Order*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), for 30 day(s), 60 capsule, 0 Refill(s) ; *Ordering*
Provider: PENISTON , KATHLEEN KELLY NP; *Catalog Code:*
dextroamphetamine-amphetamine ; *Order Dt/Tm:* 11/3/2015
09:44:49

Provider: MCGLYNN ,AIKO CHRISTINA DO**Date of Service:** 2/3/2016**Visit #:** 1603400113**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

citalopram : citalopram ; *Status:* Prescribed ; *Ordered As Mnemonic:*
citalopram 20 mg oral tablet ; *Simple Display Line:* 20 mg, 1
tablet, ORAL, Daily, for 30 day(s), 30 tablet, 2 Refill(s) ; *Ordering*
Provider: PENISTON , KATHLEEN KELLY NP; *Catalog Code:*
citalopram ; *Order Dt/Tm:* 11/3/2015 09:43:21

OLANZapine : OLANZapine ; *Status:* Prescribed ; *Ordered As Mnemonic:*
ZyPREXA 15 mg oral tablet ; *Simple Display Line:* 15 mg, 1
tablet, ORAL, Daily, for 30 day(s), 30 tablet, 2 Refill(s) ; *Ordering*
Provider: PENISTON , KATHLEEN KELLY NP; *Catalog Code:*
OLANZapine ; *Order Dt/Tm:* 11/3/2015 09:43:06

Home Meds

Med List Status - Updated : Med List Status - Updated ; *Status:* Documented ; *Ordered*
As Mnemonic: Med List Status - Updated ; *Simple Display*
Line: A.Bizzell,lpn, 0 Refill(s) ; *Catalog Code:* Med List Status
- Updated ; *Order Dt/Tm:* 2/3/2016 08:22:11

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:* Discontinued ; *Ordered*
As Mnemonic: Med List Status - Updated ; *Simple Display*
Line: Alicia Adamczyk, RN, 0 Refill(s) ; *Ordering Provider:*
SYSTEM; *Catalog Code:* Med List Status - Updated ; *Order*
Dt/Tm: 11/3/2015 09:16:09

Med Clinic Follow Up General Info BH*Information Given By :* Patient*Accompanied By :* Self*Have you been to hosp since last visit? :* No*Reason for Visit - BH :* Routine follow up**Provider:** MCGLYNN ,AIKO CHRISTINA DO**Date of Service:** 2/3/2016**Visit #:** 1603400113**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



AH BH Charlotte OMS Medication

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Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

Reason for Visit Details - BH : Med refill

History of Present Illness : Pt stated he has his blood work but has not found a PCP. He would like to talk to NP regarding PCP.

BIZZELL , ASHLEY LPN - 2/3/2016 8:22 EST

^Vitals

Height Actual or Stated? : Stated/Estimated

Height Documented in (UOM) : feet/inches

Height : 180.34 cm

Height Contributor (ft) : 5 ft

Height Contributor (inches) : 11 inch

Clinical Weight Documented in (UOM) : lbs/oz

Weight : 109.09 kg

Clinical Weight Contributor (lb) : 240 lb

Clinical Weight Contributor (oz) : 8 oz

Body Mass Index : 33.54 kg/m2

Body Surface Area : 2.34 m2

Peripheral Pulse Rate : 103 BPM (HI)

Systolic Blood Pressure : 114 mmHg

Diastolic Blood Pressure : 74 mmHg

Blood Pressure Location #1 : Right arm

BP Instrument : Machine

Weight (lbs.) : 240.5 lb

Height (ft.) : 5.92 ft

BIZZELL , ASHLEY LPN - 2/3/2016 8:22 EST

Substance Use Review BH

Substance Abuse/Use Assessment Grid

1. *Substance of Abuse :* None

BIZZELL , ASHLEY LPN - 2/3/2016 8:22 EST

Has Patient Ever Used Tobacco? : No, lifetime

Do You Want to Stop Using Tobacco? : N/A

BIZZELL , ASHLEY LPN - 2/3/2016 8:22 EST

Social History

Impact on treatment : No

BIZZELL , ASHLEY LPN - 2/3/2016 8:22 EST

Providers/Agencies

CD - Current Treatment Provider Grid

1. *Current Treatment Providers/Agencies :* Primary Care Physician

Provider/Agency Name : no PCP

BIZZELL , ASHLEY LPN - 2/3/2016 8:22 EST

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 2/3/2016

Visit #: 1603400113

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation**2. Current Treatment Providers/Agencies :** Psychiatrist*Provider/Agency Name :* Kathy Peniston*Appointment Date :* 11/3/15

BIZZELL , ASHLEY LPN - 2/3/2016 8:22 EST

Pain BH Initial*Have you had pain in last 12 hrs? :* No

BIZZELL , ASHLEY LPN - 2/3/2016 8:22 EST

Communications - Acute*Primary Care Provider :* PCP , None*Cell Phone Number :* 828- [REDACTED]*Leave Voicemail :* Yes*Phone Number Availability :* Phone will be off at work. Please leave message*Provider of Record 1 :* None*Provider Practice 1 :* PCP*Provider of Record 2 :* PENISTON , KATHLEEN KELLY NP*Provider Practice 2 :* Psychiatrist*Provider of Record 3 :* None*Provider Practice 3 :* Therapist

BIZZELL , ASHLEY LPN - 2/3/2016 8:22 EST

Medical Screening/Review of Systems - BH*Denies Past Medical History :* Yes

BIZZELL , ASHLEY LPN - 2/3/2016 8:22 EST

Gastrointestinal Past Medical Hx Grid*Reflux Disease :* Self

BIZZELL , ASHLEY LPN - 2/3/2016 8:22 EST

Psychiatric Past Medical History Grid*Mood Swings/Bipolar :* Self

BIZZELL , ASHLEY LPN - 2/3/2016 8:22 EST

Reproductive Medical History*Other :* Self, difficult to start urine stream

BIZZELL , ASHLEY LPN - 2/3/2016 8:22 EST

Provider: MCGLYNN ,AIKO CHRISTINA DO**Date of Service:** 2/3/2016**Visit #:** 1603400113**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	2/3/2016	
Recorded Time	08:22 EST	
Recorded By	BIZZELL ,ASHLEY LPN	
Procedure		Units
Height	180.34	cm
Weight	109.09	kg
BSA	2.34	m2
Body Mass Index	33.54	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11	inch
Clinical Weight Contributor (lb)	240	lb
Clinical Weight Contributor (oz)	8	oz
Peripheral Pulse Rate	103 ^H	BPM
Systolic Blood Pressure	114	mmHg
Diastolic Blood Pressure	74	mmHg
Blood Pressure Location #1	Right arm	
BP Instrument	Machine	
Have you had pain in last 12 hrs?	No	

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 2/3/2016

Visit #: 1603400113

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:31 EST

Print ID: 350115780



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Visit Information

Visit Information

Recorded Date	2/3/2016	
Recorded Time	08:22 EST	
Recorded By	BIZZELL ,ASHLEY LPN	
Procedure		Units
Pregnancy Status	N/A	
Accompanied By	Self	
Information Given By	Patient	
Medication Information Obtained From	Patient/family	
Primary Care Provider	PCP , None	
Medication Status	Medication list updated	

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 2/3/2016

Visit #: 1603400113

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

General Admission History

General Admission History

	Recorded Date	2/3/2016
	Recorded Time	08:22 EST
Procedure		
Denies Past Medical History		Yes
Recent Travel Outside United States MERS		See Below ^{T1}

Textual Results

T1: 2/3/2016 08:22 EST (Recent Travel Outside United States MERS)
No travel/no contact within past 14 days

Provider: MCGLYNN ,AIKO CHRISTINA DO
Date of Service: 2/3/2016
Visit #: 1603400113

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:

Health History

Health History

	Recorded Date	2/3/2016
	Recorded Time	08:22 EST
Procedure		
Reflux Disease Medical History		Self
Reproductive, Other Medical History		See Below ^{T1}
Mood Swings/Bipolar Medical History		Self

Textual Results

T1: 2/3/2016 08:22 EST (Reproductive, Other Medical History)
Self, difficult to start urine stream

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 2/3/2016

Visit #: 1603400113

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:

Social Habits

Social Habits

	Recorded Date	2/3/2016
	Recorded Time	08:22 EST
Procedure		
Has Patient Ever Used Tobacco?		No, lifetime
Do You Want to Stop Using Tobacco?		N/A

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 2/3/2016

Visit #: 1603400113

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:

TB Screen - Latex Sensitive - Skin Testing

TB Screen/Latex Sensitivity/Skin Testing

Recorded Date	2/3/2016
Recorded Time	08:22 EST
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 2/3/2016

Visit #: 1603400113

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:31 EST

Print ID: 350115780



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Interdisciplinary and Patient Education

Interdisciplinary and Patient Education

Recorded Date	2/3/2016
Recorded Time	08:27 EST
Recorded By	BIZZELL ,ASHLEY LPN
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 R1}
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}
Orientation to Room,Unit,Dept	See Below ^{T5}
Learner -Orientation	Patient
Ability/Readiness to Learn -Orientation	Receptive
Method of Teaching -Orientation	Verbal instructions
Learner Response -Admission/Orientation	See Below ^{T6}
Medication Education	See Below ^{T7}
Learner -Medications	Patient
Ability/Readiness to Learn -Medications	Receptive
Method of Teaching Medications	Verbal instructions
Learner Response -Medications	See Below ^{T8}

Textual Results

- T1: 2/3/2016 08:27 EST (Education Plan of Care)
No patient identified learning needs
- T2: 2/3/2016 08:27 EST (Advance Directives Discussed)
Health Care Power of Attorney, Living will
- T3: 2/3/2016 08:27 EST (Learner Response - Advance Directive)
Demonstrates acceptable knowledge of topic/instructions
- T4: 2/3/2016 08:27 EST (Admission Requirements Education)

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 2/3/2016

Visit #: 1603400113

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:

Interdisciplinary and Patient Education

Interdisciplinary and Patient Education

Textual Results

- T4: 2/3/2016 08:27 EST (Admission Requirements Education)
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
- T5: 2/3/2016 08:27 EST (Orientation to Room, Unit, Dept)
Ask Me 3, Orientation to Facility/Dept, Patient Identifiers
- T6: 2/3/2016 08:27 EST (Learner Response - Admission/Orientation)
Demonstrates acceptable knowledge of topic/instructions
- T7: 2/3/2016 08:27 EST (Medication Education)
Dose/Frequency/Strength/Route, Purpose/Side Effects/Contraindications
- T8: 2/3/2016 08:27 EST (Learner Response - Medications)
Demonstrates acceptable knowledge of topic/instructions

Result Comments

- R1: Advance Directives Discussed
none, info declined

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 2/3/2016

Visit #: 1603400113

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	2/3/2016	
Recorded Time	08:22 EST	
Recorded By	BIZZELL ,ASHLEY LPN	
Procedure		Units
Have you been to hosp since last visit?	No	
Reason for Visit -BH	Routine follow up	
Reason for Visit Details -BH	Med refill	
Cultural/Spiritual Practices Impact Tx	No	
History of Present Illness	See Below ^{T1}	

Textual Results

T1: 2/3/2016 08:22 EST (History of Present Illness)

Pt stated he has his blood work but has not found a PCP. He would like to talk to NP regarding PCP.

Provider: MCGLYNN ,AIKO CHRISTINA DO

Date of Service: 2/3/2016

Visit #: 1603400113

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: CASTRO ,MANUEL A MD
Date of Service: 4/15/2016
Visit #: 1610600235

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 WITH NURSE

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 1610600235
Age: **35 years** Sex: **Male** DOB: **11/1/1980**
Associated Diagnoses: **None**
Author: **PENISTON , KATHLEEN KELLY NP**

Visit Information**Visit type****Accompanied by****History limitation****History of Present Illness**

Nursing assessment reviewed. Patient is a 35-year-old male with bipolar disorder who presents outpatient medication services for evaluation. He currently takes Zyprexa, citalopram. He also takes Adderall for attention deficit disorder. The patient is been on this combination of medications for quite some time. He reports good sleep and appetite. He reports his energy level is down and he feels fatigued often although he states he started exercising in the morning a few days ago and has noticed a vast increase in his overall energy level. He reports his concentration as well. He denies any thoughts of harming himself or others or any psychotic symptoms. The patient does report that he had some psychological testing done by Dr. Karen Crane and she reports that he meets the criteria for autism spectrum disorder. The patient is suspected that he has had some of these symptoms for many years. The patient also reports that he was recently diagnosed with diabetes after he had lab work done that showed a hemoglobin A1c level of 6.4.

