



**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:** 1/10/2017 09:18:00

**FIN:** 1700900231

**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*

Mental Health

**Understanding Bipolar Disorder**

Bipolar disorder is a serious disorder of the brain. It may severely disrupt your life. At times, it may cause you and your loved ones great pain. But there is hope. Although there is no cure, treatment can help control your symptoms. Talk to your doctor or a mental health professional. He or she can offer guidance and support.

**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

**Discharge Information - Patient Education**



### What causes bipolar disorder?

The exact causes of bipolar disorder aren't known. It is known that the disease runs in families. Genes that affect nerve cells in the brain may be inherited, but as yet these genes have not been found.

### Who does it affect?

Over 5 million adults in this country have bipolar disorder. Most often, it strikes young adults. It can affect children and older adults as well. Bipolar disorder affects both men and women. It can strike people of all races, cultures, and incomes.

### Ups and downs

Bipolar disorder used to be called **manic-depressive illness**. That is because it causes extreme mood swings. At times the person may feel almost too happy. These times are often followed by great despair. In some cases, both extremes may occur at once. More often, mood shifts back and forth.

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### **Discharge Information - Patient Education**

These mood swings may occur just once in a while. Or they may happen four or more times a year. Without treatment, they will likely recur throughout life.

#### **Manic episodes**

During manic episodes of bipolar disorder, you feel like you're on top of the world. Even the worst news can't bring you down. You'll likely feel as if you can do anything. And sometimes you may try. You may take great risks, thinking you can't be hurt. You may also talk too fast, and your thoughts may race. You may go for days without sleeping. And you might be very active and do a lot of things in a short time. Manic episodes often end in a depression.

#### **Depressive episodes**

In depressive episodes, you feel intense sadness and depression. You may also feel worthless, tired, and helpless. Even the things you value most don't give you pleasure. At times you may want to die. You may even think about taking your own life.

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**Date of Service:** 1/10/2017  
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**DOB:** 11/1/1980 **Sex:** Male



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**Discharge Information - Patient Education**

**DOCUMENT NAME:**

**Education/Pt. Response Form - Text**

**Education/Pt. Response Entered On: 1/10/2017 10:17 EST**

**Performed On: 1/10/2017 10:16 EST by PENISTON , KATHLEEN KELLY NP**

**Response to Education**

*Response to Teaching :* Attentive and verbalizes understanding

**PENISTON , KATHLEEN KELLY NP - 1/10/2017 10:16 EST**

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 1/10/2017**

**Visit #: 1700900231**

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**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:31 EST**

**Print ID: 350115776**





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**Patient Questionnaires**

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**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

\* Patient Questionnaire - Auth (Verified) \*

243.6.

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. \_\_\_\_\_

Signature of Person Completing Form: [Signature]Date: 1/10/2016

\*If other than patient, give relationship: \_\_\_\_\_

For Staff Only:

Form reviewed by: K. KnowltonDate: 1-10-12Time: 930

Date: \_\_\_\_\_

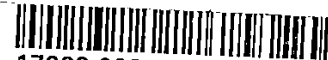
Time: \_\_\_\_\_



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



Rev. 08/21/09



17009-00231 01/10/17  
WILLIAMS, LEONARD CLINTON Identifier  
H000064-20-66 DOB 11/01/80 M 36Y

30

0917



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501 Billingsley Rd

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### BH Clinical Documentation

DOCUMENT NAME:

**Abnormal Involuntary Movement Scale Entered On: 1/10/2017 9:31 EST**  
**Performed On: 1/10/2017 9:30 EST by KNOWLIN , KIMBERLY B LPN**

**Medicaid Number**

*Medicaid Coverage :* No

KNOWLIN , KIMBERLY B LPN - 1/10/2017 9:30 EST

**Abnormal Involuntary Movement Scale**

*Muscles of Facial Expression :* 0

*Lips and Perioral Area :* 0

*Jaw :* 0

*Tongue :* 0

*Upper (arms, wrists, hands, fingers) :* 0

*Lower (legs, knees, ankles, toes) :* 0

*Neck, Shoulders, Hips :* 0

*Severity of Abnormal Movements :* 0

*Incapacitation Due to Abnormal Movements :* 0

*Client Awareness of Abnormal Movements :* 0 = No awareness

*Current Problems with Teeth and/or Dentures :* 0 = No

*Does Client Usually Wear Dentures? :* 0 = No

KNOWLIN , KIMBERLY B LPN - 1/10/2017 9:30 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



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### BH Clinical Documentation

DOCUMENT NAME:

**CSSRS Short Version - Reassessment Entered On: 1/10/2017 9:28 EST**  
**Performed On: 1/10/2017 9:28 EST by KNOWLIN , KIMBERLY B 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
- KNOWLIN , KIMBERLY B LPN - 1/10/2017 9:28 EST

**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 1/10/2017  
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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	1/10/2017	
Recorded Time	09:28 EST	
Recorded By	KNOWLIN ,KIMBERLY B LPN	
Procedure		Units
Height	180.34	cm
Weight	110.394	kg
BSA	2.35	m2
Body Mass Index	33.94	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11	inch
Clinical Weight Contributor (lb)	243	lb
Clinical Weight Contributor (oz)	6	oz
Peripheral Pulse Rate	<b>112<sup>H</sup></b>	BPM
Systolic Blood Pressure	122	mmHg
Diastolic Blood Pressure	82	mmHg
Pain Present	No	

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## Neurological

### Neurological

	Recorded Date	1/10/2017
	Recorded Time	09:30 EST
	Recorded By	KNOWLIN ,KIMBERLY B LPN
Procedure	Units	
Muscles of Facial Expression		0
Lips and Perioral Area		0
Jaw		0
Tongue		0
Upper (arms,wrists,hands,fingers)		0
Lower (legs,knees,ankles,toes)		0
Neck,Shoulders,Hips		0
Severity of Abnormal Movements		0
Incapacitation Due to Abnormal Movements		0
Client Awareness of Abnormal Movements		0 = No awareness
Current Problems with Teeth/Dentures		0 = No
Does Client Usually Wear Dentures?		0 = No

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 1/10/2017**

**Visit #: 1700900231**

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

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**Sex: Male**



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## Psychosocial

### Psychosocial

	Recorded Date	1/10/2017
	Recorded Time	09:28 EST
	Recorded By	KNOWLIN ,KIMBERLY B 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: 1/10/2017**

**Visit #: 1700900231**

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

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**DOB: 11/1/1980**

**Sex: Male**



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### Visit Information

#### Visit Information

Recorded Date	1/10/2017	
Recorded Time	09:28 EST	
Recorded By	KNOWLIN ,KIMBERLY B LPN	
Procedure		Units
Chief Complaint	med refills	
Menstrual Status	Other: Male	
Accompanied By	Self	
Primary Care Provider	BRADNER , RICHARD L MD	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 1/10/2017

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**Sex:** Male





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### General Admission History

#### General Admission History

Recorded Date	1/10/2017
Recorded Time	09:28 EST
Procedure	
Advance Directive Progress Note	info declined 1-10-17 kklpn
Recent Travel Outside United States MERS	See Below <sup>T1</sup>
Pregnant	N/A

#### Textual Results

T1: 1/10/2017 09:28 EST (Recent Travel Outside United States MERS)  
No travel/no contact within past 14 days

**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



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## Behavioral Health

### Behavioral Health

Recorded Date	1/10/2017	
Recorded Time	09:43 EST	
Recorded By	PHAM ,OANH RPH	
Procedure		Units
Intervention Comments	See Below <sup>T1</sup>	

### Textual Results

T1: 1/10/2017 09:43 EST (Intervention Comments)  
Antipsychotic monitoring

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 1/10/2017

**Visit #:** 1700900231

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

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**DOB:** 11/1/1980

**Sex:** Male



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### Procedure History

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

**Last Updated**

2/23/2018 10:21 EST

**Procedure Date**

1/10/2017 23:59 EST

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

**Last Updated**

9/8/2017 08:09 EDT

**Procedure Date**

1/10/2017 23:59 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**



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**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 4/7/2017  
**Visit #:** 1709600137

**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:**

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### Office/Clinic Visit Notes

DOCUMENT NAME:

#### PSYCH OMS NP WITH NURSE

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 1709600137  
Age: **36 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 36-year-old male who presents outpatient medication services for evaluation. His diagnosis is bipolar disorder and ADD and he is currently taking Zyprexa, citalopram, and Adderall. He has been on this combination for several years. The patient reports that he is doing fairly well on his medication. He reports feeling depressed "on and off" and attributes this to his financial worries. He states during this time he feels like "it's too much to take" but denies any active thoughts of harming himself. He denies any thoughts of harming anyone else or any psychotic symptoms. He denies any alcohol or drug use. The patient has struggled with weight gain since being on Zyprexa as well as some lethargy that he attributes to the medication. However he has been reluctant to make any changes as he has trialed multiple medications in the past and this is been the most effective combination by far. The patient reports his energy level is variable and concentration is fair. His appetite is strong and he tries to utilize some different sorts of nutritional intake such as shakes to moderate his blood sugar because he has had some elevated blood sugar over the past several years. He recently started a new web design business on the side to supplement his income. The patient perseverates regarding his financial situation as well as his job stress as he does at most visits.

#### 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: CASTRO ,MANUEL A MD**

**Date of Service: 4/7/2017**

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**Sex: Male**



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**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)

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

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

**Problem list:**

No problem items selected or recorded.

**Histories**

**Past Medical History:**

No active or resolved past medical history items have been selected or recorded.

**Family History:**

HYPERTENSION

GM, Maternal

Cancer

Father

GM, Paternal

GF, Paternal

GM, Maternal

**Procedure history:**

No active procedure history items have been selected or recorded.

**Social History**

Social & Psychosocial Habits

**Alcohol**

01/15/2014 Use: Denies

**Drug Abuse**

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 4/7/2017

**Visit #:** 1709600137

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



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### Office/Clinic Visit Notes

07/19/2016 **Use:** Denies

**Tobacco**

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

### 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, Perserverative.

Thought process: Perseverating.

Mood and affect: Anxious.

Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts.

Perceptions+: No abnormalities.

Insight: Fair.

Judgment: Fair.

#### VS/Measurements

##### Vital Signs

4/7/2017 8:45 EDT

##### Peripheral Pulse Rate

101 BPM HI

##### Systolic Blood Pressure

108 mmHg LOW

Diastolic Blood Pressure

74 mmHg

Blood Pressure Location

Right arm

BP Instrument

Machine

Blood Pressure Position

Sitting

, Measurements from flowsheet : Measurements - Standard

4/7/2017 8:45 EDT

Height Contributor (ft)

5 ft

Height Contributor (inches)

11 inch

Clinical Weight Contributor (lb)

242 lb

Clinical Weight Contributor (oz)

2 oz

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 4/7/2017

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**Sex:** Male



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## Office/Clinic Visit Notes

### Health Maintenance

#### Health Maintenance

**Pending** (in the next year)

##### OverDue

- Diabetes Care - Hgb A1C due 07/19/16 and every 6 month

##### Due

Diabetes Care - ACE/ARB Med due 04/07/17 One-time only

Diabetes Care - Antiplatelet Medications due 04/07/17 One-time only

Diabetes Care - Foot Exam due 04/07/17 and every 1 year(s)

Diabetes Care - Microalbumin due 04/07/17 and every 1 year(s)

Diabetes Care - Retinal Screening due 04/07/17 and every 2 year(s)

Healthy Weight Counseling age 18-64 due 04/07/17 and every 1 year(s)

Pneumococcal 23 Vaccine due 04/07/17 and every 3 month

Tdap Vaccine due 04/07/17 One-time only

Tetanus Vaccine due 04/07/17 and every 10 year(s)

##### Due In Future

Influenza Vaccine not due until 08/01/17 and every 8 month

**Satisfied** (in the past 1 year)

There are no satisfied recommendations within the defined date range

### Impression and Plan

#### Dx/Order Association Plan

Psychiatric Diagnoses: Bipolar, ADD; cluster A traits

Medical Diagnoses: diabetes, elevated cholesterol and triglycerides

Psychosocial Stressors: work, finances

Summary:

Plan

1) Medication: Celexa 20mg daily, Zyprexa 15mg daily, and Adderall XR 20mg BID

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.