Review of Systems

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

Health Status**Allergies:**Allergic Reactions (All)

No known allergies

Current medications: (Selected)Prescriptions*Prescribed*

Adderall XR 20 mg oral capsule, extended release: 1 capsule, ORAL, BID (2 times a day), for 30 day(s), 60 capsule, 0 Refill(s)

Provider: CASTRO ,MANUEL A MD**Date of Service:** 4/15/2016**Visit #:** 1610600235**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

Adderall XR 20 mg oral capsule, extended release: 1 capsule, ORAL, BID (2 times a day), for 30 day(s), 60 capsule, 0 Refill(s)

Adderall XR 20 mg oral capsule, extended release: 1 capsule, ORAL, BID (2 times a day), for 30 day(s), 60 capsule, 0 Refill(s)

Adderall XR 20 mg oral capsule, extended release: 1 capsule, ORAL, BID (2 times a day), for 30 day(s), 60 capsule, 0 Refill(s)

ZyPREXA 15 mg oral tablet: 15 mg, 1 tablet, ORAL, Daily, for 30 day(s), 30 tablet, 3 Refill(s)

citalopram 20 mg oral tablet: 20 mg, 1 tablet, ORAL, Daily, for 30 day(s), 30 tablet, 3 Refill(s)

Documented Medications***Documented***

Goodys Extra Strength: See Instructions, 1 packet as needed

Med List Status - Updated: hjp, cma, 0 Refill(s)

metFORMIN: See Instructions, ORAL, 0 Refill(s)

misc medication: 5 hour energy shot, 0 Refill(s)

Problem list:

No problem items selected or recorded.

Physical Examination**Mental Status Examination:**

General appearance: Malodorous.

Gait & station: Normal.

Strength & tone: Not tested.

Attention & concentration: Normal.

Orientation: Oriented X4.

Language: Normal.

Level of consciousness: Alert.

Fund of Knowledge: Average.

Recent & Remote Memory: No impairment in recent or remote.

Speech: Tangential, Perserverative.

Thought process: Perseverating.

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**

4/15/2016 15:02 EDT

Peripheral Pulse Rate

93 BPM

Systolic Blood Pressure

111 mmHg

Provider: CASTRO ,MANUEL A MD**Date of Service: 4/15/2016****Visit #: 1610600235****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

**AH BH Charlotte OMS Medication**

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Office/Clinic Visit Notes

Diastolic Blood Pressure	83 mmHg
Blood Pressure Location #1	Right arm
BP Instrument	Machine

, Measurements from flowsheet : Measurements - Standard
4/15/2016 15:02 EDT

Height Contributor (ft)	5 ft
Height Contributor (inches)	11 inch
Clinical Weight Contributor (lb)	242 lb
Clinical Weight Contributor (oz)	0 oz

Impression and Plan**Dx/Order Association Plan**

Psychiatric Diagnoses: Bipolar, ADD

Medical Diagnoses: Diabetes, elevated cholesterol and triglycerides

Psychosocial Stressors: Work

Summary: Recent diagnosis of diabetes

Plan

- 1) Medication: Celexa 20 mg daily, Zyprexa 15 mg at bedtime, and Adderall 20 mg twice a day Brand name medically necessary.
- 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 to contact OMS for any needed medication adjustments.

Professional Services

Amount of time spent with patient - Minutes

Greater than 50% of the time spent with patient was devoted to counseling and coordination of care.

Provider: CASTRO ,MANUEL A MD**Date of Service:** 4/15/2016**Visit #:** 1610600235**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

Electronically Signed By: PENISTON, KATHLEEN KELLY NP
04/15/2016 04:44 PM

Electronically Signed By: CASTRO, MANUEL A MD
04/18/16 09:49 AM

Provider: CASTRO ,MANUEL A MD
Date of Service: 4/15/2016
Visit #: 1610600235

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: CASTRO ,MANUEL A MD

Date of Service: 4/15/2016

Visit #: 1610600235

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 providers 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 in any legal proceeding 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.

Request for Treatment and Authorization 9/12



Carolinas HealthCare System

WILLIAMS, LEONARD CLINTON
ACCT: H16106-00235
UNIT: H000064-20-66



901



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 providers 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 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 providers 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 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; however, this consent will not expire for services, claims processing or collection activities for admissions or visits occurring while this consent was in effect.

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)
Witness
Date: 04/15/16 Time: 14:50

Responsible Party/ies (Seal)
Relation to Patient
____ Husband ____ Parent/s
____ Wife ____ Other (Specify)

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

Signature: (Patient or Authorized Representative)
Relationship to Patient: SELF

Date: 04/15/16 Time: 14:50

Reason Patient Unable/Unwilling to sign

CAROLINAS HEALTHCARE SYSTEM



Carolinan HealthCare System

WILLIAMS, LEONARD CLINTON
ACCT: H16106-00235
UNIT: H000064-20-66



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Clinical Documentation

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

PAPOULIAS ,HEATHER CMA (4/15/2016 15:10 EDT)

Education Teaching Record Entered On: 4/15/2016 15:11 EDT
Performed On: 4/15/2016 15:10 EDT by PAPOULIAS , HEATHER CMA

ETR Discipline

Education Teaching Record Discipline : Nursing

PAPOULIAS , HEATHER CMA - 4/15/2016 15:10 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

PAPOULIAS , HEATHER CMA - 4/15/2016 15:10 EDT

ETR Advance Directives

ETR Advance Directives Gen View : Date Education Provided Learner Response

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

(Comment: None [PAPOULIAS , HEATHER CMA - 4/15/2016 15:10 EDT])

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

PAPOULIAS , HEATHER CMA - 4/15/2016 15:10 EDT

ETR Admission/Orientation

Admission Requirements : Yes

Admission Requirements Education : 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

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

Learner - Orientation : Patient

Ability/Readiness to Learn - Orientation : Receptive

Method of Teaching - Orientation : Verbal instructions

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

PAPOULIAS , HEATHER CMA - 4/15/2016 15:10 EDT

ETR Medications

Education Medications Grid

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/15/2016

Visit #: 1610600235

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:

Clinical Documentation

1. Medication : zyprexa

PAPOULIAS , HEATHER CMA - 4/15/2016 15:10 EDT

2. Medication : citalopram

PAPOULIAS , HEATHER CMA - 4/15/2016 15:10 EDT

3. Medication : adderall

PAPOULIAS , HEATHER CMA - 4/15/2016 15:10 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

PAPOULIAS , HEATHER CMA - 4/15/2016 15:10 EDT

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/15/2016

Visit #: 1610600235

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:

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

Phone: (828) [REDACTED]

MRN: 0000642066

Age: 35 Years

DOB: 11/01/1980

Sex: Male

Visit Date: 04/15/2016

Primary Care Provider:
BRADNER, RICHARD L
MD

Race: Caucasian

Ethnicity: Non-Hispanic
Preferred Language:
English

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: CASTRO, MANUEL A MD

Reason for Visit:

Today's Diagnosis: ADD (attention deficit disorder); Bipolar disorder

Today's Clinical Information:

Height: 5 ft 11 inch

Weight: 242 lb 0 oz

BMI: 33.75 kg/m2

Blood Pressure: 111 mmHg / 83 mmHg

Additional Information:

Allergies:

No known allergies

Provider: CASTRO, MANUEL A MD

Date of Service: 4/15/2016

Visit #: 1610600235

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

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 04/15/2016 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	

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/15/2016

Visit #: 1610600235

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

		Phone: (704)358-2862	
--	--	----------------------	--

	Continue Taking These Medicines at Home	Next Dose Due
1.	APAP/ASA/caffeine (Goodys Extra Strength) See Instructions 1 packet as needed	
2.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) 1 capsule by mouth two times a day	
3.	metFORMIN (metFORMIN) See Instructions ORAL	
4.	misc medication (misc medication) 5 hour energy shot	

These Medicines have been Changed or Stopped

Medicine has changed. See #2 in Continued Medications above. dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) capsule
Medicine has changed. See #2 in Continued Medications above. dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) capsule
Medicine has changed. See #2 in Continued 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.

Scheduled Appointments:

	Date	Time	Location	Provider	Phone Number
--	-------------	-------------	-----------------	-----------------	---------------------

Provider: CASTRO ,MANUEL A MD**Date of Service: 4/15/2016****Visit #: 1610600235****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

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

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: CASTRO ,MANUEL A MD

Date of Service: 4/15/2016

Visit #: 1610600235

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: WILLIAMS III, LEONARD CLINTON

Visit Date: 4/15/2016 14:49:00

FIN: 1610600235

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: CASTRO ,MANUEL A MD

Date of Service: 4/15/2016

Visit #: 1610600235

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:31 EST

Print ID: 350115779



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Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Education/Pt. Response Form - Text

Education/Pt. Response Entered On: 4/15/2016 15:33 EDT

Performed On: 4/15/2016 15:33 EDT by PENISTON , KATHLEEN KELLY NP

Response to Education

Response to Teaching : Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 4/15/2016 15:33 EDT

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/15/2016

Visit #: 1610600235

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Charlotte, NC 28211-

Phone:

Fax:

Patient Questionnaires

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/15/2016

Visit #: 1610600235

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: tiredness in morning. High blood sugar. Same as usual
☐ 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. Nothing other. Got results from Karen Crane

Signature of Person Completing Form: _____

Date: 4/15/2016

*If other than patient, give relationship: _____

For Staff Only:

Form reviewed by: NP Repuliciana
KF JensenDate: 4/15/16Time: 3:04pmDate: 4/15/16Time: 1520

Carolinas HealthCare System
BH-Charlotte
Outpatient Medication Services
Patient Questionnaire
Page 1 of 1



Rev. 08/21/09



16106-00235 04/15/16
WILLIAMS, LEONARD CLINTON
H000064-20-66 DOB 11/01/80 M 35Y

ifier

**AH BH Charlotte OMS Medication**

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Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

DOCUMENT NAME:

Medication Clinic Follow-Up Assessment BH Entered On: 4/15/2016 15:09 EDT
Performed On: 4/15/2016 15:02 EDT by PAPOULIAS , HEATHER CMA

Medicaid Number*Medicaid Coverage :* No

PAPOULIAS , HEATHER CMA - 4/15/2016 15:02 EDT

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

PAPOULIAS , HEATHER CMA - 4/15/2016 15:02 EDT

Medication List*Medication Information Obtained From :* Patient/family, Patient's prior records*Medication Status :* Medication list updated

PAPOULIAS , HEATHER CMA - 4/15/2016 15:02 EDT

Medication List

(As Of: 4/15/2016 15:09:24 EDT)

*Prescription/Discharge Order*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), for 30 day(s), 60 capsule, 0 Refill(s) ; *Ordering*
Provider: PENISTON , KATHLEEN KELLY NP; *Catalog Code:*
dextroamphetamine-amphetamine ; *Order Dt/Tm:* 2/3/2016
08:56:31

citalopram

: citalopram ; *Status:* Prescribed ; *Ordered As Mnemonic:*
citalopram 20 mg oral tablet ; *Simple Display Line:* 20 mg, 1
tablet, ORAL, Daily, for 30 day(s), 30 tablet, 3 Refill(s) ; *Ordering*
Provider: PENISTON , KATHLEEN KELLY NP; *Catalog Code:*
citalopram ; *Order Dt/Tm:* 2/3/2016 08:51:21

OLANZapine

: OLANZapine ; *Status:* Prescribed ; *Ordered As Mnemonic:*
ZyPREXA 15 mg oral tablet ; *Simple Display Line:* 15 mg, 1
tablet, ORAL, Daily, for 30 day(s), 30 tablet, 3 Refill(s) ; *Ordering*

Provider: CASTRO ,MANUEL A MD**Date of Service:** 4/15/2016**Visit #:** 1610600235**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Phone:

Fax:

BH Clinical Documentation

Provider: PENISTON , KATHLEEN KELLY NP; *Catalog Code:*
OLANzapine ; *Order Dt/Tm:* 2/3/2016 08:51:11

Home Meds

Med List Status - Updated : Med List Status - Updated ; *Status:* Documented ; *Ordered As Mnemonic:* Med List Status - Updated ; *Simple Display Line:* hjp, cma, 0 Refill(s) ; *Catalog Code:* Med List Status - Updated ; *Order Dt/Tm:* 4/15/2016 15:02:11

misc medication : misc medication ; *Status:* Documented ; *Ordered As Mnemonic:* misc medication ; *Simple Display Line:* 5 hour energy shot, 0 Refill(s) ; *Catalog Code:* misc medication ; *Order Dt/Tm:* 4/15/2016 15:01:53

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:* Deleted ; *Ordered As Mnemonic:* Med List Status - Updated ; *Simple Display Line:* A.Bizzell,lpn, 0 Refill(s) ; *Catalog Code:* Med List Status - Updated ; *Order Dt/Tm:* 2/3/2016 08:22:11

Med Clinic Follow Up General Info BH

Information Given By : Patient

Accompanied By : Self

Reason for Visit - BH : Routine follow up

History of Present Illness : Recent diagnosis of diabetes

Mood has been stable

No suicidal thoughts - occ thoughts of feeling overwhelmed

Has been trying to watch diet

Suicidal Ideations : Denies

PAPOULIAS , HEATHER CMA - 4/15/2016 15:02 EDT

^Vitals**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 4/15/2016**Visit #:** 1610600235**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH BH Charlotte OMS Medication**

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Phone:

Fax:

BH Clinical Documentation

Height Actual or Stated? : Stated/Estimated
Height Documented in (UOM) : feet/inches
Height : 180.34 cm
Height Contributor (ft) : 5 ft
Height Contributor (inches) : 11 inch
Clinical Weight Documented in (UOM) : lbs/oz
Weight : 109.77 kg
Clinical Weight Contributor (lb) : 242 lb
Clinical Weight Contributor (oz) : 0 oz
Body Mass Index : 33.75 kg/m2
Body Surface Area : 2.34 m2
Peripheral Pulse Rate : 93 BPM
Systolic Blood Pressure : 111 mmHg
Diastolic Blood Pressure : 83 mmHg
Blood Pressure Location #1 : Right arm
BP Instrument : Machine
Weight (lbs.) : 242 lb
Height (ft.) : 5.92 ft

PAPOULIAS , HEATHER CMA - 4/15/2016 15:02 EDT

Substance Use Review BHSubstance Abuse/Use Assessment Grid

1. Substance of Abuse : None

PAPOULIAS , HEATHER CMA - 4/15/2016 15:02 EDT

Has Patient Ever Used Tobacco? : No, lifetime

PAPOULIAS , HEATHER CMA - 4/15/2016 15:02 EDT

Social History

Impact on treatment : No

PAPOULIAS , HEATHER CMA - 4/15/2016 15:02 EDT

Pain BH Initial

Have you had pain in last 12 hrs? : No

PAPOULIAS , HEATHER CMA - 4/15/2016 15:02 EDT

Communications - Acute

Primary Care Provider : BRADNER , RICHARD L MD

Cell Phone Number : 828 [REDACTED]

Leave Voicemail : Yes

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

Provider of Record 1 : BRADNER , RICHARD L MD

Provider Practice 1 : PCP

Provider of Record 2 : PENISTON , KATHLEEN KELLY NP

Provider: CASTRO ,MANUEL A MD**Date of Service: 4/15/2016****Visit #: 1610600235****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



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Phone:

Fax:

BH Clinical Documentation

Provider Practice 2 : Psychiatrist

Provider of Record 3 : None

Provider Practice 3 : Therapist

PAPOULIAS , HEATHER CMA - 4/15/2016 15:02 EDT

Medical Screening/Review of Systems - BH

Denies Past Medical History : Yes

PAPOULIAS , HEATHER CMA - 4/15/2016 15:02 EDT

Gastrointestinal Past Medical Hx Grid

Reflux Disease : Self

PAPOULIAS , HEATHER CMA - 4/15/2016 15:02 EDT

Psychiatric Past Medical History Grid

Mood Swings/Bipolar : Self

PAPOULIAS , HEATHER CMA - 4/15/2016 15:02 EDT

Reproductive Medical History

Other : Self, difficult to start urine stream

PAPOULIAS , HEATHER CMA - 4/15/2016 15:02 EDT

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/15/2016

Visit #: 1610600235

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	4/15/2016	
Recorded Time	15:02 EDT	
Recorded By	PAPOULIAS ,HEATHER CMA	
Procedure		Units
Height	180.34	cm
Weight	109.77	kg
BSA	2.34	m2
Body Mass Index	33.75	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11	inch
Clinical Weight Contributor (lb)	242	lb
Clinical Weight Contributor (oz)	0	oz
Peripheral Pulse Rate	93	BPM
Systolic Blood Pressure	111	mmHg
Diastolic Blood Pressure	83	mmHg
Blood Pressure Location #1	Right arm	
BP Instrument	Machine	
Have you had pain in last 12 hrs?	No	

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/15/2016

Visit #: 1610600235

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	4/15/2016	
Recorded Time	15:02 EDT	
Recorded By	PAPOULIAS ,HEATHER CMA	
Procedure		Units
Accompanied By	Self	
Information Given By	Patient	
Medication Information Obtained From	See Below ^{T1}	
Primary Care Provider	BRADNER , RICHARD L MD	
Medication Status	Medication list updated	

Textual Results

T1: 4/15/2016 15:02 EDT (Medication Information Obtained From)
Patient/family, Patient's prior records

Provider: CASTRO ,MANUEL A MD**Date of Service:** 4/15/2016**Visit #:** 1610600235**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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501 Billingsley Rd

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Phone:

Fax:

General Admission History

General Admission History

	Recorded Date	4/15/2016
	Recorded Time	15:02 EDT
Procedure		
Denies Past Medical History		Yes
Recent Travel Outside United States MERS		See Below ^{T1}
Pregnant		N/A

Textual Results

T1: 4/15/2016 15:02 EDT (Recent Travel Outside United States MERS)
No travel/no contact within past 14 days

Provider: CASTRO ,MANUEL A MD
Date of Service: 4/15/2016
Visit #: 1610600235

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



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Fax:

Health History

Health History

Recorded Date	4/15/2016
Recorded Time	15:02 EDT
Procedure	
Reflux Disease Medical History	Self
Reproductive, Other Medical History	See Below ^{T1}
Mood Swings/Bipolar Medical History	Self

Textual Results

T1: 4/15/2016 15:02 EDT (Reproductive, Other Medical History)
Self, difficult to start urine stream

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/15/2016

Visit #: 1610600235

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:

Social Habits

Social Habits

Recorded Date	4/15/2016
Recorded Time	15:02 EDT
Procedure	
Has Patient Ever Used Tobacco?	No, lifetime

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/15/2016

Visit #: 1610600235

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Phone:

Fax:

Interdisciplinary and Patient Education

Interdisciplinary and Patient Education

Recorded Date	4/15/2016
Recorded Time	15:10 EDT
Recorded By	PAPOULIAS ,HEATHER CMA
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 R1}
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}
Orientation to Room,Unit,Dept	See Below ^{T5}
Learner -Orientation	Patient
Ability/Readiness to Learn -Orientation	Receptive
Method of Teaching -Orientation	Verbal instructions
Learner Response -Admission/Orientation	See Below ^{T6}
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 ^{T7}

Textual Results

- T1: 4/15/2016 15:10 EDT (Education Plan of Care)
No patient identified learning needs
- T2: 4/15/2016 15:10 EDT (Advance Directives Discussed)
Health Care Power of Attorney, Living will
- T3: 4/15/2016 15:10 EDT (Learner Response - Advance Directive)
Demonstrates acceptable knowledge of topic/instructions
- T4: 4/15/2016 15:10 EDT (Admission Requirements Education)

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/15/2016

Visit #: 1610600235

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Phone:

Fax:

Interdisciplinary and Patient Education

Interdisciplinary and Patient Education

Textual Results

- T4: 4/15/2016 15:10 EDT (Admission Requirements Education)
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
- T5: 4/15/2016 15:10 EDT (Orientation to Room, Unit, Dept)
Orientation to Facility/Dept, Patient Identifiers
- T6: 4/15/2016 15:10 EDT (Learner Response - Admission/Orientation)
Demonstrates acceptable knowledge of topic/instructions
- T7: 4/15/2016 15:10 EDT (Learner Response - Medications)
Demonstrates acceptable knowledge of topic/instructions

Result Comments

- R1: Advance Directives Discussed
None

Provider: CASTRO ,MANUEL A MD
Date of Service: 4/15/2016
Visit #: 1610600235

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



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Phone:

Fax:

Behavioral Health

Behavioral Health

Recorded Date	4/15/2016	
Recorded Time	15:02 EDT	
Recorded By	PAPOULIAS ,HEATHER CMA	
Procedure		Units
Reason for Visit -BH	Routine follow up	
Cultural/Spiritual Practices Impact Tx	No	
Suicidal Ideations	Denies	
History of Present Illness	See Below ^{T1}	

Textual Results

T1: 4/15/2016 15:02 EDT (History of Present Illness)
Recent diagnosis of diabetes Mood has been stable No suicidal thoughts - occ thoughts of feeling overwhelmed
Has been trying to watch diet

Provider: CASTRO ,MANUEL A MD
Date of Service: 4/15/2016
Visit #: 1610600235

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: CASTRO ,MANUEL A MD

Date of Service: 7/19/2016

Visit #: 1619700148

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:

Outpatient Progress Note

Pt Name: WILLIAMS, LEONARD

MRN: H642066

Date of Birth: 11/01/1980

OMS PROGRESS NOTE

DATE OF SERVICE: 07/19/2016

HISTORY OF PRESENT ILLNESS: The patient is a 35-year-old male with a diagnosis of bipolar disorder and ADD who presents to outpatient medication services for evaluation. The patient is currently taking Celexa, Zyprexa and Adderall. He reports compliance, and reports adverse effects which are difficulty losing weight as well as metabolic abnormalities that has led to a recent diagnosis of diabetes. He also reports some recent problems with his memory that he is unsure as to whether they are attributable to the medication. He reports his sleep is fair and appetite is within normal limits, energy is variable and concentration is moderate. He reports ongoing work stress. He has been trying to change his diet in an effort to lose weight and become healthier. He denies any thoughts of harming himself or others or any psychosis. He denies any alcohol or drug use.

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 affect is anxious. Thoughts are perseverative and speech is over-productive. He is alert and oriented x 4. Insight and judgment are fair. Concentration is moderate. She denies any thoughts of harming himself or others or any psychosis. Fund of knowledge and memory were not formally assessed, though appear to be intact.

DIAGNOSES:

1. Bipolar disorder.
2. Attention deficit disorder.

SUMMARY: The patient is a 35-year-old male who reports an ongoing beneficial response to his current medication regimen; however, he continues to struggle with some adverse effects to Zyprexa including difficulty with weight and metabolic symptoms.

PLAN:

1. The patient is to continue on Celexa 20 mg daily, Zyprexa 15 mg at bedtime and Adderall 20 mg twice a day.

Provider: CASTRO ,MANUEL A MD

Date of Service: 7/19/2016

Visit #: 1619700148

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

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: Manuel Castro, MD

D: 07/19/2016 04:13PM KATHLEEN K. PENISTON, NP

T: 07/19/2016 16:50PM NTS

Job # 11855044/Conf # 182883

cc:

**Electronically Signed By: PENISTON, KATHLEEN KELLY NP
07/20/2016 08:18 AM**

**Electronically Signed By: CASTRO, MANUEL A MD
07/26/16 12:30 PM**

**Provider: CASTRO ,MANUEL A MD
Date of Service: 7/19/2016
Visit #: 1619700148**

**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: CASTRO ,MANUEL A MD

Date of Service: 7/19/2016

Visit #: 1619700148

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., US Acute Care Solutions, LLC., 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 providers 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 US Acute Care Solutions, LLC. 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 in any legal proceeding 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.

Request for Treatment and Authorization



Carolinas HealthCare System

WILLIAMS, LEONARD CLINTON
ACCT: H16197-00148
UNIT: H000064-20-66



901



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 providers 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 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. I agree to pay the Hospital account I incur in accordance with the regular rates and terms of the Hospital at the time of my discharge. If I fail to pay all charges and the Hospital or my providers 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 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; however, this consent will not expire for services, claims processing or collection activities for admissions or visits occurring while this consent was in effect.