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 4/7/2017

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### **Office/Clinic Visit Notes**

- 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**  
**04/07/2017 09:44 AM**

**Electronically Signed By: CASTRO, MANUEL A MD**  
**04/10/17 12:19 PM**

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**Provider: CASTRO ,MANUEL A MD**  
**Date of Service: 4/7/2017**  
**Visit #: 1709600137**

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



AH BH Charlotte OMS Medication

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### Clinical Documentation

DOCUMENT NAME:

Ambulatory Adult Intake Form-Text

ELECTRONICALLY SIGNED BY:

BIZZELL ,ASHLEY LPN (4/7/2017 08:45 EDT)

**Ambulatory Adult Intake Form Entered On: 4/7/2017 8:48 EDT**

**Performed On: 4/7/2017 8:45 EDT by BIZZELL , ASHLEY LPN**

#### Intake

*Chief Complaint* : Med. refill

*Ambulatory Intake Additional Information* : Pt. requesting to discuss Stanford-Binet Intelligence testing.

*Preferred Language for Healthcare* : English

*Accompanied By* : Self

*Menstrual Status* : Other: Male

BIZZELL , ASHLEY LPN - 4/7/2017 8:45 EDT

#### Travel History

*Pregnant* : N/A

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

BIZZELL , ASHLEY LPN - 4/7/2017 8:45 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* : 109.827 kg

*Clinical Weight Contributor (lb)* : 242 lb

*Clinical Weight Contributor (oz)* : 2 oz

*Body Mass Index* : 33.77 kg/m2

*Body Surface Area* : 2.35 m2

*Peripheral Pulse Rate* : 101 BPM (HI)

*Systolic Blood Pressure* : 108 mmHg (LOW)

*Diastolic Blood Pressure* : 74 mmHg

*Blood Pressure Location* : Right arm

*Blood Pressure Position* : Sitting

*BP Instrument* : Machine

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 4/7/2017

**Visit #:** 1709600137

**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:

### Clinical Documentation

Weight (lbs.) : 242.13 lb

Height (ft.) : 5.92 ft

BIZZELL , ASHLEY LPN - 4/7/2017 8:45 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

BIZZELL , ASHLEY LPN - 4/7/2017 8:45 EDT

#### Amb Allergy and Meds

(As Of: 4/7/2017 08:48:23 EDT)

##### Allergies (Active)

No known allergies

*Estimated Onset Date:* Unspecified ; *Created By:* FERRARO, NICHOLAS P RN; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* No known allergies ; *Type:* Allergy ; *Updated By:* FERRARO, NICHOLAS P RN; *Reviewed Date:* 4/7/2017 8:45 EDT

Confirmation of Medication Reconciliation : Yes

BIZZELL , ASHLEY LPN - 4/7/2017 8:45 EDT

##### Medication List

(As Of: 4/7/2017 08:48:23 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:* 1/10/2017 10:16:11

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/7/2017

Visit #: 1709600137

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 : 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:* 1/10/2017 10:14:48

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:* 1/10/2017 10:14:44

**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

**^ Social Habitsv2**Social History**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 4/7/2017**Visit #:** 1709600137**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**

(As Of: 4/7/2017 08:48:23 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 : 33.77

BIZZELL , ASHLEY LPN - 4/7/2017 8:45 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 : No AD. Info declined on 4/7/2017

BIZZELL , ASHLEY LPN - 4/7/2017 8:45 EDT

**Pain History**

Pain Present : No

BIZZELL , ASHLEY LPN - 4/7/2017 8:45 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

BIZZELL ,ASHLEY LPN (4/7/2017 08:50 EDT)

**Education Teaching Record Entered On: 4/7/2017 8:52 EDT**

**Performed On: 4/7/2017 8:50 EDT by BIZZELL , ASHLEY LPN**

**ETR Discipline**

Education Teaching Record Discipline : Nursing

BIZZELL , ASHLEY LPN - 4/7/2017 8:50 EDT

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 4/7/2017**

**Visit #: 1709600137**

**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**

**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 - 4/7/2017 8:50 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 - 4/7/2017 8:50 EDT

**ETR Medications**

Education Medications Grid

1. *Medication* : dextroamphetamine-amphetamine

BIZZELL , ASHLEY LPN - 4/7/2017 8:50 EDT

2. *Medication* : olanzapine

BIZZELL , ASHLEY LPN - 4/7/2017 8:50 EDT

3. *Medication* : citalopram

BIZZELL , ASHLEY LPN - 4/7/2017 8:50 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 - 4/7/2017 8:50 EDT

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 4/7/2017

**Visit #:** 1709600137

**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:** 36 Years

**DOB:** 11/01/1980

**Sex:** Male

**Visit Date:** 04/07/2017

**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. refill

**Today's Diagnosis:** Bipolar disorder

#### Today's Clinical Information:

**Height:** 5 ft 11 inch

**Weight:** 242 lb 2 oz

**BMI:** 33.77 kg/m2

**Blood Pressure:** 108 mmHg / 74 mmHg

#### Additional Information:

#### Allergies:

No known allergies

**Provider:** CASTRO, MANUEL A MD

**Date of Service:** 4/7/2017

**Visit #:** 1709600137

**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 04/07/2017 visit)

No Laboratory and Radiology documented

**Medication Information:**

	New Medicines to take at Home	Prescription	Next Dose Due
1.	<b>citalopram (citalopram 20 mg oral tablet)</b> 1 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2862	
2.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> 1 capsule by mouth two times a day	Prescription Given to Patient (unless noted below) [ ] Prescription Not Needed	
3.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> 1 capsule by mouth two times a day	Prescription Given to Patient (unless noted below) [ ] Prescription Not Needed	
4.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> 1 capsule by mouth two times a day	Prescription Given to Patient (unless noted below) [ ] Prescription Not Needed	
5.	<b>OLANzapine (ZyPREXA 15 mg oral tablet)</b> 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:** 4/7/2017

**Visit #:** 1709600137

**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.	<b>APAP/ASA/caffeine (Goodys Extra Strength)</b> See Instructions 1 packet as needed	
2.	<b>metFORMIN (metFORMIN)</b> See Instructions ORAL	
3.	<b>misc medication (misc medication)</b> 5 hour energy shot	

***These Medicines have been Changed or Stopped***

Medicine has changed. See #2 in New Medications above. <b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> capsule
Medicine has changed. See #2 in New Medications above. <b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> 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:** 4/7/2017  
**Visit #:** 1709600137

**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: 4/7/2017**

**Visit #: 1709600137**

**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:** 4/7/2017 08:26:00

**FIN:** 1709600137

**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*

Mental Health

**Treating Bipolar Disorder**

Bipolar disorder results in extreme mood swings that can greatly disrupt your life. These symptoms may cause you distress. But with treatment, you can lead a more normal life.

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 4/7/2017

**Visit #:** 1709600137

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:31 EST

**Print ID:** 350115775



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

## **Discharge Information - Patient Education**



### **Medications**

Bipolar disorder is often treated with medications that stabilize moods. They help you feel better by keeping your moods more even, and help prevent future mood swings. Sometimes you may also be prescribed medications that treat depression. All medications can have side effects. If you're troubled by side effects, tell your health care provider. Changing the dose or type of your medication may help. But don't stop taking medications until your health care provider tells you. If you do, your symptoms will likely come back.

### **Talk therapy (psychotherapy)**

Talking to a therapist or counselor may be part of your treatment. Having bipolar disorder can make it hard to hold a job or go to school. It can create stress for both you and your loved ones. A therapist can teach you how to cope with bipolar disorder. This can help you lessen manic or depressive episodes, or even prevent them. Your therapist can help you work out problems and heal relationships. He or she can also provide support when you need it most.

---

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 4/7/2017**

**Visit #: 1709600137**

**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**

### **Friends and family**

Those closest to you may also need support. There are many groups for families of people with bipolar disorder. Learning more about this disorder can help your loved ones cope. It can also help them take an active role in your care.

### **Looking ahead**

Much research is being done on bipolar disorder. This research may lead to improved treatments and hope for a better future.

### **Resources**

**National Institute of Mental Health** 866-615-6464 [www.nimh.nih.gov](http://www.nimh.nih.gov)

**National Alliance on Mental Illness** 800-950-6264 [www.nami.org](http://www.nami.org)

**Mental Health America** 800-969-6642 [www.nmha.org](http://www.nmha.org)

**National Suicide Prevention Lifeline** 800-273-TALK (800-273-8255)  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

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**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 4/7/2017  
**Visit #:** 1709600137

**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: 4/7/2017 9:16 EDT**

**Performed On: 4/7/2017 9:15 EDT by PENISTON , KATHLEEN KELLY NP**

**Response to Education**

*Response to Teaching :* Attentive and verbalizes understanding

**PENISTON , KATHLEEN KELLY NP - 4/7/2017 9:15 EDT**

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 4/7/2017**

**Visit #: 1709600137**

**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: 4/7/2017**

**Visit #: 1709600137**

**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. Testing

Signature of Person Completing Form: [Signature]

Date: 4/17/2017

\*If other than patient, give relationship: \_\_\_\_\_

For Staff Only:

Form reviewed by: [Signature]

Date: 4/17/17 Time: 8:48

Date: 4/17/17 Time: 0900



DW

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



Rev. 08/21/09

Pat  
Dat  
Med



17096-00137 04/07/17  
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:**

**BH Clinical Documentation**

**DOCUMENT NAME:**

**CSSRS Short Version - Reassessment Entered On: 4/7/2017 8:45 EDT**  
**Performed On: 4/7/2017 8:42 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, yes

*CSSRS Screen Wish to be Dead ReAsses Details :* Pt. reports having these thoughts "on and off"

*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 - 4/7/2017 8:42 EDT

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 4/7/2017**

**Visit #: 1709600137**

**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	4/7/2017	
Recorded Time	08:45 EDT	
Recorded By	BIZZELL ,ASHLEY LPN	
Procedure		Units
Height	180.34	cm
Weight	109.827	kg
BSA	2.35	m2
Body Mass Index	33.77	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11	inch
Clinical Weight Contributor (lb)	242	lb
Clinical Weight Contributor (oz)	2	oz
Peripheral Pulse Rate	101 <sup>H</sup>	BPM
Systolic Blood Pressure	108 <sup>L</sup>	mmHg
Diastolic Blood Pressure	74	mmHg
Blood Pressure Location	Right arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	No	

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/7/2017

Visit #: 1709600137

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:31 EST

Print ID: 350115775



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

## Psychosocial

### Psychosocial

	Recorded Date	4/7/2017
	Recorded Time	08:42 EDT
	Recorded By	BIZZELL ,ASHLEY LPN
Procedure	Units	
CSSRS Reassess Able to Assess		Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, yes
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 4/7/2017

**Visit #:** 1709600137

**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	4/7/2017	
Recorded Time	08:45 EDT	
Recorded By	BIZZELL ,ASHLEY LPN	
Procedure		Units
Chief Complaint	Med. refill	
Ambulatory Intake Additional Information	See Below <sup>T1</sup>	
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: 4/7/2017 08:45 EDT (Ambulatory Intake Additional Information)  
Pt. requesting to discuss Stanford-Binet Intelligence testing.

**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 4/7/2017  
**Visit #:** 1709600137

**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	4/7/2017
Recorded Time	08:45 EDT
Procedure	
Advance Directive Additional Information	No
Advance Directive Progress Note	No AD. Info declined on 4/7/2017
Recent Travel Outside United States MERS	See Below <sup>T1</sup>
Pregnant	N/A

#### Textual Results

T1: 4/7/2017 08:45 EDT (Recent Travel Outside United States MERS)  
No travel/no contact within past 14 days

**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 4/7/2017  
**Visit #:** 1709600137

**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	4/7/2017
Recorded Time	08:50 EDT
Recorded By	BIZZELL ,ASHLEY LPN
Procedure	
Education Teaching Record Discipline	Nursing
Education Plan of Care	See Below <sup>T1</sup>
Preferred Learning Methods	Discussion
Barriers to Learning	None evident
Action Plan to Barriers	None required
Admission Requirements	Yes
Admission Requirements Education	See Below <sup>T2</sup>
Orientation to Room,Unit,Dept	See Below <sup>T3</sup>
Learner -Orientation	Patient
Ability/Readiness to Learn -Orientation	Receptive
Method of Teaching -Orientation	Verbal instructions
Learner Response -Admission/Orientation	See Below <sup>T4</sup>
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 <sup>T5</sup>

### Textual Results

- T1: 4/7/2017 08:50 EDT (Education Plan of Care)  
No patient identified learning needs
- T2: 4/7/2017 08:50 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: 4/7/2017 08:50 EDT (Orientation to Room, Unit, Dept)  
Ask Me 3, Orientation to Facility/Dept, Patient Identifiers
- T4: 4/7/2017 08:50 EDT (Learner Response - Admission/Orientation)  
Demonstrates acceptable knowledge of topic/instructions
- T5: 4/7/2017 08:50 EDT (Learner Response - Medications)  
Demonstrates acceptable knowledge of topic/instructions

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/7/2017

Visit #: 1709600137

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:**

### Procedure History

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

**Last Updated**

2/27/2018 11:08 EST

**Procedure Date**

4/7/2017 23:59 EDT

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 4/7/2017**

**Visit #: 1709600137**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:31 EST**

**Print ID: 350115775**



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**Charlotte, NC 28211-**

**Phone:**

**Fax:**

---

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 7/12/2017**

**Visit #: 1719300093**

**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**

DOCUMENT NAME:

**PSYCH OMS NP WITH NURSE**

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 1719300093  
Age: **36 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 36-year-old male who presents outpatient medication services for evaluation. His diagnosis is bipolar disorder and ADD and he is currently taking Zyprexa, citalopram, and Adderall. He has been on this combination for several years. The patient reports that he is doing fairly well on his medication. He reports feeling depressed "on and off" and attributes this to his financial worries. He has a lot of debt and feels like he is always behind and can not get caught up. He has an interview for a new job that he hopes will come with additional opportunities for overtime. He denies any thoughts of harming anyone else or any psychotic symptoms. He denies any alcohol or drug use. The patient has struggled with weight gain since being on Zyprexa as well as some lethargy that he attributes to the medication. However he has been reluctant to make any changes as he has trialed multiple medications in the past and this is been the most effective combination by far. The patient reports he is sleeping well. Energy is fair. He states his concentration has been fairly well though he reports a recent worsening of memory issues. He states he will often forget what he is talking about or why he went into a room. He is having more difficulty finding his words. He is concerned about this being problematic going forward. He states that there are many different causes that might have contributed to this over the years including a history of using illicit drugs.

NC Controlled Substance Database reviewed. No evidence of inappropriate use of controlled substances including filling prescriptions more frequently than intended, filling other controlled substances that were not reported to this writer, or filling Rx's from multiple different providers.

**Review of Systems**

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

**Health Status****Allergies:****Provider: CASTRO ,MANUEL A MD****Date of Service: 7/12/2017****Visit #: 1719300093****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



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Fax:

## Office/Clinic Visit Notes

### 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), early refill ok, 60 capsule, 0 Refill(s)

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

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

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

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

### **Problem list:**

No problem items selected or recorded.

## Histories

### **Past Medical History:**

No active or resolved past medical history items have been selected or recorded.

### **Family History:**

HYPERTENSION

GM, Maternal

Cancer

Father

GM, Paternal

GF, Paternal

GM, Maternal

### **Procedure history:**

No active procedure history items have been selected or recorded.

### **Social History**

#### Social & Psychosocial Habits

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 7/12/2017

**Visit #:** 1719300093

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



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### Office/Clinic Visit Notes

**Alcohol**

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

**Drug Abuse**

07/19/2016 **Use:** Denies

**Tobacco**

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

### 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, Perserverative.

Thought process: Perseverating.

Mood and affect: Anxious.

Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts.

Perceptions+: No abnormalities.

Insight: Fair.

Judgment: Fair.

**VS/Measurements**

**Vital Signs**

7/12/2017 9:26 EDT

**Peripheral Pulse Rate**

Systolic Blood Pressure

Diastolic Blood Pressure

Blood Pressure Location

BP Instrument

Blood Pressure Position

**106 BPM HI**

129 mmHg

77 mmHg

Right arm

Machine

Sitting

, Measurements from flowsheet : Measurements - Standard

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 7/12/2017

**Visit #:** 1719300093

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

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**Office/Clinic Visit Notes**

7/12/2017 9:26 EDT

Height Contributor (ft)	5 ft
Height Contributor (inches)	11 inch
Clinical Weight Contributor (lb)	247 lb
Clinical Weight Contributor (oz)	6 oz

**Health Maintenance****Health Maintenance****Pending** (in the next year)OverDue

- Diabetes Care - Hgb A1C due 07/19/16 and every 6 month

Due

Diabetes Care - ACE/ARB Med due 07/12/17 One-time only  
Diabetes Care - Antiplatelet Medications due 07/12/17 One-time only  
Diabetes Care - Foot Exam due 07/12/17 and every 1 year(s)  
Diabetes Care - Microalbumin due 07/12/17 and every 1 year(s)  
Diabetes Care - Retinal Screening due 07/12/17 and every 2 year(s)  
Healthy Weight Counseling age 18-64 due 07/12/17 and every 1 year(s)  
Pneumococcal 23 Vaccine due 07/12/17 and every 3 month  
Tdap Vaccine due 07/12/17 One-time only  
Tetanus Vaccine due 07/12/17 and every 10 year(s)

Due In Future

Influenza Vaccine not due until 08/01/17 and every 8 month

**Satisfied** (in the past 1 year)

There are no satisfied recommendations within the defined date range

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

Psychiatric Diagnoses: Bipolar, ADD; cluster A traits

Medical Diagnoses: diabetes, elevated cholesterol and triglycerides

Psychosocial Stressors: work, finances

Summary: Patient appears to be at baseline. However, he has some concerns about recent problems related to memory

Plan

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 7/12/2017**Visit #:** 1719300093**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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**Fax:**

### Office/Clinic Visit Notes

- 1) Medication: Celexa 20mg daily, Zyprexa 15mg daily, and Adderall XR 20mg BID
- 2) Therapy - Patient referred for NeuroPsych Testing for reports of memory and cognitive decline.
- 3) Labwork Ordered - Given sheet to take to PCP to have most recent labs sent to our office.
- 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**

**07/12/2017 10:36 AM**

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

**07/12/17 01:13 PM**

---

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 7/12/2017**

**Visit #: 1719300093**

**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:

**Electronic Orders**

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

**Order: Est OV Level 4 -99214**

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

Electronically Signed By: PENISTON ,KATHLEEN KELLY NP

Order Details: 7/12/17 9:55:00 AM EDT, Bipolar disorder | ADD (attention deficit disorder)

Order Comment:

Action Type: Order	Action Date/Time: 7/12/2017 09:56 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
--------------------	---------------------------------------	---

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

Order Details: 07/12/17 9:55:00 EDT, ADD (attention deficit disorder) | Bipolar disorder

Review Information:

Doctor Cosign: Not Required

Order Comment:

**Order: Referral AMB**

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

Electronically Signed By: PENISTON ,KATHLEEN KELLY NP

Order Details: 7/12/17 9:56:00 AM EDT Referring to: Neurology, Neuropsych Testing Diagnostic Clarification Reports cognitive decline/ memory issues, Dx: Bipolar disorder | ADD (attention deficit disorder)

Order Comment:

Action Type: Order	Action Date/Time: 7/12/2017 09:57 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
--------------------	---------------------------------------	---

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

Order Details: 07/12/17 9:56:00 EDT Referring to: Neurology, Neuropsych Testing Diagnostic Clarification Reports cognitive decline/ memory issues, Dx: ADD (attention deficit disorder) | Bipolar disorder

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Complete	Action Date/Time: 7/12/2017 11:03 EDT	Entered By: SCHOOLMAN , CHRISTINA P AMB
-----------------------	---------------------------------------	---

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

Order Details: 07/12/17 9:56:00 EDT Referring to: Neurology, Neuropsych Testing Diagnostic Clarification Reports cognitive decline/ memory issues, Dx: ADD (attention deficit disorder) | Bipolar disorder

Review Information:

Doctor Cosign: Not Required

Order Comment:

**Provider: CASTRO ,MANUEL A MD****Date of Service: 7/12/2017****Visit #: 1719300093****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:

### Clinical Documentation

DOCUMENT NAME:

Ambulatory Adult Intake Form-Text

ELECTRONICALLY SIGNED BY:

LACY ,SARAH LPN (7/12/2017 09:26 EDT)

**Ambulatory Adult Intake Form Entered On: 7/12/2017 9:29 EDT**

**Performed On: 7/12/2017 9:26 EDT by LACY , SARAH LPN**

#### Intake

*Chief Complaint :* Medication refills

*Ambulatory Intake Additional Information :* Concerned about loss of memory.

*Preferred Language for Healthcare :* English

*Accompanied By :* Self

*Menstrual Status :* Other: Male

LACY , SARAH LPN - 7/12/2017 9:26 EDT

#### Travel History

*Pregnant :* N/A

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

LACY , SARAH LPN - 7/12/2017 9:26 EDT

#### Vitals

*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 :* 112.209 kg

*Clinical Weight Contributor (lb) :* 247 lb

*Clinical Weight Contributor (oz) :* 6 oz

*Body Mass Index :* 34.5 kg/m2

*Body Surface Area :* 2.37 m2

*Peripheral Pulse Rate :* 106 BPM (HI)

*Systolic Blood Pressure :* 129 mmHg

*Diastolic Blood Pressure :* 77 mmHg

*Blood Pressure Location :* Right arm

*Blood Pressure Position :* Sitting

*BP Instrument :* Machine

*Weight (lbs.) :* 247.38 lb

*Height (ft.) :* 5.92 ft

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 7/12/2017**

**Visit #: 1719300093**

**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:

**Clinical Documentation**

LACY, SARAH LPN - 7/12/2017 9:26 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

LACY, SARAH LPN - 7/12/2017 9:26 EDT

**Amb Allergy and Meds**

(As Of: 7/12/2017 09:29:27 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*: 7/12/2017 9:28 EDT*Confirmation of Medication Reconciliation* : Yes

LACY, SARAH LPN - 7/12/2017 9:26 EDT

Medication List

(As Of: 7/12/2017 09:29:27 EDT)

*Prescription/Discharge Order*

citalopram

: citalopram ; *Status*: Prescribed ; *Ordered As Mnemonic*: citalopram 20 mg oral tablet ; *Simple Display Line*: 20 mg, 1 tablet, ORAL, Daily, for 30 day(s), 30 tablet, 3 Refill(s) ; *Ordering Provider*: PENISTON, KATHLEEN KELLY NP; *Catalog Code*: citalopram ; *Order Dt/Tm*: 4/7/2017 09:09:44

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*:**Provider:** CASTRO, MANUEL A MD**Date of Service:** 7/12/2017**Visit #:** 1719300093**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:

**Clinical Documentation**

dextroamphetamine-amphetamine ; *Order Dt/Tm:* 4/7/2017  
09:14:14

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:* 4/7/2017 09:09:45

**Home Meds**

APAP/ASA/caffeine : APAP/ASA/caffeine ; *Status:* Documented ; *Ordered As*  
*Mnemonic:* Goodys Extra Strength ; *Simple Display Line:* See  
Instructions, 1 packet as needed ; *Catalog Code:*  
acetaminophen/aspirin/caffeine ; *Order Dt/Tm:* 11/3/2011  
16:02:16

Med List Status - Updated : Med List Status - Updated ; *Status:* Documented ; *Ordered*  
*As Mnemonic:* Med List Status - Updated ; *Simple Display*  
*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

**^ Social Habitsv2**Social History

(As Of: 7/12/2017 09:29:27 EDT)

Tobacco:

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 7/12/2017**Visit #:** 1719300093**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:

**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 : 34.5

LACY , SARAH LPN - 7/12/2017 9:26 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 Progress Note : decline 7/12/17

LACY , SARAH LPN - 7/12/2017 9:26 EDT

**Pain History**

Pain Present : No

LACY , SARAH LPN - 7/12/2017 9:26 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

LACY , SARAH LPN (7/12/2017 09:31 EDT)

**Education Teaching Record Entered On: 7/12/2017 9:32 EDT****Performed On: 7/12/2017 9:31 EDT by LACY , SARAH LPN****ETR Discipline**

Education Teaching Record Discipline : Nursing

LACY , SARAH LPN - 7/12/2017 9:31 EDT

**ETR Education General**

Education Plan of Care : No patient identified learning needs

Preferred Learning Methods : Discussion

**Provider: CASTRO ,MANUEL A MD****Pt Name: WILLIAMS III, LEONARD CLINTON****Date of Service: 7/12/2017****Org MRN#: 0000642066****Visit #: 1719300093****DOB: 11/1/1980****Sex: Male**



**AH BH Charlotte OMS Medication**

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**Clinical Documentation**

*Barriers to Learning* : None evident

*Action Plan to Barriers* : None required

LACY , SARAH LPN - 7/12/2017 9:31 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

LACY , SARAH LPN - 7/12/2017 9:31 EDT

**ETR Medications**

Education Medications Grid

1. *Medication* : citalopram

LACY , SARAH LPN - 7/12/2017 9:31 EDT

2. *Medication* : adderall

LACY , SARAH LPN - 7/12/2017 9:31 EDT

3. *Medication* : zyprexa

LACY , SARAH LPN - 7/12/2017 9:31 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

LACY , SARAH LPN - 7/12/2017 9:31 EDT

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 7/12/2017

**Visit #:** 1719300093

**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

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:** 07/12/2017

**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:** Medication refills

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

#### Today's Clinical Information:

**Height:** 5 ft 11 inch

**Weight:** 247 lb 6 oz

**BMI:** 34.5 kg/m2

**Blood Pressure:** 129 mmHg / 77 mmHg

#### Additional Information:

#### Allergies:

No known allergies

**Provider:** CASTRO, MANUEL A MD

**Date of Service:** 7/12/2017

**Visit #:** 1719300093

**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**

**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 07/12/2017 visit)

No Laboratory and Radiology documented

**Medication Information:**

	New Medicines to take at Home	Prescription	Next Dose Due
1.	<b>citalopram (citalopram 20 mg oral tablet)</b> 1 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2862	
2.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> 1 capsule by mouth two times a day early refill ok	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2862	
3.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> 1 capsule by mouth two times a day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2862	
4.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> 1 capsule by mouth two times a day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD	

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 7/12/2017

**Visit #:** 1719300093

**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**

		CHARLOTTE, NC, 2-8211 Phone: (704)358-2862	
5.	<b>OLANzapine (ZyPREXA 15 mg oral tablet)</b> 1 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2862	

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

\*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.