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)
D. Rickman
 Witness _____
7/19/2016 1:30pm
 Date _____ Time _____

Responsible Party/ies _____ (Seal)
 Relation to Patient _____
 _____ Husband _____ Parent/s
 _____ Wife _____ Other (Specify) _____

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

Signature [Signature] Date: 7/19/2016 Time: 1:30pm
 (Patient or Authorized Representative)
 Relationship to Patient: I am the patient
 Reason Patient Unable/Unwilling to sign _____

Carolinas HealthCare System 7/2016



Carolinas HealthCare System

WILLIAMS, LEONARD CLINTON
 ACCT: H16197-00148
 UNIT: H000064-20-66



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Clinical Documentation

DOCUMENT NAME:

Ambulatory Adult Intake Form-Text

ELECTRONICALLY SIGNED BY:

BIZZELL ,ASHLEY LPN (7/19/2016 13:46 EDT)

Ambulatory Adult Intake Form Entered On: 7/19/2016 13:50 EDT

Performed On: 7/19/2016 13:46 EDT by BIZZELL , ASHLEY LPN

Intake

Chief Complaint : Pt reports having slight memory loss and is unsure if this may be a side effect from psy. meds.

Preferred Language for Healthcare : English

Accompanied By : Self

Menstrual Status : Other: Male

BIZZELL , ASHLEY LPN - 7/19/2016 13:46 EDT

Travel History

Pregnant : N/A

Recent Travel Outside of United States : No travel/no contact within past 14 days

BIZZELL , ASHLEY LPN - 7/19/2016 13:46 EDT

Vitals

Height Actual or Stated? : Stated/Estimated

Height Documented in (UOM) : feet/inches

Height : 180.34 cm

Height Contributor (ft) : 5 ft

Height Contributor (inches) : 11 inch

Weight Actual or Stated? : Actual

Clinical Weight Documented in (UOM) : lbs/oz

Weight : 109.43 kg

Clinical Weight Contributor (lb) : 241 lb

Clinical Weight Contributor (oz) : 4 oz

Body Mass Index : 33.65 kg/m2

Body Surface Area : 2.34 m2

Peripheral Pulse Rate : 105 BPM (HI)

Systolic Blood Pressure : 108 mmHg (LOW)

Diastolic Blood Pressure : 80 mmHg

Blood Pressure Location : Left arm

Blood Pressure Position : Sitting

BP Instrument : Machine

Weight (lbs.) : 241.25 lb

Provider: CASTRO ,MANUEL A MD

Date of Service: 7/19/2016

Visit #: 1619700148

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:

Clinical Documentation

Height (ft.) : 5.92 ft

BIZZELL , ASHLEY LPN - 7/19/2016 13:46 EDT

Communications

Primary Care Provider : BRADNER , RICHARD L MD

Cell Phone Number : 828- [REDACTED]

Leave Voicemail : Yes

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

Provider of Record 1 : BRADNER , RICHARD L MD

Provider Practice 1 : PCP

Provider of Record 2 : PENISTON , KATHLEEN KELLY NP

Provider Practice 2 : Psychiatrist

Provider of Record 3 : None

Provider Practice 3 : Therapist

BIZZELL , ASHLEY LPN - 7/19/2016 13:46 EDT

Amb Allergy and Meds

(As Of: 7/19/2016 13:50:13 EDT)

Allergies (Active)

No known allergies

Estimated Onset Date: Unspecified ; Created By: COON ,
NICHOLAS F; Reaction Status: Active ; Category: Drug ;
Substance: No known allergies ; Type: Allergy ; Updated By:
COON , NICHOLAS F; Reviewed Date: 7/19/2016 13:47 EDT

Confirmation of Medication Reconciliation : Yes

BIZZELL , ASHLEY LPN - 7/19/2016 13:46 EDT

Medication List

(As Of: 7/19/2016 13:50:13 EDT)

Prescription/Discharge Orderdextroamphetamine-
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), for 30 day(s), 60 capsule, 0 Refill(s) ; Ordering
Provider: PENISTON , KATHLEEN KELLY NP; Catalog Code:
dextroamphetamine-amphetamine ; Order Dt/Tm: 4/15/2016
15:32:03

OLANzapine

: OLANzapine ; Status: Prescribed ; Ordered As Mnemonic:
ZyPREXA 15 mg oral tablet ; Simple Display Line: 15 mg, 1
tablet, ORAL, Daily, for 30 day(s), 30 tablet, 3 Refill(s) ; Ordering
Provider: PENISTON , KATHLEEN KELLY NP; Catalog Code:

Provider: CASTRO ,MANUEL A MD**Date of Service: 7/19/2016****Visit #: 1619700148****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:

Clinical Documentation

OLANZapine ; *Order Dt/Tm:* 4/15/2016 15:29:46

citalopram : citalopram ; *Status:* Prescribed ; *Ordered As Mnemonic:* citalopram 20 mg oral tablet ; *Simple Display Line:* 20 mg, 1 tablet, ORAL, Daily, for 30 day(s), 30 tablet, 3 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* citalopram ; *Order Dt/Tm:* 4/15/2016 15:29:44

Home Meds

Med List Status - Updated : Med List Status - Updated ; *Status:* Documented ; *Ordered As Mnemonic:* Med List Status - Updated ; *Simple Display Line:* A.Bizzell,LPN, 0 Refill(s) ; *Catalog Code:* Med List Status - Updated ; *Order Dt/Tm:* 7/19/2016 13:46:14

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

misc medication : misc medication ; *Status:* Documented ; *Ordered As Mnemonic:* misc medication ; *Simple Display Line:* 5 hour energy shot, 0 Refill(s) ; *Catalog Code:* misc medication ; *Order Dt/Tm:* 4/15/2016 15:01:53

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:* Discontinued ; *Ordered As Mnemonic:* Med List Status - Updated ; *Simple Display Line:* hjp, cma, 0 Refill(s) ; *Ordering Provider:* SYSTEM; *Catalog Code:* Med List Status - Updated ; *Order Dt/Tm:* 4/15/2016 15:02:11

Provider: CASTRO ,MANUEL A MD

Date of Service: 7/19/2016

Visit #: 1619700148

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:

Clinical Documentation

^ Social Habitsv2

Social History

(As Of: 7/19/2016 13:50:13 EDT)

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)

Drug Abuse:

Denies (Last Updated: 7/19/2016 13:47:13 EDT by BIZZELL , ASHLEY LPN)

Body Mass Index2 : 33.65

BIZZELL , ASHLEY LPN - 7/19/2016 13:46 EDT

Image 1 - Images currently included in the form version of this document have not been included in the text rendition version of the form.

Advance Directive Amb

Advance Directive Additional Information : No

Advance Directive Progress Note : None, info declined

BIZZELL , ASHLEY LPN - 7/19/2016 13:46 EDT

Pain History

Pain Present : No

BIZZELL , ASHLEY LPN - 7/19/2016 13:46 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

BIZZELL ,ASHLEY LPN (7/19/2016 13:57 EDT)

Education Teaching Record Entered On: 7/19/2016 13:58 EDT

Performed On: 7/19/2016 13:57 EDT by BIZZELL , ASHLEY LPN

Provider: CASTRO ,MANUEL A MD

Date of Service: 7/19/2016

Visit #: 1619700148

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:31 EST

Print ID: 350115778

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Clinical Documentation**ETR Discipline***Education Teaching Record Discipline :* Nursing

BIZZELL , ASHLEY LPN - 7/19/2016 13:57 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

BIZZELL , ASHLEY LPN - 7/19/2016 13:57 EDT

ETR Admission/Orientation*Admission Requirements :* Yes*Admission Requirements Education :* 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*Orientation to Room, Unit, Dept :* Ask Me 3, Orientation to Facility/Dept, Patient Identifiers*Learner - Orientation :* Patient*Ability/Readiness to Learn - Orientation :* Receptive*Method of Teaching - Orientation :* Verbal instructions*Learner Response - Orientation :* Demonstrates acceptable knowledge of topic/instructions

BIZZELL , ASHLEY LPN - 7/19/2016 13:57 EDT

ETR MedicationsEducation Medications Grid*1. Medication :* dextroamphetamine-amphetamine

BIZZELL , ASHLEY LPN - 7/19/2016 13:57 EDT

2. Medication : olanzapine

BIZZELL , ASHLEY LPN - 7/19/2016 13:57 EDT

3. Medication : citalopram

BIZZELL , ASHLEY LPN - 7/19/2016 13:57 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

BIZZELL , ASHLEY LPN - 7/19/2016 13:57 EDT

Provider: CASTRO ,MANUEL A MD**Date of Service:** 7/19/2016**Visit #:** 1619700148**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:

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:** 07/19/2016**Phone:** (828) [REDACTED]**Age:** 35 Years**Sex:** Male**Primary Care Provider:**
BRADNER, RICHARD L
MD**Race:** Caucasian**Ethnicity:** Non-Hispanic **Preferred Language:**
English

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: CASTRO, MANUEL A MD**Reason for Visit:** Pt reports having slight memory loss and is unsure if this may be a side effect from psy. meds.**Today's Diagnosis:** ADD (attention deficit disorder); Bipolar disorder**Today's Clinical Information:****Height:** 5 ft 11 inch**Weight:** 241 lb 4 oz**BMI:** 33.65 kg/m2**Blood Pressure:** 108 mmHg / 80 mmHg**Additional Information:****Allergies:****Provider:** CASTRO, MANUEL A MD**Date of Service:** 7/19/2016**Visit #:** 1619700148**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

No known allergies

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 07/19/2016 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	

Provider: CASTRO ,MANUEL A MD**Date of Service:** 7/19/2016**Visit #:** 1619700148**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

		501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2862	
--	--	---	--

	Continue Taking These Medicines at Home	Next Dose Due
1.	APAP/ASA/caffeine (Goodys Extra Strength) See Instructions 1 packet as needed	
2.	metFORMIN (metFORMIN) See Instructions ORAL	
3.	misc medication (misc medication) 5 hour energy shot	

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.

Scheduled Appointments:

	Date	Time	Location	Provider	Phone Number
--	------	------	----------	----------	--------------

Follow Up:

Provider: CASTRO ,MANUEL A MD
Date of Service: 7/19/2016
Visit #: 1619700148

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

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: CASTRO ,MANUEL A MD

Date of Service: 7/19/2016

Visit #: 1619700148

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: WILLIAMS III, LEONARD CLINTON

Visit Date: 7/19/2016 13:23:00

FIN: 1619700148

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: CASTRO ,MANUEL A MD

Date of Service: 7/19/2016

Visit #: 1619700148

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Education/Pt. Response Form - Text

Education/Pt. Response Entered On: 7/19/2016 14:18 EDT

Performed On: 7/19/2016 14:18 EDT by PENISTON , KATHLEEN KELLY NP

Response to Education

Response to Teaching : Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 7/19/2016 14:18 EDT

Provider: CASTRO ,MANUEL A MD

Date of Service: 7/19/2016

Visit #: 1619700148

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: CASTRO ,MANUEL A MD

Date of Service: 7/19/2016

Visit #: 1619700148

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

11/1/1980

* Patient Questionnaire - Auth (Verified) *

241.4
5.11.5

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, possibly memory problems☐ 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. memory loss a side effectSignature of Person Completing Form: [Signature]Date: 7/19/2016

*If other than patient, give relationship: _____

For Staff Only:

Form reviewed by: [Signature]Date: 7/19/16 Time: 1:50

Date: _____ Time: _____



Carolinas HealthCare System
BH-Charlotte
Outpatient Medication Services
Patient Questionnaire
Page 1 of 1



Rev. 08/21/09



16197-00148 07/19/16
WILLIAMS, LEONARD CLINTON
H000064-20-66 DOB 11/01/80 M 35Y



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

DOCUMENT NAME:

CSSRS Short Version - Reassessment Entered On: 7/19/2016 13:46 EDT
Performed On: 7/19/2016 13:46 EDT by BIZZELL , ASHLEY LPN