**Provider: CASTRO ,MANUEL A MD****Date of Service: 7/12/2017****Visit #: 1719300093****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**

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: 7/12/2017**

**Visit #: 1719300093**

**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:

Patient Education

**Patient Education**



Carolinas HealthCare System

**Patient Education Materials**

**MRN:** 0000642066

**Name:** WILLIAMS III, LEONARD CLINTON

**Visit Date:** 7/12/2017 09:13:00

**FIN:** 1719300093

**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:** 7/12/2017

**Visit #:** 1719300093

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:31 EST

**Print ID:** 350115774





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**Phone:**

**Fax:**

**Discharge Information - Patient Education**

**DOCUMENT NAME:**

**Education/Pt. Response Form - Text**

**Education/Pt. Response Entered On: 7/12/2017 10:00 EDT**

**Performed On: 7/12/2017 10:00 EDT by PENISTON , KATHLEEN KELLY NP**

**Response to Education**

*Response to Teaching :* Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 7/12/2017 10:00 EDT

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 7/12/2017**

**Visit #: 1719300093**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Phone:**

**Fax:**

**Patient Questionnaires**

---

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 7/12/2017**

**Visit #: 1719300093**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

11/1/1980

\* Patient Questionnaire - Auth (Verified) \*

247.4

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. Loss of MemorySignature of Person Completing Form: [Signature]Date: 7/12/17

\*If other than patient, give relationship: \_\_\_\_\_

For Staff Only:

Form reviewed by: [Signature]Date: 7/12/17 Time: 0930

Date: \_\_\_\_\_ Time: \_\_\_\_\_



Carolinas HealthCare System  
BH-Charlotte  
Outpatient Medication Services  
Patient Questionnaire  
Page 1 of 2



Rev. 11-18-14



17193-00093 07/12/17  
WILLIAMS, LEONARD CLINTON  
H000064-20-66 DOB 11/01/80 M 36Y

ifier



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Phone:

Fax:

### BH Clinical Documentation

DOCUMENT NAME:

**CSSRS Short Version - Reassessment Entered On: 7/12/2017 9:26 EDT**  
**Performed On: 7/12/2017 9:25 EDT by LACY , SARAH 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, yes

*CSSRS Screen Wish to be Dead ReAsses Details :* "Yes about a week ago. No thoughts of actually doing it."

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  
LACY , SARAH LPN - 7/12/2017 9:25 EDT

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 7/12/2017

**Visit #:** 1719300093

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:31 EST

**Print ID:** 350115774

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Phone:

Fax:

**Vitals View**

Recorded Date	7/12/2017	
Recorded Time	09:26 EDT	
Recorded By	LACY ,SARAH LPN	
Procedure		Units
Height	180.34	cm
Weight	112.209	kg
BSA	2.37	m2
Body Mass Index	34.5	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11	inch
Clinical Weight Contributor (lb)	247	lb
Clinical Weight Contributor (oz)	6	oz
Peripheral Pulse Rate	<b>106<sup>H</sup></b>	BPM
Systolic Blood Pressure	129	mmHg
Diastolic Blood Pressure	77	mmHg
Blood Pressure Location	Right arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	No	

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 7/12/2017**Visit #:** 1719300093**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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**Fax:**

## Psychosocial

### Psychosocial

	Recorded Date	7/12/2017
	Recorded Time	09:25 EDT
	Recorded By	LACY ,SARAH LPN
Procedure	Units	
CSSRS Reassess Able to Assess		Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, yes
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 7/12/2017

**Visit #:** 1719300093

**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	7/12/2017	
Recorded Time	09:26 EDT	
Recorded By	LACY ,SARAH LPN	
Procedure		Units
Chief Complaint	Medication refills	
Ambulatory Intake Additional Information	See Below <sup>T1</sup>	
Menstrual Status	Other: Male	
Accompanied By	Self	
Primary Care Provider	BRADNER , RICHARD L MD	
Preferred Language for Healthcare	English	

#### Textual Results

T1: 7/12/2017 09:26 EDT (Ambulatory Intake Additional Information)  
Concerned about loss of memory.

Provider: CASTRO ,MANUEL A MD

Date of Service: 7/12/2017

Visit #: 1719300093

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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**Phone:**

**Fax:**

### General Admission History

#### General Admission History

	Recorded Date	7/12/2017
	Recorded Time	09:26 EDT
Procedure		
Advance Directive Progress Note		decline 7/12/17
Recent Travel Outside United States MERS		See Below <sup>T1</sup>
Pregnant		N/A

#### Textual Results

T1: 7/12/2017 09:26 EDT (Recent Travel Outside United States MERS)  
No travel/no contact within past 14 days

**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 7/12/2017  
**Visit #:** 1719300093

**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	7/12/2017
Recorded Time	09:31 EDT
Recorded By	LACY ,SARAH LPN
Procedure	
Education Teaching Record Discipline	Nursing
Education Plan of Care	See Below <sup>T1</sup>
Preferred Learning Methods	Discussion
Barriers to Learning	None evident
Action Plan to Barriers	None required
Admission Requirements	Yes
Admission Requirements Education	See Below <sup>T2</sup>
Orientation to Room,Unit,Dept	See Below <sup>T3</sup>
Learner -Orientation	Patient
Ability/Readiness to Learn -Orientation	Receptive
Method of Teaching -Orientation	Verbal instructions
Learner Response -Admission/Orientation	See Below <sup>T4</sup>
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 <sup>T5</sup>

#### Textual Results

- T1: 7/12/2017 09:31 EDT (Education Plan of Care)  
No patient identified learning needs
- T2: 7/12/2017 09:31 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: 7/12/2017 09:31 EDT (Orientation to Room, Unit, Dept)  
Orientation to Facility/Dept, Patient Identifiers
- T4: 7/12/2017 09:31 EDT (Learner Response - Admission/Orientation)  
Demonstrates acceptable knowledge of topic/instructions
- T5: 7/12/2017 09:31 EDT (Learner Response - Medications)  
Demonstrates acceptable knowledge of topic/instructions

Provider: CASTRO ,MANUEL A MD

Date of Service: 7/12/2017

Visit #: 1719300093

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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**Fax:**

### Procedure History

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

**Last Updated**

2/28/2018 10:04 EST

**Procedure Date**

7/12/2017 23:59 EDT

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 7/12/2017**

**Visit #: 1719300093**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:31 EST**

**Print ID: 350115774**



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**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 10/6/2017  
**Visit #:** 6412247559

**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**

DOCUMENT NAME:

**PSYCH OMS NP WITH NURSE**

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 6412247559  
Age: **36 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 36-year-old male who presents outpatient medication services for evaluation. His diagnosis is bipolar disorder and ADD and he is currently taking Zyprexa, citalopram, and Adderall. He has been on this combination for several years. The patient reports that he is doing fairly well on his medication. He does report some continued issues with memory and he has subscribed to something called "Cambridge Brain Science" which provides him with tests to determine his deficits. He states that tests have shown that his memory is the only part of cognition that is below what he had expected. He does report some other residual symptoms of difficulty with anxiety and low mood. He at times he feels defeated and has passive SI though no active SI. He reports sleeping fairly well. Energy level is moderate but he reports he recently started exercising. He continues to try and improve his eating habits. The patient also reports work continues to be a big trigger and and he is currently looking for a new job. He denies any HI. No psychosis is noted. No alcohol or drugs.

**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),  
early refill ok, 60 capsule, 0 Refill(s)

**Provider:** PENISTON ,KATHLEEN KELLY NP**Date of Service:** 10/6/2017**Visit #:** 6412247559**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:

### Office/Clinic Visit Notes

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

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

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

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

#### **Problem list:**

No problem items selected or recorded.

#### **Histories**

##### **Past Medical History:**

No active or resolved past medical history items have been selected or recorded.

##### **Family History:**

HYPERTENSION

GM, Maternal

Cancer

Father

GM, Paternal

GF, Paternal

GM, Maternal

##### **Procedure history:**

No active procedure history items have been selected or recorded.

##### **Social History**

##### Social & Psychosocial Habits

##### **Alcohol**

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

##### **Drug Abuse**

07/19/2016 **Use:** Denies

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 10/6/2017

**Visit #:** 6412247559

**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

#### Tobacco

10/06/2017 **Smoking Status:** Never smoker

**# Years Active Cigarette Smoker:** 0

**Avg # Packs Per Day (20 cigs/pack):** 0

#### 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, Perserverative.

Thought process: Perseverating.

Mood and affect: Anxious.

Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts.

Perceptions+: No abnormalities.

Insight: Fair.

Judgment: Fair.

##### VS/Measurements

###### Vital Signs

10/6/2017 8:47 EDT

**Peripheral Pulse Rate**

**103 BPM HI**

**Systolic Blood Pressure**

**137 mmHg HI**

Diastolic Blood Pressure

76 mmHg

Blood Pressure Location

Right arm

BP Instrument

Machine

Blood Pressure Position

Sitting

, Measurements from flowsheet : Measurements - Standard

10/6/2017 8:47 EDT

Height Contributor (ft)

5 ft

Height Contributor (inches)

11 inch

Clinical Weight Contributor (lb)

245 lb

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 10/6/2017

**Visit #:** 6412247559

**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-

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Fax:

## Office/Clinic Visit Notes

### Health Maintenance

#### Health Maintenance

**Pending** (in the next year)

##### OverDue

- Diabetes Care - Hgb A1C due 07/19/16 and every 6 month
- Influenza Vaccine due 08/01/17 and every 8 month

##### Due

- Diabetes Care - ACE/ARB Med due 10/06/17 One-time only
- Diabetes Care - Antiplatelet Medications due 10/06/17 One-time only
- Diabetes Care - Foot Exam due 10/06/17 and every 1 year(s)
- Diabetes Care - Microalbumin due 10/06/17 and every 1 year(s)
- Diabetes Care - Retinal Screening due 10/06/17 and every 2 year(s)
- HIV Screening due 10/06/17 One-time only
- Healthy Weight Counseling age 18-64 due 10/06/17 and every 1 year(s)
- Pneumococcal 23 Vaccine due 10/06/17 and every 3 month
- Tdap Vaccine due 10/06/17 One-time only
- Tetanus Vaccine due 10/06/17 and every 10 year(s)

**Satisfied** (in the past 1 year)

There are no satisfied recommendations within the defined date range

### Impression and Plan

#### Dx/Order Association Plan

Psychiatric Diagnoses: Bipolar, ADD; cluster A traits

Medical Diagnoses: diabetes, elevated cholesterol and triglycerides

Psychosocial Stressors: work, finances

Summary: Patient appears to be at baseline. Still concerned about memory. Does not want to change meds. Discussed seeing a therapist.

#### Plan

- 1) Medication: Celexa 20mg daily, Zyprexa 15mg daily, and Adderall XR 20mg BID
- 2) Therapy - Patient referred for NeuroPsych Testing for reports of memory and cognitive decline. Offered outpatient therapy.
- 3) Labwork Ordered - Labs received and reviewed.
- 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.

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 10/6/2017

**Visit #:** 6412247559

**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**

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**

**10/06/2017 09:23 AM**

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

**10/11/17 01:32 PM**

**Provider: PENISTON ,KATHLEEN KELLY NP**

**Date of Service: 10/6/2017**

**Visit #: 6412247559**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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Charlotte, NC 28211-

Phone:

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**Electronic Orders**

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

Order: <b>Est OV Level 3 -99213</b>		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: 10/6/17 9:22:00 AM EDT, ADD (attention deficit disorder)   Bipolar illness		
Order Comment:		
Action Type: Order	Action Date/Time: 10/6/2017 09:22 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP		Supervising Provider:
Order Details: 10/06/17 9:22:00 EDT, Bipolar illness   ADD (attention deficit disorder)		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 10/6/2017  
**Visit #:** 6412247559

**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

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:** 10/06/2017

**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:** PENISTON, KATHLEEN KELLY NP

**Reason for Visit:**

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

#### Today's Clinical Information:

**Height:** 5 ft 11 inch

**Weight:** 245 lb

**BMI:** 34.17 kg/m2

**Blood Pressure:** 137 mmHg / 76 mmHg

**Additional Information:**

#### Allergies:

No known allergies

**Provider:** PENISTON, KATHLEEN KELLY NP

**Date of Service:** 10/6/2017

**Visit #:** 6412247559

**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 10/06/2017 visit)

No Laboratory and Radiology documented

**Medication Information:**

	New Medicines to take at Home	Prescription	Next Dose Due
1.	<b>citalopram (citalopram 20 mg oral tablet)</b> 1 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2792	
2.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> 1 capsule by mouth two times a day early refill OK x 1	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2792	
3.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> 1 capsule by mouth two times a day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2792	
4.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> 1 capsule by mouth two times a day early refill ok	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD	

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 10/6/2017

**Visit #:** 6412247559

**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**

		CHARLOTTE, NC, 2-8211 Phone: (704)358-2792	
5.	<b>OLANzapine (ZyPREXA 15 mg oral tablet)</b> 1 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2792	

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

\*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.

**Provider: PENISTON ,KATHLEEN KELLY NP****Date of Service: 10/6/2017****Visit #: 6412247559****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:**

### **Discharge Information - Patient Education**

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: PENISTON ,KATHLEEN KELLY NP**

**Date of Service: 10/6/2017**

**Visit #: 6412247559**

**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:** 10/6/2017 08:40:00

**FIN:** 6412247559

**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:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 10/6/2017

**Visit #:** 6412247559

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:31 EST

**Print ID:** 350115773



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Discharge Information - Patient Education**

**DOCUMENT NAME:**

**Ambulatory Depart Form - Text**

**Ambulatory Depart Form Entered On: 10/6/2017 8:51 EDT**

**Performed On: 10/6/2017 8:51 EDT by WADE , KEISHA RN**

**Ambulatory Educational Assessment**

*Identified Learning Needs :* None at this time

*Preferred Learning Methods :* Discussion

*Barriers to Learning :* None evident

**WADE , KEISHA RN - 10/6/2017 8:51 EDT**

**Provider: PENISTON ,KATHLEEN KELLY NP**

**Date of Service: 10/6/2017**

**Visit #: 6412247559**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:31 EST**

**Print ID: 350115773**



**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: 10/6/2017 9:21 EDT**

**Performed On: 10/6/2017 9:21 EDT by PENISTON , KATHLEEN KELLY NP**

**Response to Education**

*Response to Teaching :* Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 10/6/2017 9:21 EDT

**Provider: PENISTON ,KATHLEEN KELLY NP**

**Date of Service: 10/6/2017**

**Visit #: 6412247559**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:31 EST**

**Print ID: 350115773**





**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Patient Questionnaires**

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 10/6/2017  
**Visit #:** 6412247559

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

11/1/1980

## \* Patient Questionnaire - Auth (Verified) \*

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

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

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

- ☒ Well  
☐ Fairly well  
☐ Poorly – explain: \_\_\_\_\_

2. At today's appointment, I want:

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

3. I am having medication side effects.

- ☒ Yes – explain: \_\_\_\_\_  
☐ No

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

- ☐ Yes – explain: \_\_\_\_\_  
☒ No

5. I have been taking my medications as prescribed.

- ☒ Yes  
☐ No – explain: \_\_\_\_\_

6. Questions or concerns I want to discuss today. Problems concentrating, update  
on neurologist

Signature of Person Completing Form: [Signature]

Date: 10/6/2017

\*If other than patient, give relationship: \_\_\_\_\_

For Staff Only:

Form reviewed by: [Signature]  
KCPennino

Date: 10.6.17 Time: 0851

Date: 10/6/17 Time: 0856



Carolinas HealthCare System  
BH-Charlotte  
Outpatient Medication Services  
Patient Questionnaire  
Page 1 of 2



Rev. 11-13-14

WILLIAMS, LEONARD CLINTON\*  
CSN: 6412247559 FAC: H  
MRN: 0000642066 Adm Date: 10/6/2017  
DOB: 11/01/1980 (36 yrs) Male  
Att Phy: 15273 PENISTON CNS, KATHL\*

**AH BH Charlotte OMS Medication**

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Phone:

Fax:

**BH Clinical Documentation**

DOCUMENT NAME:

**Outpatient Medication Clinic Initial - BH Entered On: 10/6/2017 8:51 EDT**  
**Performed On: 10/6/2017 8:47 EDT by WADE , KEISHA RN**

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

WADE , KEISHA RN - 10/6/2017 8:47 EDT

**Allergies**

(As Of: 10/6/2017 08:51:49 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:* 10/6/2017  
8:47 EDT

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

WADE , KEISHA RN - 10/6/2017 8:47 EDT

**Med List***Medication Information Obtained From :* Patient/family*Medication Disposition :* No meds brought to hospital*Medication Status :* Medication list updated*Confirmation of Medication Reconciliation :* Yes

WADE , KEISHA RN - 10/6/2017 8:47 EDT

Medication List

(As Of: 10/6/2017 08:51:49 EDT)

*Prescription/Discharge Order*dextroamphetamine-  
amphetamine

*:* dextroamphetamine-amphetamine ; *Status:* Prescribed ;  
*Ordered As Mnemonic:* Adderall XR 20 mg oral capsule,  
extended release ; *Simple Display Line:* 20 mg, 1 capsule,  
ORAL, BID (2 times a day), 60 capsule, 0 Refill(s) ; *Ordering*

**Provider:** PENISTON ,KATHLEEN KELLY NP**Date of Service:** 10/6/2017**Visit #:** 6412247559**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

*Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:*  
dextroamphetamine-amphetamine ; *Order Dt/Tm:* 7/12/2017  
09:58:23

dextroamphetamine-amphetamine : dextroamphetamine-amphetamine ; *Status:* Prescribed ;  
*Ordered As Mnemonic:* Adderall XR 20 mg oral capsule,  
extended release ; *Simple Display Line:* 20 mg, 1 capsule,  
ORAL, BID (2 times a day), 60 capsule, 0 Refill(s) ; *Ordering*  
*Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:*  
dextroamphetamine-amphetamine ; *Order Dt/Tm:* 7/12/2017  
09:58:17

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), early refill ok, 60 capsule, 0  
Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY  
NP; *Catalog Code:* dextroamphetamine-amphetamine ; *Order*  
*Dt/Tm:* 7/12/2017 09:57:42

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:* 7/12/2017 09:57:22

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:* 7/12/2017 09:57:19

#### 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

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 10/6/2017

**Visit #:** 6412247559

**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**

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

**General Admission Information***Information Given By :* Patient*Presenting Problem :* Pt seen today for a follow up app and med refills. Pt states med compliance, c/o zyprexa making him too sedated in the AM and restlessness along with increased appetite. Pt admits to some depression and anxiety denies S/H/I.

WADE , KEISHA RN - 10/6/2017 8:47 EDT

**Communication***Preferred Communication Mode :* Verbal*Communication Barriers :* None*Preferred Language for Healthcare :* English

WADE , KEISHA RN - 10/6/2017 8:47 EDT

**Advance Directives***Advance Directive Documents in EMR RTF :* No Advance Directive documents available.*Advance Directive Completed :* No or does not know*Reason No Living Will or POA :* Patient did not wish or was not able to name a surrogate decision maker*Advance Directive More Info Requested :* No

WADE , KEISHA RN - 10/6/2017 8:47 EDT

**CSSRS Short Version - Reassessment***CSSRS Reassess Able to Assess :* Yes**Provider:** PENISTON ,KATHLEEN KELLY NP**Date of Service:** 10/6/2017**Visit #:** 6412247559**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

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  
WADE , KEISHA RN - 10/6/2017 8:47 EDT

#### Past Psychiatric and Substance Abuse Tx

##### Past Psych/Substance Tx

1. Facility/Outpatient Therapist : Broughton 1999

Psychiatric Visit Type : Inpatient

Dates of Treatment : 1999 for 72 days

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

WADE , KEISHA RN - 10/6/2017 8:47 EDT

2. Facility/Outpatient Therapist : Woodridge Hospital in Tennessee

Psychiatric Visit Type : Inpatient

Dates of Treatment : 4 days

WADE , KEISHA RN - 10/6/2017 8:47 EDT

#### Social History

##### Social History

(As Of: 10/6/2017 08:51:49 EDT)

Tobacco:

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day:. (Last Updated: 10/6/2017 08:50:02 EDT by WADE , KEISHA RN)

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)

Social History Categories Addressed : Tobacco, Alcohol, Drug abuse

WADE , KEISHA RN - 10/6/2017 8:47 EDT

#### Communications - Acute

Primary Care Provider : BRADNER , RICHARD L MD

Cell Phone Number : 828- [REDACTED] \*

Leave Voicemail : Yes

Provider: PENISTON ,KATHLEEN KELLY NP

Date of Service: 10/6/2017

Visit #: 6412247559

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

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Phone:

Fax:

**BH Clinical Documentation***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

WADE , KEISHA RN - 10/6/2017 8:47 EDT

**Communications - BH***Patient Agreement Comm BH* : The patient gives oral or written consent for CHS to verbally share his/her health information with the individuals listed below [this includes, but is not limited to, diagnosis, prognosis, medications (dosage and side effects, if any) and progress].*OC Reviewed Contact List* : 10/6/2017 8:47 EDT*Consent Valid BH* : This consent will be valid for one year unless revoked prior to expiration. Enter "End Date" for all BH encounters one year after "Date Identified".

WADE , KEISHA RN - 10/6/2017 8:47 EDT

**Vitals***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* : 111.131 kg*Clinical Weight Contributor (lb)* : 245 lb*Body Mass Index* : 34.17 kg/m2*Body Surface Area* : 2.36 m2*Peripheral Pulse Rate* : 103 BPM (HI)*Systolic Blood Pressure* : 137 mmHg (HI)*Diastolic Blood Pressure* : 76 mmHg*Blood Pressure Location* : Right arm*Blood Pressure Position* : Sitting*BP Instrument* : Machine*Weight (lbs.)* : 245 lb*Height (ft.)* : 5.92 ft

WADE , KEISHA RN - 10/6/2017 8:47 EDT

**Pain History***Pain Present* : No**Provider:** PENISTON ,KATHLEEN KELLY NP**Date of Service:** 10/6/2017**Visit #:** 6412247559**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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**Fax:**

**BH Clinical Documentation**

WADE , KEISHA RN - 10/6/2017 8:47 EDT

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 10/6/2017  
**Visit #:** 6412247559

**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:

**Vitals View**

Recorded Date	10/6/2017	
Recorded Time	08:47 EDT	
Recorded By	WADE ,KEISHA RN	
Procedure		Units
Height	180.34	cm
Weight	111.131	kg
BSA	2.36	m2
Body Mass Index	34.17	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11	inch
Clinical Weight Contributor (lb)	245	lb
Peripheral Pulse Rate	<b>103</b> <sup>H</sup>	BPM
Systolic Blood Pressure	<b>137</b> <sup>H</sup>	mmHg
Diastolic Blood Pressure	76	mmHg
Blood Pressure Location	Right arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	No	

**Provider:** PENISTON ,KATHLEEN KELLY NP**Date of Service:** 10/6/2017**Visit #:** 6412247559**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 Assessment**

**Patient Assessment**

Recorded Date	10/6/2017
Recorded Time	08:47 EDT
Recorded By	WADE ,KEISHA RN
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 10/6/2017

**Visit #:** 6412247559

**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	10/6/2017
	Recorded Time	08:47 EDT
	Recorded By	WADE ,KEISHA RN
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:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 10/6/2017  
**Visit #:** 6412247559

**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	10/6/2017	
Recorded Time	08:47 EDT	
Recorded By	WADE ,KEISHA RN	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Preferred Communication Mode	Verbal	
Medication Information Obtained From	Patient/family	
Medication Disposition	No meds brought to hospital	
Primary Care Provider	BRADNER , RICHARD L MD	
Medication Status	Medication list updated	
Communication Barriers	None	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

**Provider:** PENISTON ,KATHLEEN KELLY NP**Date of Service:** 10/6/2017**Visit #:** 6412247559**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	10/6/2017
Recorded Time	08:47 EDT
Procedure	
Advance Directive Completed	No or does not know
Advance Directive More Info Requested	No
Recent Travel Outside United States MERS	See Below <sup>T1</sup>
Pregnant	N/A

#### Textual Results

T1: 10/6/2017 08:47 EDT (Recent Travel Outside United States MERS)  
No travel/no contact within past 14 days

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 10/6/2017  
**Visit #:** 6412247559

**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:**

**TB Screen - Latex Sensitive - Skin Testing**

**TB Screen/Latex Sensitivity/Skin Testing**

Recorded Date	10/6/2017
Recorded Time	08:47 EDT
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 10/6/2017  
**Visit #:** 6412247559

**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	10/6/2017
Recorded Time	08:51 EDT
Recorded By	WADE ,KEISHA RN
Procedure	
Preferred Learning Methods	Discussion
Barriers to Learning	None evident

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 10/6/2017  
**Visit #:** 6412247559

**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	10/6/2017	
Recorded Time	08:47 EDT	
Recorded By	WADE ,KEISHA RN	
Procedure		Units
Presenting Problem	See Below <sup>T1</sup>	

### Textual Results

T1: 10/6/2017 08:47 EDT (Presenting Problem)

Pt seen today for a follow up app and med refills. Pt states med compliance, c/o zyprexa making him too sedated in the AM and restlessness along with increased appetite. Pt admits to some depression and anxiety denies S/H/I.