CSSRS Short Version - Reassessment

CSSRS Reassess Able to Assess : Yes

1. *Have you wished you were dead or wished you could go to sleep and not wake up? (ref) :* Since last visit, no
2. *Have you actually had any thoughts of killing yourself? (ref) :* Since last visit, no
6. *Have you done anything, started to do anything, or prepared to do anything to end your life? (ref) :* Since last visit, no
BIZZELL , ASHLEY LPN - 7/19/2016 13:46 EDT

Provider: CASTRO ,MANUEL A MD
Date of Service: 7/19/2016
Visit #: 1619700148

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	7/19/2016	
Recorded Time	13:46 EDT	
Recorded By	BIZZELL ,ASHLEY LPN	
Procedure		Units
Height	180.34	cm
Weight	109.43	kg
BSA	2.34	m2
Body Mass Index	33.65	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11	inch
Clinical Weight Contributor (lb)	241	lb
Clinical Weight Contributor (oz)	4	oz
Peripheral Pulse Rate	105 ^H	BPM
Systolic Blood Pressure	108 ^L	mmHg
Diastolic Blood Pressure	80	mmHg
Blood Pressure Location	Left arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	No	

Provider: CASTRO ,MANUEL A MD

Date of Service: 7/19/2016

Visit #: 1619700148

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:

Psychosocial

Psychosocial

	Recorded Date	7/19/2016
	Recorded Time	13:46 EDT
	Recorded By	BIZZELL ,ASHLEY LPN
Procedure	Units	
CSSRS Reassess Able to Assess		Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, no
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no

Provider: CASTRO ,MANUEL A MD

Date of Service: 7/19/2016

Visit #: 1619700148

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	7/19/2016	
Recorded Time	13:46 EDT	
Recorded By	BIZZELL ,ASHLEY LPN	
Procedure		Units
Chief Complaint	See Below ^{T1}	
Menstrual Status	Other: Male	
Accompanied By	Self	
Primary Care Provider	BRADNER , RICHARD L MD	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

Textual Results

T1: 7/19/2016 13:46 EDT (Chief Complaint)

Pt reports having slight memory loss and is unsure if this may be a side effect from psy. meds.

Provider: CASTRO ,MANUEL A MD

Date of Service: 7/19/2016

Visit #: 1619700148

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

General Admission History

General Admission History

Recorded Date	7/19/2016
Recorded Time	13:46 EDT
Procedure	
Advance Directive Additional Information	No
Advance Directive Progress Note	None, info declined
Recent Travel Outside United States MERS	See Below ^{T1}
Pregnant	N/A

Textual Results

T1: 7/19/2016 13:46 EDT (Recent Travel Outside United States MERS)
No travel/no contact within past 14 days

Provider: CASTRO ,MANUEL A MD

Date of Service: 7/19/2016

Visit #: 1619700148

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:

Interdisciplinary and Patient Education

Interdisciplinary and Patient Education

Recorded Date	7/19/2016
Recorded Time	13:57 EDT
Recorded By	BIZZELL ,ASHLEY LPN
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
Admission Requirements	Yes
Admission Requirements Education	See Below ^{T2}
Orientation to Room,Unit,Dept	See Below ^{T3}
Learner -Orientation	Patient
Ability/Readiness to Learn -Orientation	Receptive
Method of Teaching -Orientation	Verbal instructions
Learner Response -Admission/Orientation	See Below ^{T4}
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 ^{T5}

Textual Results

- T1: 7/19/2016 13:57 EDT (Education Plan of Care)
No patient identified learning needs
- T2: 7/19/2016 13:57 EDT (Admission Requirements Education)
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
- T3: 7/19/2016 13:57 EDT (Orientation to Room, Unit, Dept)
Ask Me 3, Orientation to Facility/Dept, Patient Identifiers
- T4: 7/19/2016 13:57 EDT (Learner Response - Admission/Orientation)
Demonstrates acceptable knowledge of topic/instructions
- T5: 7/19/2016 13:57 EDT (Learner Response - Medications)
Demonstrates acceptable knowledge of topic/instructions

Provider: CASTRO ,MANUEL A MD

Date of Service: 7/19/2016

Visit #: 1619700148

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: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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:

Addendum by PENISTON , KATHLEEN KELLY NP on October 11, 2016 11:52 EDT

The patient was seen and independently evaluated by this writer. The above documentation was reviewed and is accurate. Please see additional documentation below.

History of present illness: Patient is a 35-year-old male with bipolar disorder who presents outpatient medication services for evaluation. He is currently taking Celexa, Zyprexa, and Adderall. He continues to report some difficulty with weights and lethargy that he attributes to the Zyprexa. He reports that he is working a lot and does not particularly enjoy his job. He hopes to in the future get out of the corporate world and start his own business. He reports good sleep and concentration. Energy is fair. Appetite remains elevated. He denies any thoughts of harming himself or others or any psychotic symptoms. He reports very rare alcohol consumption.

Mental status exam: Patient is a well-nourished moderately well-groomed overweight male who appears approximately his stated age and is in no acute distress. He reports his mood is fair affect is congruent. Thoughts are logical and goal directed speech is overproductive. He is somewhat hypertalkative. He is alert and oriented x4. Insight and judgment are fair. Concentration is moderate. He denies any thoughts of harming himself or others or any psychosis. Fund of knowledge memory were not formally assessed but appeared to be grossly intact.

Medical decision making: Patient is a 35-year-old male who reports an ongoing beneficial response to his current medication regimen.

Plan:

1. Patient is to continue on his current medication regimen including Zyprexa, Celexa, and Adderall.
2. Patient is to return to be with this writer in 3 months on to further evaluate medication regimen.
3. Patient is educated on medication and treatment plan.
4. Patient is aware of emergency services for any urgent or emergent needs.

Electronically Signed By: PENISTON, KATHLEEN KELLY NP

10/11/2016 11:52 AM

PSYCH OMS Med Student

Patient: **WILLIAMS III, LEONARD CLINTON**

MRN: 0000642066

FIN: 1628100386

Age: **35 years** Sex: **Male** DOB: **11/1/1980**

Associated Diagnoses: **None**

Author: **VENKATESAN , JANITRA MS**

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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

PSYCH OMS - Medical Student Note

Visit Information

Visit type: Scheduled follow-up.

Accompanied by: No one.

Source of history: Self.

History limitation: None.

History of Present Illness

Nursing assessment reviewed. Patient is a 35-year-old male with bipolar disorder who presents to outpatient medication services for evaluation. Patient states he sleeps well but is "hungry all the time" after starting a new plant-based diet. Per patient, he initially lost weight on the diet but regained more weight as he began to experience sugar cravings, especially when hypoglycemic, and began eating more processed foods. He also reports that he is an "emotional eater" which is exacerbated by work related stress. He is especially frustrated with management at his job and the distractions that keep him from efficiently completing his work but states he has good outcomes and still gets his work done. He is considering starting his new business and interviewed for a different position at work but is currently not pursuing these considerations.

Endorses good concentration, both at work and outside of work, and increased energy, especially after starting the new diet. Denies AVH, paranoia or any thoughts of harming himself or others. Continues to take Zyprexa and Citalopram as well as Adderall for ADD. Denies alcohol or illicit drug use. Has not had any legal issues and states he maintains good relationships with family. He is due for an annual visit with his PCP.

Review of Systems

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

Health Status

Allergies:

Allergic Reactions (All)

No known allergies

Current medications: (Selected)

Prescriptions

Prescribed

Adderall XR 20 mg oral capsule, extended release: 1 capsule, ORAL, BID (2 times a day), for 30 day(s), 60 capsule, 0 Refill(s)

Adderall XR 20 mg oral capsule, extended release: 1 capsule, ORAL, BID (2 times a day), for 30 day(s), 60 capsule, 0 Refill(s)

Adderall XR 20 mg oral capsule, extended release: 1 capsule, ORAL, BID (2 times a day), for 30 day(s), 60 capsule, 0 Refill(s)

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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

ZyPREXA 15 mg oral tablet: 15 mg, 1 tablet, ORAL, Daily, for 30 day(s), 30 tablet, 3 Refill(s)
citalopram 20 mg oral tablet: 20 mg, 1 tablet, ORAL, Daily, for 30 day(s), 30 tablet, 3 Refill(s)

Documented Medications

Documented

Goodys Extra Strength: See Instructions, 1 packet as needed
Med List Status - Updated: A.Bizzell,LPN, 0 Refill(s)
metFORMIN: See Instructions, ORAL, 0 Refill(s)
misc medication: 5 hour energy shot, 0 Refill(s)

Problem list:

No problem items selected or recorded.

Physical Examination

Mental Status Examination:

General appearance: Appropriately dressed and groomed, Cooperative.
Gait & station: Normal.
Strength & tone: Not tested.
Attention & concentration: Normal.
Orientation: Oriented X4.
Language: Normal.
Level of consciousness: Alert.
Fund of Knowledge: Average.
Recent & Remote Memory: No impairment in recent or remote.
Speech: Normal volume, Rapid, Overproductive.
Thought process: Perseverating, Circumstantial.
Mood and affect: Euthymic.
Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts.
Perceptions+: No abnormalities.
Insight: Present, Fair.
Judgment: Fair.

Impression and Plan

Dx/Order Association Plan

Psychiatric Diagnoses: Bipolar, ADD
Medical Diagnoses: Diabetes, elevated cholesterol and triglycerides
Psychosocial Stressors: Work

Summary: 35yoM with bipolar disorder and ADD who presents for scheduled follow-up at outpatient medication services and continues to have increased work stress.

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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

Plan

- 1) Medication: Citalopram 20 mg daily, Zyprexa 15 mg at bedtime, and Adderall 20 mg BID, brand name medically necessary.
- 2) Therapy - Not discussed at this visit.
- 3) Labwork Ordered - Not indicated at this time.
- 4) SA Treatment - Not indicated at this time.
- 5) RTC in 3 months for further evaluation of medication.
- 6) Patient was provided with education regarding medication and treatment plan.
- 7) Patient is aware of emergency services availability including Psychiatric ED and Mobile Crisis.
- 8) Patient is aware to contact OMS for any needed medication adjustments.

Janitra Venkatesan, MS3

Professional Services

Amount of time spent with patient 30 minutes

Greater than 50% of the time spent with patient was devoted to counseling and coordination of care.

Electronically Signed By: VENKATESAN, JANITRA MEDIC

10/11/2016 10:09 AM

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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., US Acute Care Solutions, LLC., 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 providers 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 US Acute Care Solutions, LLC. 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 in any legal proceeding 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.

Request for Treatment and Authorization



Carolinus HealthCare System

WILLIAMS, LEONARD CLINTON
ACCT: H16281-00386
UNIT: H000064-20-66



901



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 providers 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 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. I agree to pay the Hospital account I incur in accordance with the regular rates and terms of the Hospital at the time of my discharge. If I fail to pay all charges and the Hospital or my providers 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 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; however, this consent will not expire for services, claims processing or collection activities for admissions or visits occurring while this consent was in effect.