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 10/6/2017

**Visit #:** 6412247559

**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:**

### Procedure History

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

**Last Updated**

10/24/2017 05:23 EDT

**Procedure Date**

10/6/2017 23:59 EDT

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 10/6/2017

**Visit #:** 6412247559

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:31 EST

**Print ID:** 350115773



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**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

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**Provider:**  
**Date of Service:** 1/3/2018  
**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:

**Electronic Orders**

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

Order: <b>Referral</b>		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: Referring to: Neurology, Reason for Referral: Evaluation and Management, Neuropsych Testing, Dx: Memory impairment, 1/3/18 2:11:00 PM EST		
Order Comment:		
Action Type: Order	Action Date/Time: 1/3/2018 14:11 EST	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP		Supervising Provider: CASTRO ,MANUEL A MD
Order Details: Referring to: Neurology, Reason for Referral: Evaluation and Management, Neuropsych Testing, Dx: Memory impairment, 01/03/18 14:11:00 EST		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

**Provider:**  
**Date of Service:** 1/3/2018  
**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:**  
**Date of Service:** 1/5/2018  
**Visit #:**

**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**

DOCUMENT NAME:

**BH Telephone Contact Form Entered On: 1/5/2018 10:16 EST**  
**Performed On: 1/5/2018 10:15 EST by WISE , ANDREA**

**Medicaid Number**

Medicaid Coverage : No

WISE , ANDREA - 1/5/2018 10:15 EST

**BH Telephone Contact**

Caller Name : Leonard W.

Relationship to Patient : Self

Provider : PENISTON , KATHLEEN KELLY NP

Call Type : Medication Refill

Cell Phone Number : 828- [REDACTED]

Leave Voicemail : Yes

Reason for call : Refill; Adderall XR 20mg; last filled 12/1/17 w/no refills. Pt is OOM. Pt uses CMC-R.

Last Visit Date : 10/6/2017 EDT

Was Appointment Kept? : Show

WISE , ANDREA - 1/5/2018 10:15 EST

**Follow Up**

Phone Msg Communication Grid

1. Communication Date/Time : 1/5/2018 10:39 EST

Communication Comment : Rx sent.

PENISTON , KATHLEEN KELLY NP - 1/5/2018 10:39 EST

2. Communication Date/Time : 1/8/2018 10:01 EST

Communication Comment : spoke with pt and informed him that rx sent to pharmacy...will close

WADE , KEISHA RN - 1/8/2018 10:01 EST

Follow-up Appointment : FU 1/8/18 @ 3:40pm

Appt Provider : PENISTON , KATHLEEN KELLY NP

WISE , ANDREA - 1/5/2018 10:15 EST

**Provider:**

**Date of Service:** 1/5/2018

**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:**

### Visit Information

#### Visit Information

Recorded Date	1/5/2018	
Recorded Time	10:15 EST	
Recorded By	WISE ,ANDREA	
Procedure		Units
Appt Provider	PENISTON , KATHLEEN KELLY NP	
Provider	PENISTON , KATHLEEN KELLY NP	

**Provider:**  
**Date of Service:** 1/5/2018  
**Visit #:**

**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:**

---

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 1/8/2018**

**Visit #: 6418614372**

**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: 6418614372

Age: **37 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 37-year-old male who presents outpatient medication services for evaluation. His diagnosis is bipolar disorder and ADD and he is currently taking Zyprexa, citalopram, and Adderall. He has been on this combination for several years. The patient reports that he is doing fairly well on his medication. He does report some continued issues with memory and focus and plans to have cognitive testing in the future. The patient reports that overall his mood is good. Appetite is within normal limits. Energy level is low at times. Concentration is mentioned above is something that he has noticed a decline and over the last year. He is currently looking to get a new job and has also started his own business in web design. He also reports that he had a car accident 1 month ago. He does report some residual depressed feelings at times but denies any thoughts of harming himself or others. He states that he has mostly good days. The patient does report some recent dizziness, headaches, and some confusion at times. He has not relayed this information to his primary care provider but is instructed to do so. The patient also states that he is concerned about Zyprexa being the cause of some of his cognitive decline and is interested in the future to try another medication such as Depakote which was somewhat effective.

**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:** **CASTRO ,MANUEL A MD****Date of Service:** 1/8/2018**Visit #:** 6418614372**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),  
early refill ok, 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),  
early refill ok, 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),  
early refill ok, 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)

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

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

**Problem list:**

No problem items selected or recorded.

**Histories**

**Past Medical History:**

No active or resolved past medical history items have been selected or recorded.

**Family History:**

HYPERTENSION

GM, Maternal

Cancer

Father

GM, Paternal

GF, Paternal

GM, Maternal

**Procedure history:**

No active procedure history items have been selected or recorded.

**Social History**

Social & Psychosocial Habits

**Alcohol**

01/08/2018 Use: Denies

**Drug Abuse**

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 1/8/2018

**Visit #:** 6418614372

**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

01/08/2018 **Use:** Denies

#### Tobacco

01/08/2018 **Smoking Status:** Never smoker

**# Years Active Cigarette Smoker:** 0

**Avg # Packs Per Day (20 cigs/pack):** 0

### 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, Perserverative.

Thought process: Perseverating.

Mood and affect: Anxious.

Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts.

Perceptions+: No abnormalities.

Insight: Fair.

Judgment: Fair.

#### VS/Measurements

##### Vital Signs

1/8/2018 14:52 EST

##### Peripheral Pulse Rate

**107 BPM HI**

Systolic Blood Pressure

116 mmHg

Diastolic Blood Pressure

66 mmHg

Blood Pressure Location

Right arm

BP Instrument

Machine

Blood Pressure Position

Sitting

, Measurements from flowsheet : Measurements - Standard

1/8/2018 14:52 EST

Height Contributor (ft)

5 ft

Height Contributor (inches)

11.5 inch

Clinical Weight Contributor (lb)

239 lb

Clinical Weight Contributor (oz)

2 oz

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 1/8/2018

**Visit #:** 6418614372

**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

### Health Maintenance

#### Health Maintenance

**Pending** (in the next year)

##### OverDue

- Diabetes Care - Hgb A1C due 07/19/16 and every 6 month
- Influenza Vaccine due 08/01/17 and every 8 month

##### Due

- Diabetes Care - ACE/ARB Med due 01/08/18 One-time only
- Diabetes Care - Antiplatelet Medications due 01/08/18 One-time only
- Diabetes Care - Foot Exam due 01/08/18 and every 1 year(s)
- Diabetes Care - Microalbumin due 01/08/18 and every 1 year(s)
- Diabetes Care - Retinal Screening due 01/08/18 and every 2 year(s)
- HIV Screening due 01/08/18 One-time only
- Healthy Weight Counseling age 18-64 due 01/08/18 and every 1 year(s)
- Pneumococcal 23 Vaccine due 01/08/18 and every 3 month
- Tdap Vaccine due 01/08/18 One-time only
- Tetanus Vaccine due 01/08/18 and every 10 year(s)

**Satisfied** (in the past 1 year)

There are no satisfied recommendations within the defined date range

### Impression and Plan

#### Dx/Order Association Plan

Psychiatric Diagnoses: Bipolar, ADD; cluster A traits

Medical Diagnoses: diabetes, elevated cholesterol and triglycerides

Psychosocial Stressors: work, finances

Summary: Patient appears to be at baseline. Still concerned about memory. Does not want to change meds. Discussed seeing a therapist.

#### Plan

- 1) Medication: Celexa 20mg daily, Zyprexa 15mg daily, and Adderall XR 20mg BID
- 2) Therapy - Patient referred for NeuroPsych Testing for reports of memory and cognitive decline. Offered outpatient therapy.
- 3) Labwork Ordered - Labs received and reviewed.
- 4) SA Treatment - Not indicated

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 1/8/2018

**Visit #:** 6418614372

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

### Office/Clinic Visit Notes

- 5) RTC in 3 months for further evaluation of medication.
- 6) Patient was provided with education regarding medication and treatment plan.
- 7) Patient is aware of emergency services availability including Psychiatric ED and Mobile Crisis.
- 8) Patient is aware 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**

**01/08/2018 04:12 PM**

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

**01/09/18 09:28 AM**

---

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 1/8/2018**

**Visit #: 6418614372**

**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:**

**Insurance**

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 1/8/2018**

**Visit #: 6418614372**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

WILLIAMS III, LEONARD CLINTON

0000642066; 3714274; 0005837791; 0005837791; 0005837791; 0005837791;  
0005837791; 0005837791; 0003160689  
6418614372

11/1/1980

\* Insurance. - Auth (Verified) \*

E-Sign Hospital Insurance Verification Letter - Received on 1/8/2018

11/1/1980

\* Insurance. - Auth (Verified) \*

**E-Sign Hospital Insurance Verification Letter - Received on 1/8/2018 (continued)**

---

**Insurance Verification Letter**

Patient Name: Williams, Leonard Clinton III

Admit Date: No admission date for patient encounter.

CSN: 6418614372

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

Primary Insurance Name: N/A

Secondary Insurance Name: N/A

I understand my signature on this form indicates that I have verified and confirmed the insurance information listed above is accurate. I have also been advised to notify the hospital as soon as possible if there are any changes to the insurance coverage listed above to ensure I am not held financially responsible for services that could be covered by insurance.

---

Medicaid Be Smart Family Planning Program: \_\_\_\_\_

If you have Medicaid "Be Smart" Family Planning coverage, your coverage is limited to applicable outpatient services. Inpatient and emergency department services are not covered under the Medicaid "Be Smart" Family Planning Program therefore you will be financially responsible for today's services and billed as self-pay. See "no insurance coverage/self pay" section below for more details.


No Insurance Coverage/Self Pay: \_\_\_\_\_

If you are currently without Medicare, Medicaid, or insurance coverage (uninsured) then you may be eligible to apply and/or be screened for other coverage options and financial insurance coverage and that you will cooperate and participate in the efforts to help you qualify for any applicable coverage (such as Medicaid). Failure to fully participate with these efforts will disqualify you from eligibility for our financial assistance discounts. Information on financial assistance is available on the Carolinas HealthCare System website at [www.carolinashealthcare.org](http://www.carolinashealthcare.org).

---

I attest the information above is accurate to the best of my knowledge and reflects my current insurance coverage or my confirmation that I have no coverage (Insurance, Medicare, or Medicaid) for these services. I understand that failure to disclose insurance coverage may result in the responsible party having to pay for services that would have been paid by insurance if the hospital is unable to bill the insurer within their billing deadlines.

E-Signature



Signature: Signature captured with Topaz SigTool/ES/Device by Williams, Leonard Clinton III at 1/8/2018 2:45:00 PM

Relationship to Patient:



WILLIAMS III, LEONARD CLINTON

0000642066; 3714274; 0005837791; 0005837791; 0005837791; 0005837791;  
0005837791; 0005837791; 0003160689  
6418614372

11/1/1980

\* Insurance. - Auth (Verified) \*

E-Sign Hospital Insurance Verification Letter - Received on 1/8/2018



11/1/1980

\* Insurance. - Auth (Verified) \*

**E-Sign Hospital Insurance Verification Letter - Received on 1/8/2018 (continued)**

---

**Insurance Verification Letter**

Patient Name: Williams, Leonard Clinton III

Admit Date: No admission date for patient encounter.

CSN: 6418614372

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

Primary Insurance Name: N/A

Secondary Insurance Name: N/A

I understand my signature on this form indicates that I have verified and confirmed the insurance information listed above is accurate. I have also been advised to notify the hospital as soon as possible if there are any changes to the insurance coverage listed above to ensure I am not held financially responsible for services that could be covered by insurance.

---

Medicaid Be Smart Family Planning Program: \_\_\_\_\_

If you have Medicaid "Be Smart" Family Planning coverage, your coverage is limited to applicable outpatient services. Inpatient and emergency department services are not covered under the Medicaid "Be Smart" Family Planning Program therefore you will be financially responsible for today's services and billed as self-pay. See "no insurance coverage/self pay" section below for more details.

---


No Insurance Coverage/Self Pay:

If you are currently without Medicare, Medicaid, or insurance coverage (uninsured) then you may be eligible to apply and/or be screened for other coverage options and financial insurance coverage and that you will cooperate and participate in the efforts to help you qualify for any applicable coverage (such as Medicaid). Failure to fully participate with these efforts will disqualify you from eligibility for our financial assistance discounts. Information on financial assistance is available on the Carolinas HealthCare System website at [www.carolinashealthcare.org](http://www.carolinashealthcare.org).

---

I attest the information above is accurate to the best of my knowledge and reflects my current insurance coverage or my confirmation that I have no coverage (Insurance, Medicare, or Medicaid) for these services. I understand that failure to disclose insurance coverage may result in the responsible party having to pay for services that would have been paid by insurance if the hospital is unable to bill the insurer within their billing deadlines.

E-Signature



Signature captured with Topaz SigToolESiDevice by Williams, Leonard Clinton III at 1/8/2018 2:45:00 PM

Signature:

Relationship to Patient:



039



**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: <b>Est OV Level 3 -99213</b>		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: 1/8/18 3:23:00 PM EST, ADD (attention deficit disorder)   Bipolar disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 1/8/2018 15:23 EST	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP		Supervising Provider: CASTRO ,MANUEL A MD
Order Details: 01/08/18 15:23:00 EST, Bipolar disorder   ADD (attention deficit disorder)		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

**Provider: CASTRO ,MANUEL A MD****Date of Service:** 1/8/2018**Visit #:** 6418614372**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:** 37 Years

**DOB:** 11/01/1980

**Sex:** Male

**Visit Date:** 01/08/2018

**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 11.5 inch

**Weight:** 239 lb 2 oz

**BMI:** 32.89 kg/m2

**Blood Pressure:** 116 mmHg / 66 mmHg

**Additional Information:**

#### Allergies:

No known allergies

**Provider:** CASTRO, MANUEL A MD

**Date of Service:** 1/8/2018

**Visit #:** 6418614372

**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 01/08/2018 visit)

No Laboratory and Radiology documented

**Medication Information:**

	New Medicines to take at Home	Prescription	Next Dose Due
1.	<b>citalopram (citalopram 20 mg oral tablet)</b> 1 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2860	
2.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> 1 capsule by mouth two times a day early refill ok	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2860	
3.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> 1 capsule by mouth two times a day early refill ok	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2860	
4.	<b>OLANZapine (ZyPREXA 15 mg oral tablet)</b> 1 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD	

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 1/8/2018

**Visit #:** 6418614372

**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**

		CHARLOTTE, NC, 2-8211 Phone: (704)358-2860	
--	--	---	--

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

\*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:**

	<b>Date</b>	<b>Time</b>	<b>Location</b>	<b>Provider</b>	<b>Phone Number</b>
--	-------------	-------------	-----------------	-----------------	---------------------

**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: CASTRO ,MANUEL A MD****Date of Service: 1/8/2018****Visit #: 6418614372****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**

#### **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: 1/8/2018**

**Visit #: 6418614372**

**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:** 1/8/2018 15:40:00

**FIN:** 6418614372

**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:** 1/8/2018

**Visit #:** 6418614372

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:30 EST

**Print ID:** 350115772



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**Fax:**

**Discharge Information - Patient Education**

**DOCUMENT NAME:**

**Ambulatory Depart Form - Text**

**Ambulatory Depart Form Entered On: 1/8/2018 14:58 EST**  
**Performed On: 1/8/2018 14:58 EST by OWENS , DACHONNE LPN**

**Ambulatory Educational Assessment**

*Identified Learning Needs :* Medications

*Preferred Learning Methods :* Discussion, Observing

*Barriers to Learning :* None evident

**OWENS , DACHONNE LPN - 1/8/2018 14:58 EST**

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 1/8/2018**

**Visit #: 6418614372**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115772**





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**Discharge Information - Patient Education**

**DOCUMENT NAME:**

**Education/Pt. Response Form - Text**

**Education/Pt. Response Entered On: 1/8/2018 15:22 EST**

**Performed On: 1/8/2018 15:22 EST by PENISTON , KATHLEEN KELLY NP**

**Response to Education**

*Response to Teaching :* Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 1/8/2018 15:22 EST

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 1/8/2018**

**Visit #: 6418614372**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115772**



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**Fax:**

**Patient Questionnaires**

---

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 1/8/2018**

**Visit #: 6418614372**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

11/1/1980

## \* Patient Questionnaire - Auth (Verified) \*

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

239.2

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☐ 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: possibly changing med,and in futureSignature of Person Completing Form: W. WilliamsDate: 1/8/2017

\*If other than patient, give relationship: \_\_\_\_\_

For Staff Only:

Form reviewed by: W. WilliamsDate: 01/08/18 Time: 2:51Date: 1/8/18 Time: 1504

Carolinas HealthCare System  
BH-Charlotte  
Outpatient Medication Services  
Patient Questionnaire  
Page 1 of 2



Rev. 11-13-14

WILLIAMS, LEONARD CLINTON\*  
CSN: 6418614372 FAC: H  
MRN: 0000642066 Adm Date: 1/8/2018  
DOB: 11/01/1980 (37 yrs) Male  
Att Phy: 27815 CASTRO, MANUELA



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Fax:

**BH Clinical Documentation**

DOCUMENT NAME:

**Outpatient Medication Clinic Initial - BH Entered On: 1/8/2018 14:58 EST**  
**Performed On: 1/8/2018 14:52 EST by OWENS , DACHONNE LPN**

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

OWENS , DACHONNE LPN - 1/8/2018 14:52 EST

**Allergies**

(As Of: 1/8/2018 14:58:42 EST)

Allergies (Active)

No known allergies

*Estimated Onset Date*: Unspecified ; *Created By*: FERRARO,  
NICHOLAS P RN; *Reaction Status*: Active ; *Category*: Drug ;  
*Substance*: No known allergies ; *Type*: Allergy ; *Updated By*:  
FERRARO, NICHOLAS P RN; *Reviewed Date*: 1/8/2018  
14:52 EST

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

OWENS , DACHONNE LPN - 1/8/2018 14:52 EST

**Med List***Medication Information Obtained From* : Patient/family*Medication Status* : Medication list updated*Confirmation of Medication Reconciliation* : Yes

OWENS , DACHONNE LPN - 1/8/2018 14:52 EST

Medication List

(As Of: 1/8/2018 14:58:42 EST)

*Prescription/Discharge Order*

citalopram

: citalopram ; *Status*: Prescribed ; *Ordered As Mnemonic*:  
citalopram 20 mg oral tablet ; *Simple Display Line*: 20 mg, 1  
tablet, ORAL, Daily, for 30 day(s), 30 tablet, 3 Refill(s) ; *Ordering*  
*Provider*: PENISTON , KATHLEEN KELLY NP; *Catalog Code*:  
citalopram ; *Order Dt/Tm*: 10/6/2017 09:16:47

**Provider: CASTRO ,MANUEL A MD****Date of Service: 1/8/2018****Visit #: 6418614372****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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**BH Clinical Documentation**

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:* 10/6/2017 09:16:50

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), early refill ok, 60 capsule, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP ; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 1/5/2018 10:38:53

*Home Meds*  
APAP/ASA/caffeine : APAP/ASA/caffeine ; *Status:* Documented ; *Ordered As Mnemonic:* Goodys Extra Strength ; *Simple Display Line:* See Instructions, 1 packet as needed ; *Catalog Code:* acetaminophen/aspirin/caffeine ; *Order Dt/Tm:* 11/3/2011 16:02:16

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

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

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

**Provider: CASTRO ,MANUEL A MD****Date of Service:** 1/8/2018**Visit #:** 6418614372**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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**BH Clinical Documentation**

**General Admission Information**

*Legal Guardian :* No

*Information Given By :* Patient

*Cultural/Spiritual Practices Impact Tx :* No

*Presenting Problem :* follow up and med refill,discussion. fleeting thoughts of not wanting to wake up.

OWENS , DACHONNE LPN - 1/8/2018 14:52 EST

**Communication**

*Preferred Communication Mode :* Verbal

*Communication Barriers :* None

*Preferred Language for Healthcare :* English

OWENS , DACHONNE LPN - 1/8/2018 14:52 EST

**Advance Directives**

*Advance Directive Documents in EMR RTF :* No Advance Directive documents available.

*Advance Directive Completed :* No or does not know

*Reason No Living Will or POA :* Patient did not wish or was not able to name a surrogate decision maker, Patient did not wish or was not able to provide an advance directive

*Advance Directive More Info Requested :* No

OWENS , DACHONNE LPN - 1/8/2018 14:52 EST

**Risk for Harm to Others**

*Assaultive Ideations :* No

*Homicidal Ideations :* No

*Does Patient Have a Plan :* No

*Recent Attempt to Harm Others :* No

*Access to Firearms/Weapons :* No

*History of Danger to others :* No

OWENS , DACHONNE LPN - 1/8/2018 14:52 EST

**CSSRS Short Version - Reassessment**

*CSSRS Reassess Able to Assess :* Yes

*1. Have you wished you were dead or wished you could go to sleep and not wake up? (ref) :* Since last visit, yes

*CSSRS Screen Wish to be Dead ReAsses Details :* fleeting thought, no plan

*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

OWENS , DACHONNE LPN - 1/8/2018 14:52 EST

**Past Psychiatric and Substance Abuse Tx**

Past Psych/Substance Tx

*1. Facility/Outpatient Therapist :* Broughton 1999

*Psychiatric Visit Type :* Inpatient

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 1/8/2018

**Visit #:** 6418614372

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



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**BH Clinical Documentation**

*Dates of Treatment :* 1999 for 72 days

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

OWENS , DACHONNE LPN - 1/8/2018 14:52 EST

*2. Facility/Outpatient Therapist :* Woodridge Hospital in Tennessee

*Psychiatric Visit Type :* Inpatient

*Dates of Treatment :* 4 days

OWENS , DACHONNE LPN - 1/8/2018 14:52 EST

**Social History**

Social History

(As Of: 1/8/2018 14:58:42 EST)

Tobacco:

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day:. (Last Updated: 1/8/2018 14:56:53 EST by OWENS , DACHONNE LPN)

Alcohol:

Denies (Last Updated: 1/8/2018 14:56:56 EST by OWENS , DACHONNE LPN)

Drug Abuse:

Denies (Last Updated: 1/8/2018 14:56:58 EST by OWENS , DACHONNE LPN)

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

*Social History Categories Addressed :* Tobacco, Alcohol, Drug abuse

OWENS , DACHONNE LPN - 1/8/2018 14:52 EST

**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 Practice 2 :* Psychiatrist

*Provider of Record 3 :* None

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 1/8/2018

**Visit #:** 6418614372

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

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Fax:

**BH Clinical Documentation***Provider Practice 3* : Therapist*Provider Comment 3* : declined 01/08/18

OWENS , DACHONNE LPN - 1/8/2018 14:52 EST

**Communications - BH***Patient Agreement Comm BH* : The patient gives oral or written consent for CHS to verbally share his/her health information with the individuals listed below [this includes, but is not limited to, diagnosis, prognosis, medications (dosage and side effects, if any) and progress].*OC Reviewed Contact List* : 1/8/2018 14:52 EST*Consent Valid BH* : This consent will be valid for one year unless revoked prior to expiration. Enter "End Date" for all BH encounters one year after "Date Identified".