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 C. Williams III (Seal) Responsible Party/ies (Seal)
Patient
[Signature] Witness
Date 10/11/2016 Time 0837
Relation to Patient
____ Husband ____ Parent/s
____ Wife ____ Other (Specify)

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

Signature [Signature] Date: 10/11/2016 Time: 8:35 am
(Patient or Authorized Representative)
Relationship to Patient: self
Reason Patient Unable/Unwilling to sign _____

Carolinas HealthCare System 7/2016



Carolinas HealthCare System

WILLIAMS, LEONARD CLINTON
ACCT: H16281-00386
UNIT: H000064-20-66



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Clinical Documentation

DOCUMENT NAME:

Ambulatory Adult Intake Form-Text

ELECTRONICALLY SIGNED BY:

GOOSMANN ,CHRISTINA LPN (10/11/2016 08:48 EDT)

Ambulatory Adult Intake Form Entered On: 10/11/2016 8:53 EDT
Performed On: 10/11/2016 8:48 EDT by GOOSMANN , CHRISTINA LPN

Intake

Chief Complaint : med refill

Ambulatory Intake Additional Information : "Still sleepy, nothing new"

Preferred Language for Healthcare : English

Accompanied By : Self

Menstrual Status : Other: Male

GOOSMANN , CHRISTINA LPN - 10/11/2016 8:48 EDT

Travel History

Pregnant : N/A

Recent Travel Outside of United States : No travel/no contact within past 14 days

GOOSMANN , CHRISTINA LPN - 10/11/2016 8:48 EDT

Vitals

Height Actual or Stated? : Stated/Estimated

Height Documented in (UOM) : feet/inches

Height : 180.34 cm

Height Contributor (ft) : 5 ft

Height Contributor (inches) : 11 inch

Weight Actual or Stated? : Actual

Clinical Weight Documented in (UOM) : lbs/oz

Weight : 110.224 kg

Clinical Weight Contributor (lb) : 243 lb

Body Mass Index : 33.89 kg/m2

Body Surface Area : 2.35 m2

Peripheral Pulse Rate : 108 BPM (HI)

Systolic Blood Pressure : 117 mmHg

Diastolic Blood Pressure : 79 mmHg

Blood Pressure Location : Left arm

Blood Pressure Position : Sitting

BP Instrument : Machine

Weight (lbs.) : 243 lb

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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:

Clinical Documentation

Height (ft.) : 5.92 ft

GOOSMANN , CHRISTINA LPN - 10/11/2016 8:48 EDT

Communications

Primary Care Provider : BRADNER , RICHARD L MD

Cell Phone Number : 828- [REDACTED]

Leave Voicemail : Yes

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

Provider of Record 1 : BRADNER , RICHARD L MD

Provider Practice 1 : PCP

Provider of Record 2 : PENISTON , KATHLEEN KELLY NP

Provider Practice 2 : Psychiatrist

Provider of Record 3 : None

Provider Practice 3 : Therapist

Provider Comment 3 : declined

GOOSMANN , CHRISTINA LPN - 10/11/2016 8:48 EDT

Amb Allergy and Meds

(As Of: 10/11/2016 08:53:19 EDT)

Allergies (Active)

No known allergies

Estimated Onset Date: Unspecified ; Created By: FERRARO, NICHOLAS P RN; Reaction Status: Active ; Category: Drug ; Substance: No known allergies ; Type: Allergy ; Updated By: FERRARO, NICHOLAS P RN; Reviewed Date: 10/11/2016 8:52 EDT

Confirmation of Medication Reconciliation : Yes

GOOSMANN , CHRISTINA LPN - 10/11/2016 8:48 EDT

Medication List

(As Of: 10/11/2016 08:53:19 EDT)

Prescription/Discharge Order

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), for 30 day(s), 60 capsule, 0 Refill(s) ; Ordering Provider: PENISTON , KATHLEEN KELLY NP; Catalog Code: dextroamphetamine-amphetamine ; Order Dt/Tm: 7/19/2016 14:15:46

OLANzapine

: OLANzapine ; Status: Prescribed ; Ordered As Mnemonic: ZYPREXA 15 mg oral tablet ; Simple Display Line: 15 mg, 1

Provider: CASTRO ,MANUEL A MD**Date of Service: 10/11/2016****Visit #: 1628100386****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:

Clinical Documentation

tablet, ORAL, Daily, for 30 day(s), 30 tablet, 3 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* OLANzapine ; *Order Dt/Tm:* 7/19/2016 14:08:31

citalopram : citalopram ; *Status:* Prescribed ; *Ordered As Mnemonic:* citalopram 20 mg oral tablet ; *Simple Display Line:* 20 mg, 1 tablet, ORAL, Daily, for 30 day(s), 30 tablet, 3 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* citalopram ; *Order Dt/Tm:* 7/19/2016 14:08:29

Home Meds

Med List Status - Updated : Med List Status - Updated ; *Status:* Documented ; *Ordered As Mnemonic:* Med List Status - Updated ; *Simple Display Line:* A.Bizzell,LPN, 0 Refill(s) ; *Catalog Code:* Med List Status - Updated ; *Order Dt/Tm:* 7/19/2016 13:46:14

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

misc medication : misc medication ; *Status:* Documented ; *Ordered As Mnemonic:* misc medication ; *Simple Display Line:* 5 hour energy shot, 0 Refill(s) ; *Catalog Code:* misc medication ; *Order Dt/Tm:* 4/15/2016 15:01:53

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

^ Social Habitsv2Social History

(As Of: 10/11/2016 08:53:19 EDT)

Tobacco:

Provider: CASTRO ,MANUEL A MD**Date of Service:** 10/11/2016**Visit #:** 1628100386**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:

Clinical Documentation

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)

Drug Abuse:

Denies (Last Updated: 7/19/2016 13:47:13 EDT by BIZZELL ,
ASHLEY LPN)

Body Mass Index2 : 33.89

GOOSMANN , CHRISTINA LPN - 10/11/2016 8:48 EDT

Image 1 - Images currently included in the form version of this document have not been included in the text rendition
version of the form.

Advance Directive Amb

Advance Directive Additional Information : No

Advance Directive Progress Note : declined

GOOSMANN , CHRISTINA LPN - 10/11/2016 8:48 EDT

Pain History

Pain Present : No

GOOSMANN , CHRISTINA LPN - 10/11/2016 8:48 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

GOOSMANN , CHRISTINA LPN (10/11/2016 08:54 EDT)

Education Teaching Record Entered On: 10/11/2016 8:54 EDT

Performed On: 10/11/2016 8:54 EDT by GOOSMANN , CHRISTINA LPN

ETR Discipline

Education Teaching Record Discipline : Nursing

GOOSMANN , CHRISTINA LPN - 10/11/2016 8:54 EDT

ETR Education General

Education Plan of Care : No patient identified learning needs

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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:

Clinical Documentation

Preferred Learning Methods : Discussion

Barriers to Learning : None evident

Action Plan to Barriers : None required

GOOSMANN , CHRISTINA LPN - 10/11/2016 8:54 EDT

ETR Admission/Orientation

Admission Requirements : Yes

Admission Requirements Education : 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

Orientation to Room, Unit, Dept : Patient Identifiers

Learner - Orientation : Patient

Ability/Readiness to Learn - Orientation : Receptive

Method of Teaching - Orientation : Verbal instructions

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

GOOSMANN , CHRISTINA LPN - 10/11/2016 8:54 EDT

ETR Medications

Education Medications Grid

1. *Medication :* zyprexa

GOOSMANN , CHRISTINA LPN - 10/11/2016 8:54 EDT

2. *Medication :* celexa

GOOSMANN , CHRISTINA LPN - 10/11/2016 8:54 EDT

3. *Medication :* adderall

GOOSMANN , CHRISTINA LPN - 10/11/2016 8:54 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

GOOSMANN , CHRISTINA LPN - 10/11/2016 8:54 EDT

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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:

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

Phone: (828) [REDACTED]

MRN: 0000642066

Age: 35 Years

DOB: 11/01/1980

Sex: Male

Visit Date: 10/11/2016

Primary Care Provider:
BRADNER, RICHARD L
MD

Race: Caucasian

Ethnicity: Non-Hispanic
Preferred Language:
English

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: CASTRO, MANUEL A MD

Reason for Visit: med refill

Today's Diagnosis: ADD (attention deficit disorder); Bipolar disorder

Today's Clinical Information:

Height: 5 ft 11 inch

Weight: 243 lb

BMI: 33.89 kg/m2

Blood Pressure: 117 mmHg / 79 mmHg

Additional Information:

Allergies:

No known allergies

Provider: CASTRO, MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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

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 10/11/2016 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	

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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

		Phone: (704)358-2862	
--	--	----------------------	--

	Continue Taking These Medicines at Home	Next Dose Due
1.	APAP/ASA/caffeine (Goodys Extra Strength) See Instructions 1 packet as needed	
2.	metFORMIN (metFORMIN) See Instructions ORAL	
3.	misc medication (misc medication) 5 hour energy shot	

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.

Scheduled Appointments:

	Date	Time	Location	Provider	Phone Number
--	------	------	----------	----------	--------------

Follow Up:**Reminders:**

Provider: CASTRO ,MANUEL A MD
Date of Service: 10/11/2016
Visit #: 1628100386

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

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

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: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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: WILLIAMS III, LEONARD CLINTON

Visit Date: 10/11/2016 08:33:00

FIN: 1628100386

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

Treating Attention Deficit/Hyperactivity Disorder (ADHD, ADD) in Adults

Attention deficit hyperactivity disorder (ADHD) begins in childhood. It may continue throughout your life. When it does, it may affect your job and even your relationships. Fortunately, with help, you can manage ADHD.

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:31 EST

Print ID: 350115777

Discharge Information - Patient Education



Treatment for ADD can help you achieve your goals.

Therapy

Your therapist can help you learn healthy ways to cope with ADHD. Sometimes, your partner or family may attend your sessions with you. This helps them understand more about your disorder.

Coaching

An ADHD coach works with you to achieve your goals. You'll learn the best ways to manage your time. You'll also learn to avoid clutter and noise that may distract you. In time, your life will have more order and structure. And your coach will provide support and feedback on your progress.

Work

Look for jobs where you can be free and creative. Avoid those that are dull or centered on details. You may still need to make a special effort. The following tips may help:

- Try to work at home, at least part-time.
- Ask for a private office.

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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

- Use headphones to muffle noise.
- Work on more than one project at the same time. When you get bored with one, switch to the other.
- Work on boring tasks when you feel most alert.
- Have a schedule for each day.
- Ask your office assistant or secretary to help with details.
- Use a day planner and to-do lists. Write yourself notes.
- Reward yourself when you finish a task.

Medications

In some cases, medications can help control symptoms of ADHD. Your health care provider may prescribe a stimulant to help you stay focused. Or you may take a type of antidepressant. It may take some time to find what works best for you. Keep in mind that medications don't cure ADHD. And they may cause side effects such as headaches, trouble sleeping, or stomach problems. If you're bothered by side effects, be sure to tell your health care provider. Changing the dose or type of medicine may help. Most often, you'll use medication along with therapy, coaching, and lifestyle changes.

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Mental Health

Treating Attention Deficit/Hyperactivity Disorder (ADHD, ADD) in Adults

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:31 EST

Print ID: 350115777



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

Attention deficit hyperactivity disorder (ADHD) begins in childhood. It may continue throughout your life. When it does, it may affect your job and even your relationships. Fortunately, with help, you can manage ADHD.



Treatment for ADD can help you achieve your goals.

Therapy

Your therapist can help you learn healthy ways to cope with ADHD. Sometimes, your partner or family may attend your sessions with you. This helps them understand more about your disorder.

Coaching

An ADHD coach works with you to achieve your goals. You'll learn the best ways to manage your time. You'll also learn to avoid clutter and noise that may distract you. In time, your life will have more order and structure. And your coach will provide support and feedback on your progress.

Work

Look for jobs where you can be free and creative. Avoid those that are dull or centered on details. You may still need to make a special effort. The following tips may help:

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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

- Try to work at home, at least part-time.
- Ask for a private office.
- Use headphones to muffle noise.
- Work on more than one project at the same time. When you get bored with one, switch to the other.
- Work on boring tasks when you feel most alert.
- Have a schedule for each day.
- Ask your office assistant or secretary to help with details.
- Use a day planner and to-do lists. Write yourself notes.
- Reward yourself when you finish a task.

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Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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

Pediatrics

ADHD and Your Family

Taking care of a child with ADHD might cause other relationships in the household to suffer. This doesn't have to happen. Each member of the family can help build lasting bonds. That way, life can get better for everyone.



How you may feel

If you have a child with ADHD, you may feel guilty, worried, and tired. Try to get enough rest and do some things you enjoy. Ask family and friends for support.

You and your partner

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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:

Discharge Information - Patient Education

It's easy to blame each other. You may not agree on the child's diagnosis, treatment, or discipline. Finding answers isn't easy, but make an effort to talk each day. Now is the time to build new trust within your relationship.

Nurturing your other children

You may devote a lot of time and effort to the child with ADHD. As a result, your other children may feel left out. Do your best to spend time with your other children, too. Instead of using up your energy, you may find that these moments help build your reserves.

Parent's role

- **For yourself:** Recharge and relax. Free up some time by finding a caregiver who understands ADHD. Ask a counselor or your support group about people who might be able to supervise your child.
- **For your marriage:** Try to respect any differing opinions. Also, spend time alone as a couple. Talk about things other than your child and coping with ADHD.
- **For your other children:** Do things with them. Ask about their hobbies, desires, and fears. Let them know they matter to you. Then help them relate to the child with ADHD.
- Reward everyone's efforts to act like a family.
- Counseling may help you manage your stress. It can also help strengthen your marriage and resolve family conflicts.

The future holds promise

Your child's ADHD symptoms are likely to change and evolve as he or she matures. But with time and ongoing guidance, your child can learn to manage his or her traits. Many adults with ADHD are happy and successful.

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Discharge Information - Patient Education

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Provider: CASTRO ,MANUEL A MD
Date of Service: 10/11/2016
Visit #: 1628100386

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



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Education/Pt. Response Form - Text

Education/Pt. Response Entered On: 10/11/2016 9:18 EDT

Performed On: 10/11/2016 9:18 EDT by PENISTON , KATHLEEN KELLY NP

Response to Education

Response to Teaching : Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 10/11/2016 9:18 EDT

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

11/1/1980

* Patient Questionnaire - Auth (Verified) *

243

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: none same☐ 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: 10/11/2016

*If other than patient, give relationship: _____

For Staff Only:

Form reviewed by: [Signature]Date: 10/11/16Time: 0843

Date: _____

Time: _____



Carolinas HealthCare System
BH-Charlotte
Outpatient Medication Services
Patient Questionnaire
Page 1 of 1



Rev. 08/21/09



16281-00386 10/11/16
WILLIAMS, LEONARD CLINTON
H000064-20-66 DOB 11/01/80 M 35Y

Medical Review



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

DOCUMENT NAME:

CSSRS Short Version - Reassessment Entered On: 10/11/2016 8:47 EDT
Performed On: 10/11/2016 8:47 EDT by GOOSMANN , CHRISTINA LPN

CSSRS Short Version - Reassessment

CSSRS Reassess Able to Assess : Yes

1. *Have you wished you were dead or wished you could go to sleep and not wake up? (ref) :* Since last visit, no
 2. *Have you actually had any thoughts of killing yourself? (ref) :* Since last visit, no
 6. *Have you done anything, started to do anything, or prepared to do anything to end your life? (ref) :* Since last visit, no
- GOOSMANN , CHRISTINA LPN - 10/11/2016 8:47 EDT

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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	10/11/2016	
Recorded Time	08:48 EDT	
Recorded By	GOOSMANN ,CHRISTINA LPN	
Procedure		Units
Height	180.34	cm
Weight	110.224	kg
BSA	2.35	m2
Body Mass Index	33.89	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11	inch
Clinical Weight Contributor (lb)	243	lb
Peripheral Pulse Rate	108 ^H	BPM
Systolic Blood Pressure	117	mmHg
Diastolic Blood Pressure	79	mmHg
Blood Pressure Location	Left arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	No	

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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:

Psychosocial

Psychosocial

	Recorded Date	10/11/2016
	Recorded Time	08:47 EDT
	Recorded By	GOOSMANN ,CHRISTINA LPN
Procedure	Units	
CSSRS Reassess Able to Assess		Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, no
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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	10/11/2016	
Recorded Time	08:48 EDT	
Recorded By	GOOSMANN ,CHRISTINA LPN	
Procedure		Units
Chief Complaint	med refill	
Ambulatory Intake Additional Information	See Below T ¹	
Menstrual Status	Other: Male	
Accompanied By	Self	
Primary Care Provider	BRADNER , RICHARD L MD	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

Textual Results

T1: 10/11/2016 08:48 EDT (Ambulatory Intake Additional Information)
"Still sleepy, nothing new"

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

General Admission History

General Admission History

Recorded Date	10/11/2016
Recorded Time	08:48 EDT
Procedure	
Advance Directive Additional Information	No
Advance Directive Progress Note	declined
Recent Travel Outside United States MERS	See Below ^{T1}
Pregnant	N/A

Textual Results

T1: 10/11/2016 08:48 EDT (Recent Travel Outside United States MERS)
No travel/no contact within past 14 days

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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:

Interdisciplinary and Patient Education

Interdisciplinary and Patient Education

Recorded Date	10/11/2016
Recorded Time	08:54 EDT
Recorded By	GOOSMANN ,CHRISTINA LPN
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
Admission Requirements	Yes
Admission Requirements Education	See Below ^{T2}
Orientation to Room,Unit,Dept	Patient Identifiers
Learner -Orientation	Patient
Ability/Readiness to Learn -Orientation	Receptive
Method of Teaching -Orientation	Verbal instructions
Learner Response -Admission/Orientation	See Below ^{T3}
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 ^{T4}

Textual Results

- T1: 10/11/2016 08:54 EDT (Education Plan of Care)
No patient identified learning needs
- T2: 10/11/2016 08:54 EDT (Admission Requirements Education)
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
- T3: 10/11/2016 08:54 EDT (Learner Response - Admission/Orientation)
Demonstrates acceptable knowledge of topic/instructions
- T4: 10/11/2016 08:54 EDT (Learner Response - Medications)
Demonstrates acceptable knowledge of topic/instructions

Provider: CASTRO ,MANUEL A MD

Date of Service: 10/11/2016

Visit #: 1628100386

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: CASTRO ,MANUEL A MD
Date of Service: 1/10/2017
Visit #: 1700900231

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 Assessments

DOCUMENT NAME: Behavioral Health Assessment
SERVICE DATE/TIME: 1/10/2017 10:41 EST
RESULT STATUS: Modified
PERFORM INFORMATION: PENISTON ,KATHLEEN KELLY NP (1/11/2017 08:34 EST);
ANDREWS ,ERICA BRECHT MS (1/10/2017 11:00 EST)
SIGN INFORMATION: PENISTON ,KATHLEEN KELLY NP (1/11/2017 08:34 EST);
ANDREWS ,ERICA BRECHT MS (1/10/2017 11:31 EST)

Addendum by PENISTON , KATHLEEN KELLY NP on January 11, 2017 8:34 EST

The patient was seen independently by this writer. The above documentation was reviewed and is accurate. Please see additional documentation below.

History of present illness: The patient is a 36-year-old male with a diagnosis of bipolar disorder and attention deficit disorder who has been on this combination of medications for several years. The patient reports ongoing beneficial response to his current medication regimen but does report some adverse effects which have continued and that includes difficulty with weight management. The patient sleeps approximately 8-10 hours at night. Appetite is adequate. Energy and concentration are fair. He denies any thoughts of harming himself or others. He denies any psychotic symptoms. There is no evidence of acute mania or depression. He does report ongoing stressors related to his work. The patient also reports that he is started a new diet which includes supplementing food with shakes. He has been diagnosed with diabetes and is currently on metformin. He has been encouraged to discuss this further with his primary care provider.

Mental status exam: Patient is a well-nourished moderately well-groomed male who appears approximately his stated age and is in no acute distress. He reports his mood is fair and affect is congruent thoughts are circumstantial and speech is overproductive he is alert and oriented x4. Insight and judgment are fair. Concentration is adequate. He denies any thoughts of harming himself or others or any psychosis. Fund of knowledge appears above average. Memory was not formally assessed.

Medical decision making: The patient has been on this in combination of medication for quite some time. He is not interested in making any changes to his medication and is quite fearful because he has trialed multiple medications in the past. There is no evidence of abuse or misuse with his medication. He does have diabetes and is encouraged to follow-up with his primary care provider. Today we'll continue his current medication regimen and he will return to the clinic in 3 months.

Electronically Signed By: PENISTON, KATHLEEN KELLY NP
01/11/2017 08:34 AM

PSYCH OMS Med Student Note

Provider: CASTRO ,MANUEL A MD
Date of Service: 1/10/2017
Visit #: 1700900231

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 Assessments

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 1700900231
Age: **36 years** Sex: **Male** DOB: **11/1/1980**
Associated Diagnoses: **None**
Author: **ANDREWS , ERICA BRECHT MS**

PSYCH OMS - Medical Student Note**Chief Complaint**

Follow-up and medication refill

History of Present Illness

Leonard presents to clinic today for follow-up. He reports his Christmas was stressful as he traveled to an aunt's house, and was bothered by her dog as well as the sleeping arrangements, and ended up leaving at 3:45 AM to go to his mother's house to sleep. He did enjoy New Years as he spent the day at his home working on projects. He lives alone in Charlotte, and he considers his home his "sanctuary". His projects mostly include side jobs to help him pay off school debt, including web design which is his most recent endeavour. He works for Wells Fargo in commercial lending; he enjoys what he does for work and takes great pride in his accomplishments and success. The corporate management procedures and processes are often stressful to him as he perceives that they get in the way of him doing his job.

He reports 8-10 hours of sleep each night and no episodes of staying up all night. His mood is "fine" and depressed about 1-2x/month. He does have passive suicidal ideation (wants to go to sleep and not wake up) 1-2x/month, but this is stable. His debt is mostly related to school debt and he denies any inordinant spending. Zyprexa is still impairing his weight loss, and he has been diagnosed with T2DM, treated with metformin. He has not returned to his physician who prescribed him this medication since February 2016 when the medication was initiated, and reports his doctor did not instruct him to do so. He has started a new diet with "shakes" of some kind that are supposed to be all essential nutrition. He reports these "shakes" help his energy level to improve. He does note occasional bingeing following one of these shakes (McDonalds, Cici's pizza), but reports that these binges make him fatigued and he desires to stop them. He does not check his blood sugar at home.

He continues to take all of his psychotropic medications as prescribed, and requires the brand name Adderall.

He denies therapy at this time, but does have his family and a few friends he can speak to regarding life stressors.

Health Status**Allergies:**Allergic Reactions (All)

No known allergies

Current medications: (Selected)Prescriptions*Prescribed***Provider:** CASTRO ,MANUEL A MD**Date of Service:** 1/10/2017**Visit #:** 1700900231**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 Assessments

Adderall XR 20 mg oral capsule, extended release: 1 capsule, ORAL, BID (2 times a day), for 30 day(s), 60 capsule, 0 Refill(s)

ZyPREXA 15 mg oral tablet: 15 mg, 1 tablet, ORAL, Daily, for 30 day(s), 30 tablet, 3 Refill(s)

citalopram 20 mg oral tablet: 20 mg, 1 tablet, ORAL, Daily, for 30 day(s), 30 tablet, 3 Refill(s)

Documented Medications*Documented*

Goodys Extra Strength: See Instructions, 1 packet as needed

metFORMIN: See Instructions, ORAL, 0 Refill(s)

Physical Examination

Leonard is an overweight male who appears his stated age, dressed casually, in no acute distress. He is alert and oriented throughout the exam with good concentration and no abnormal behaviors or movements. . His recent and remote memory is highly intact and he can recall minute details from Christmas. His fund of information is above average. His language is normal with occasional stuttering, and he is hypertalkative with rapid speech. His mood is described as "fine" and affect is congruent with mood. His thought processes are circumstantial, but he is able to return to the point, and his thought content does not include SI/HI/or AVH, with the exception of passive thoughts of suicide 1-2x/month as described above. His insight is adequate and his judgement is good.

Review / Management**Laboratory Results**

Recent Lab Results : Laboratory

1/19/2016 10:45 EST

Calculated Percent HGB A1C

6.4 %

Estimated Average Glucose (HGB

137 mg/dL

A1C)

Impression and Plan**Dx/Order Association Plan**

Psychiatric Diagnoses: Bipolar disorder, ADHD, possible cluster A personality traits

Medical Diagnoses: Diabetes, elevated cholesterol and triglycerides

Psychosocial Stressors: Work

Summary: Leonard Williams is a 36yoM with bipolar disorder, ADHD, and possible cluster A personality traits who presents for scheduled follow-up at outpatient medication services and continues to have increased work stress as well as some family stress over the holidays. He is stable, with no recent episodes of mania or depression. It seems his projects are more of an outlet for him and a way for him to make money than they are concerning for hypomania. His family and work conflict make cluster A personality traits possible, but he does not meet full DSM5 criteria for any of the disorders.

Provider: CASTRO ,MANUEL A MD**Date of Service: 1/10/2017****Visit #: 1700900231****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 Assessments

Plan

- 1) Medication: Citalopram 20 mg daily, Zyprexa 15 mg at bedtime, and Adderall 20 mg BID, brand name medically necessary. Continue as prescribed
- 2) Therapy - Not interested at this time
- 3) Labwork Ordered - Not indicated at this time.
- 4) SA Treatment - Not indicated at this time.
- 5) RTC in 3 months for further evaluation of medication and disease management.
- 6) Patient was provided with education regarding medication and treatment plan.
- 7) Patient is aware of emergency services availability including Psychiatric ED and Mobile Crisis.
- 8) Patient is aware to contact OMS for any needed medication adjustments.

Erica Andrews, MS3

Electronically Signed By: ANDREWS, ERICA BRECHT MED S
01/10/2017 11:31 AM

Provider: CASTRO ,MANUEL A MD
Date of Service: 1/10/2017
Visit #: 1700900231

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:

Outside Records

Provider: CASTRO ,MANUEL A MD
Date of Service: 1/10/2017
Visit #: 1700900231

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

11/1/1980

* Outside Medications - Auth (Verified) *

Orders

Patient : WILLIAMS III, LEONARD CLINTON
Address : 13009 YORKRIDGE DRIVE, APT 214
CHARLOTTE, NC 28273
Phone : (828) 387-5255

Med Rec # : 0000642066
DOB : 11/01/80
Sex : Male
Physician : BRADNER, RICHARD L MD

All Active Orders

Medications

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

1 capsule, ORAL, BID (2 times a day), 60 capsule, 0 Refill(s), DAW, add

OLANzapine (ZyPREXA 15 mg oral tablet)

15 mg per 1 tablet, ORAL, Daily, 30 tablet, 3 Refill(s), Pharmacy: CMC RANDOLPH PHARMACY, mood

citalopram (citalopram 20 mg oral tablet)

20 mg per 1 tablet, ORAL, Daily, 30 tablet, 3 Refill(s), Pharmacy: CMC RANDOLPH PHARMACY, mood

misc medication

5 hour energy shot, 0 Refill(s), Compound

Med List Status - Updated

A.Bizzell, LPN, 0 Refill(s)

APAP/ASA/cafeine (Goodys Extra Strength)

See Instructions, 1 packet as needed, 0 Refill(s)

metFORMIN

See Instructions, ORAL, 0 Refill(s)

Labs 1/16 ← chol 201 ↑ olanzapine → Diet/exercise/Fish oil
TG 286 ↑
LDL 115 ↑

Repeat labs? for antipsychotic monitoring (Cup/lymphs A/C)
compliant on meds ✓

17009-00231 01/10/17
WILLIAMS, LEONARD CLINTON
H000064-20-66 DOB 11/01/80 M 36Y



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Consents

Provider: CASTRO ,MANUEL A MD

Date of Service: 1/10/2017

Visit #: 1700900231

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., US Acute Care Solutions, LLC., Cabarrus Radiology, Northeast Anesthesia, 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 providers 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., US Acute Care Solutions, LLC., Cabarrus Radiology, Northeast Anesthesia and The Charlotte-Mecklenburg Health Services Foundation, Inc. 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 in any legal proceeding brought to enforce any unpaid balance on any of my accounts.



Carolinas HealthCare System

WILLIAMS, LEONARD CLINTON
ACCT: H17009-00231
UNIT: H000064-20-66



901



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.

Request for Treatment and Authorization

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 providers 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 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. I agree to pay the Hospital account I incur in accordance with the regular rates and terms of the Hospital at the time of my discharge. If I fail to pay all charges and the Hospital or my providers 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.

APPOINTMENT AND RELEASE FOR FINANCIAL PURPOSES: I appoint the Financial Counseling staff of the Hospital as my (and the patient's) agent and personal representative for the purpose of initiating applications for Medical Assistance programs and/or conducting any and all activities associated with determining eligibility for such benefits. 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 send copies of all notices, requests for information, and actions taken in my case including approvals and denials, and to provide such information to the Financial Counselor electronically or via telephone if requested. I authorize the Hospital, at its own expense, to obtain legal representation to assist in the evaluation, application or appeal processes. 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 in writing 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; however, this consent will not expire for services, claims processing or collection activities for admissions or visits occurring while this consent was in effect.

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 _____

Time _____

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

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

Signature _____

Date: _____

Time: _____

(Patient or Authorized Representative)

Relationship to Patient: _____

Reason Patient Unable/Unwilling to sign _____

Carolinas HealthCare System - 10/2016



Carolinas HealthCare System

WILLIAMS, LEONARD CLINTON
ACCT: H17009-00231
UNIT: H000064-20-66





AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Clinical Documentation

DOCUMENT NAME:

Ambulatory Adult Intake Form-Text

ELECTRONICALLY SIGNED BY:

KNOWLIN ,KIMBERLY B LPN (1/10/2017 09:28 EST)

Ambulatory Adult Intake Form Entered On: 1/10/2017 9:29 EST
Performed On: 1/10/2017 9:28 EST by KNOWLIN , KIMBERLY B LPN

Intake

Chief Complaint : med refills

Preferred Language for Healthcare : English

Accompanied By : Self

Menstrual Status : Other: Male

KNOWLIN , KIMBERLY B LPN - 1/10/2017 9:28 EST

Travel History

Pregnant : N/A

Recent Travel Outside of United States : No travel/no contact within past 14 days

KNOWLIN , KIMBERLY B LPN - 1/10/2017 9:28 EST

Vitals

Height Actual or Stated? : Actual

Height Documented in (UOM) : feet/inches

Height : 180.34 cm

Height Contributor (ft) : 5 ft

Height Contributor (inches) : 11 inch

Weight Actual or Stated? : Actual

Clinical Weight Documented in (UOM) : lbs/oz

Weight : 110.394 kg

Clinical Weight Contributor (lb) : 243 lb

Clinical Weight Contributor (oz) : 6 oz

Body Mass Index : 33.94 kg/m2

Body Surface Area : 2.35 m2

Peripheral Pulse Rate : 112 BPM (HI)

Systolic Blood Pressure : 122 mmHg

Diastolic Blood Pressure : 82 mmHg

Weight (lbs.) : 243.38 lb

Height (ft.) : 5.92 ft

KNOWLIN , KIMBERLY B LPN - 1/10/2017 9:28 EST

Communications

Provider: CASTRO ,MANUEL A MD

Date of Service: 1/10/2017

Visit #: 1700900231

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:

Clinical Documentation*Primary Care Provider :* BRADNER , RICHARD L MD*Cell Phone Number :* 828 [REDACTED]*Leave Voicemail :* Yes*Phone Number Availability :* Phone will be off at work. Please leave message*Provider of Record 1 :* BRADNER , RICHARD L MD*Provider Practice 1 :* PCP*Provider of Record 2 :* PENISTON , KATHLEEN KELLY NP*Provider Practice 2 :* Psychiatrist*Provider of Record 3 :* None*Provider Practice 3 :* Therapist*Provider Comment 3 :* declined

KNOWLIN , KIMBERLY B LPN - 1/10/2017 9:28 EST

Amb Allergy and Meds

(As Of: 1/10/2017 09:29:49 EST)

Allergies (Active)

No known allergies

Estimated Onset Date: Unspecified ; *Created By:* COON ,
NICHOLAS F ; *Reaction Status:* Active ; *Category:* Drug ;
Substance: No known allergies ; *Type:* Allergy ; *Updated By:*
COON , NICHOLAS F ; *Reviewed Date:* 1/10/2017 9:28 EST*Confirmation of Medication Reconciliation :* Yes

KNOWLIN , KIMBERLY B LPN - 1/10/2017 9:28 EST

Medication List

(As Of: 1/10/2017 09:29:49 EST)

*Prescription/Discharge Order*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), for 30 day(s), 60 capsule, 0 Refill(s) ; *Ordering*
Provider: PENISTON , KATHLEEN KELLY NP ; *Catalog Code:*
dextroamphetamine-amphetamine ; *Order Dt/Tm:* 10/11/2016
09:17:25

OLANZapine

: OLANZapine ; *Status:* Prescribed ; *Ordered As Mnemonic:*
ZyPREXA 15 mg oral tablet ; *Simple Display Line:* 15 mg, 1
tablet, ORAL, Daily, for 30 day(s), 30 tablet, 3 Refill(s) ; *Ordering*
Provider: PENISTON , KATHLEEN KELLY NP ; *Catalog Code:*
OLANZapine ; *Order Dt/Tm:* 10/11/2016 09:15:42**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 1/10/2017**Visit #:** 1700900231**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:

Clinical Documentation

citalopram : citalopram ; *Status:* Prescribed ; *Ordered As Mnemonic:* citalopram 20 mg oral tablet ; *Simple Display Line:* 20 mg, 1 tablet, ORAL, Daily, for 30 day(s), 30 tablet, 3 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* citalopram ; *Order Dt/Tm:* 10/11/2016 09:15:29

Home Meds

misc medication : misc medication ; *Status:* Documented ; *Ordered As Mnemonic:* misc medication ; *Simple Display Line:* 5 hour energy shot, 0 Refill(s) ; *Catalog Code:* misc medication ; *Order Dt/Tm:* 4/15/2016 15:01:53

Med List Status - Updated : Med List Status - Updated ; *Status:* Documented ; *Ordered As Mnemonic:* Med List Status - Updated ; *Simple Display Line:* A.Bizzell,LPN, 0 Refill(s) ; *Catalog Code:* Med List Status - Updated ; *Order Dt/Tm:* 7/19/2016 13:46:14

APAP/ASA/caffeine : APAP/ASA/caffeine ; *Status:* Documented ; *Ordered As Mnemonic:* Goodys Extra Strength ; *Simple Display Line:* See Instructions, 1 packet as needed ; *Catalog Code:* acetaminophen/aspirin/caffeine ; *Order Dt/Tm:* 11/3/2011 16:02:16

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

^ Social Habitsv2Social History

(As Of: 1/10/2017 09:29:49 EST)

Tobacco:

Never smoker (Last Updated: 1/15/2014 11:19:06 EST by WILLIAMS , ALLISON D)

Alcohol:

Provider: CASTRO ,MANUEL A MD**Date of Service:** 1/10/2017**Visit #:** 1700900231**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:

Clinical Documentation

Denies (Last Updated: 1/15/2014 11:19:06 EST by WILLIAMS ,
ALLISON D)

Drug Abuse:

Denies (Last Updated: 7/19/2016 13:47:13 EDT by BIZZELL ,
ASHLEY LPN)

Body Mass Index2 : 33.94

KNOWLIN , KIMBERLY B LPN - 1/10/2017 9:28 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.

Advance Directive Amb

Advance Directive Progress Note : info declined 1-10-17 kklpn

KNOWLIN , KIMBERLY B LPN - 1/10/2017 9:28 EST

Pain History

Pain Present : No

KNOWLIN , KIMBERLY B LPN - 1/10/2017 9:28 EST

Provider: CASTRO ,MANUEL A MD

Date of Service: 1/10/2017

Visit #: 1700900231

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:31 EST

Print ID: 350115776



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

Phone: (828) [REDACTED]

MRN: 0000642066

Age: 36 Years

DOB: 11/01/1980

Sex: Male

Visit Date: 01/10/2017

Primary Care Provider:
BRADNER, RICHARD L
MD

Race: Caucasian

Ethnicity: Non-Hispanic
Preferred Language:
English

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: CASTRO, MANUEL A MD

Reason for Visit: med refills

Today's Diagnosis: Attention deficit disorder.; Bipolar disorder

Today's Clinical Information:

Height: 5 ft 11 inch

Weight: 243 lb 6 oz

BMI: 33.94 kg/m2

Blood Pressure: 122 mmHg / 82 mmHg

Additional Information:

Allergies:

No known allergies

Provider: CASTRO, MANUEL A MD

Date of Service: 1/10/2017

Visit #: 1700900231

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

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 01/10/2017 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	

Provider: CASTRO ,MANUEL A MD

Date of Service: 1/10/2017

Visit #: 1700900231

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

		Phone: (704)358-2862	
--	--	----------------------	--

	Continue Taking These Medicines at Home	Next Dose Due
1.	APAP/ASA/caffeine (Goodys Extra Strength) See Instructions 1 packet as needed	
2.	metFORMIN (metFORMIN) See Instructions ORAL	
3.	misc medication (misc medication) 5 hour energy shot	

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.

Scheduled Appointments:

	Date	Time	Location	Provider	Phone Number
--	------	------	----------	----------	--------------

Follow Up:**Reminders:**

Provider: CASTRO ,MANUEL A MD
Date of Service: 1/10/2017
Visit #: 1700900231

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

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

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**.

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