OWENS , DACHONNE LPN - 1/8/2018 14:52 EST

**Vitals***Height Actual or Stated?* : Stated/Estimated*Height Documented in (UOM)* : feet/inches*Height* : 181.61 cm*Height Contributor (ft)* : 5 ft*Height Contributor (inches)* : 11.5 inch*Weight Actual or Stated?* : Actual*Clinical Weight Documented in (UOM)* : lbs/oz*Weight* : 108.466 kg*Clinical Weight Contributor (lb)* : 239 lb*Clinical Weight Contributor (oz)* : 2 oz*Body Mass Index* : 32.89 kg/m2*Body Surface Area* : 2.34 m2*Peripheral Pulse Rate* : 107 BPM (HI)*Systolic Blood Pressure* : 116 mmHg*Diastolic Blood Pressure* : 66 mmHg*Blood Pressure Location* : Right arm*Blood Pressure Position* : Sitting*BP Instrument* : Machine*Weight (lbs.)* : 239.13 lb*Height (ft.)* : 5.96 ft

OWENS , DACHONNE LPN - 1/8/2018 14:52 EST

**Pain History***Pain Present* : No

OWENS , DACHONNE LPN - 1/8/2018 14:52 EST

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 1/8/2018**Visit #:** 6418614372**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male





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Fax:

### Vitals View

Recorded Date	1/8/2018	
Recorded Time	14:52 EST	
Recorded By	OWENS ,DACHONNE LPN	
Procedure		Units
Height	181.61	cm
Weight	108.466	kg
BSA	2.34	m2
Body Mass Index	32.89	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Clinical Weight Contributor (lb)	239	lb
Clinical Weight Contributor (oz)	2	oz
Peripheral Pulse Rate	<b>107<sup>H</sup></b>	BPM
Systolic Blood Pressure	116	mmHg
Diastolic Blood Pressure	66	mmHg
Blood Pressure Location	Right arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	No	

Provider: CASTRO ,MANUEL A MD

Date of Service: 1/8/2018

Visit #: 6418614372

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:30 EST

Print ID: 350115772



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**Phone:**

**Fax:**

**Patient Assessment**

**Patient Assessment**

Recorded Date	1/8/2018
Recorded Time	14:52 EST
Recorded By	OWENS ,DACHONNE LPN
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 1/8/2018**

**Visit #: 6418614372**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115772**



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**Fax:**

## Psychosocial

### Psychosocial

	Recorded Date	1/8/2018
	Recorded Time	14:52 EST
	Recorded By	OWENS ,DACHONNE LPN
Procedure	Units	
CSSRS Reassess Able to Assess		Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, yes
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 1/8/2018**

**Visit #: 6418614372**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Fax:**

### Visit Information

#### Visit Information

Recorded Date	1/8/2018	
Recorded Time	14:52 EST	
Recorded By	OWENS ,DACHONNE LPN	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Preferred Communication Mode	Verbal	
Medication Information Obtained From	Patient/family	
Primary Care Provider	BRADNER , RICHARD L MD	
Medication Status	Medication list updated	
Communication Barriers	None	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 1/8/2018**

**Visit #: 6418614372**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Fax:**

### General Admission History

#### General Admission History

Recorded Date	1/8/2018
Recorded Time	14:52 EST
Procedure	
Advance Directive Completed	No or does not know
Advance Directive More Info Requested	No
Recent Travel Outside United States MERS	See Below <sup>T1</sup>
Pregnant	N/A

#### Textual Results

T1: 1/8/2018 14:52 EST (Recent Travel Outside United States MERS)  
No travel/no contact within past 14 days

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 1/8/2018**

**Visit #: 6418614372**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Phone:**

**Fax:**

## Social Habits

### Social Habits

Recorded Date	1/8/2018
Recorded Time	14:52 EST
Procedure	
Do You Want to Stop Using Tobacco?	N/A

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 1/8/2018**

**Visit #: 6418614372**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115772**



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**Fax:**

**TB Screen - Latex Sensitive - Skin Testing**

**TB Screen/Latex Sensitivity/Skin Testing**

Recorded Date	1/8/2018
Recorded Time	14:52 EST
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 1/8/2018**

**Visit #: 6418614372**

**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:**

### **Interdisciplinary and Patient Education**

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

Recorded Date	1/8/2018
Recorded Time	14:58 EST
Recorded By	OWENS ,DACHONNE LPN
Procedure	
Preferred Learning Methods	Discussion, Observing
Barriers to Learning	None evident

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 1/8/2018**

**Visit #: 6418614372**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**





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Fax:

## Behavioral Health

### Behavioral Health

Recorded Date	1/8/2018	
Recorded Time	14:52 EST	
Recorded By	OWENS ,DACHONNE LPN	
Procedure		Units
Presenting Problem	See Below <sup>T1</sup>	
Cultural/Spiritual Practices Impact Tx	No	
Assaultive Ideations	No	
Homicidal Ideations	No	
Does Patient Have a Plan	No	
Recent Attempt to Harm Others	No	
Access to Firearms/Weapons	No	
History of Danger to others	No	

### Textual Results

T1: 1/8/2018 14:52 EST (Presenting Problem)  
follow up and med refill,discussion. fleeting thoughts of not wanting to wake up.

Provider: CASTRO ,MANUEL A MD  
Date of Service: 1/8/2018  
Visit #: 6418614372

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



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### Procedure History

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

**Last Updated**

1/17/2018 05:25 EST

**Procedure Date**

1/8/2018 23:59 EST

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 1/8/2018**

**Visit #: 6418614372**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115772**



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**Phone:**

**Fax:**

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**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 3/6/2018  
**Visit #:** 6421036507

**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**

DOCUMENT NAME:

**PSYCH OMS NP WITH NURSE**

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 6421036507  
Age: **37 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 37-year-old male who presents outpatient medication services for evaluation. His diagnosis is bipolar disorder and ADD and he is currently taking Zyprexa, citalopram, and Adderall. He has been on this combination for several years. The patient has consistently been complaining of low energy with Zyprexa. He also has been having difficulty with concentration, focus and memory for the last year or so. The patient was planning on having some neuropsychological testing but then decided to instead asked his PCP for a referral to a neurologist. He has seen the neurologist x1. Dr. Mandell told him that he believes that his cognitive decline is at least in part due to taking Zyprexa. The patient had already been looking towards getting off the Zyprexa as the side effects continue to be difficult for him. In addition he is worried about his metabolic status. He does state he has been actively trying to moderate his diet and he has lost at least a few pounds since his last visit. He reports his appetite is chronically high. He is sleeping 8-10 hours per night. He denies any thoughts of harming himself or others or any psychosis. He denies any alcohol or drug use. We reviewed his last lab work which was faxed to our facility and indicated a very mild elevation in liver function. I discussed with the patient the risks with Depakote because it is highly metabolized in the liver. Unfortunately, the patient has had several other trials of medications including Geodon, Risperdal, Abilify, Seroquel, Neurontin, lithium and Haldol. The patient believes that the best medication he took previously was Depakote and he is requesting to restart on this medication with stringent monitoring of liver function. He also states that he is going to be having an MRI per his neurologist who is also going to refer him for some neurocognitive testing.

**Review of Systems**

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

**Health Status****Allergies:**Allergic Reactions (All)**Provider: CASTRO ,MANUEL A MD****Date of Service: 3/6/2018****Visit #: 6421036507****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



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Fax:

### Office/Clinic Visit Notes

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), early refill ok, 60 capsule, 0 Refill(s)

Depakote ER 500 mg oral tablet, extended release: See Instructions, 1 tablet in the evening for 1 week. then, 2 tablets in the evening., 60 tablet, 0 Refill(s)

ZyPREXA 5 mg oral tablet: See Instructions, 2 tablets at night for 1 week. then, 1 tablet at night for 1 week. Then, stop., 21 tablet, 0 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)

#### **Problem list:**

No problem items selected or recorded.

#### **Histories**

##### **Past Medical History:**

No active or resolved past medical history items have been selected or recorded.

##### **Family History:**

HYPERTENSION

GM, Maternal

Cancer

Father

GM, Paternal

GF, Paternal

GM, Maternal

##### **Procedure history:**

No active procedure history items have been selected or recorded.

##### **Social History**

#### Social & Psychosocial Habits

##### **Alcohol**

01/08/2018 **Use:** Denies

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 3/6/2018

**Visit #:** 6421036507

**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

#### Drug Abuse

01/08/2018 **Use:** Denies

#### Tobacco

01/08/2018 **Smoking Status:** Never smoker

**# Years Active Cigarette Smoker:** 0

**Avg # Packs Per Day (20 cigs/pack):** 0

#### 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, Perserverative.

Thought process: Perseverating.

Mood and affect: Anxious.

Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts.

Perceptions+: No abnormalities.

Insight: Fair.

Judgment: Fair.

##### VS/Measurements

###### Vital Signs

3/6/2018 9:25 EST	Peripheral Pulse Rate	100 BPM
	Systolic Blood Pressure	125 mmHg
	Diastolic Blood Pressure	84 mmHg
	Blood Pressure Location	Right arm
	BP Instrument	Machine
	Blood Pressure Position	Sitting

, Measurements from flowsheet : Measurements - Standard

3/6/2018 9:25 EST	Height Contributor (ft)	5 ft
	Height Contributor (inches)	11.5 inch
	Clinical Weight Contributor (lb)	237.4 lb

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 3/6/2018

**Visit #:** 6421036507

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



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## Office/Clinic Visit Notes

### Health Maintenance

#### Health Maintenance

##### Pending (in the next year)

###### OverDue

- Diabetes Care - Hgb A1C due 07/19/16 and every 6 month
- Influenza Vaccine due 08/01/17 and every 8 month

###### Due

- Diabetes Care - ACE/ARB Med due 03/06/18 One-time only
- Diabetes Care - Antiplatelet Medications due 03/06/18 One-time only
- Diabetes Care - Foot Exam due 03/06/18 and every 1 year(s)
- Diabetes Care - Microalbumin due 03/06/18 and every 1 year(s)
- Diabetes Care - Retinal Screening due 03/06/18 and every 2 year(s)
- HIV Screening due 03/06/18 One-time only
- Healthy Weight Counseling age 18-64 due 03/06/18 and every 1 year(s)
- Pneumococcal 23 Vaccine due 03/06/18 and every 3 month
- Tdap Vaccine due 03/06/18 One-time only
- Tetanus Vaccine due 03/06/18 and every 10 year(s)

##### Satisfied (in the past 1 year)

There are no satisfied recommendations within the defined date range

### Impression and Plan

#### Dx/Order Association Plan

Psychiatric Diagnoses: Bipolar, ADD; cluster A traits  
Medical Diagnoses: diabetes, elevated cholesterol and triglycerides  
Psychosocial Stressors: work, finances

Summary: Patient wants to get off Zyprexa. Would like to trial Depakote which he states has been helpful in the past. Patient is well aware of the risks versus the benefits to changing his medication. He has fairly good insight and agrees to notify us for any significant changes which would indicate a manic episode.

#### Plan

- 1) Medication: Celexa 20mg daily and Adderall XR 20mg BI. Taper off Zyprexa. Start Depakote ER
- 2) Therapy - Patient is seeing a neurologist and plans to have neuropsych testing
- 3) Labwork Ordered - liver function, CBC, thyroid in 10-14 days
- 4) SA Treatment - Not indicated

Provider: CASTRO ,MANUEL A MD

Date of Service: 3/6/2018

Visit #: 6421036507

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**

- 5) RTC in 3 weeks 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**

**03/06/2018 10:08 AM**

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

**03/07/18 09:27 AM**

---

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/6/2018**

**Visit #: 6421036507**

**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:

**Electronic Orders**

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

Order: <b>Est OV Level 4 -99214</b>		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: 3/6/18 9:55:00 AM EST, Bipolar disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 3/6/2018 09:55 EST	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider: CASTRO ,MANUEL A MD	
Order Details: 03/06/18 9:55:00 EST, Bipolar disorder		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

**Provider: CASTRO ,MANUEL A MD****Date of Service:** 3/6/2018**Visit #:** 6421036507**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:

**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:** 03/06/2018**Phone:** (828) [REDACTED]**Age:** 37 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 regular doctor is:** PENISTON, KATHLEEN KELLY NP**Your doctor or location today:** PENISTON, KATHLEEN KELLY NP**Reason for Visit:****Today's Diagnosis:** Bipolar disorder**Today's Clinical Information:****Height:** 5 ft 11.5 inch**Weight:** 237.4 lb**BMI:** 32.65 kg/m2**Blood Pressure:** 125 mmHg / 84 mmHg**Additional Information:****Allergies:****Provider:** CASTRO, MANUEL A MD**Date of Service:** 3/6/2018**Visit #:** 6421036507**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:

**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 03/06/2018 visit)

No Laboratory and Radiology documented

**Medication Information:**

	<b>New Medicines to take at Home</b>	<b>Prescription</b>	<b>Next Dose Due</b>
1.	<b>divalproex sodium (Depakote ER 500 mg oral tablet, extended release)</b> See Instructions 1 tablet in the evening for 1 week. then, 2 tablets in the evening.	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2860	
2.	<b>OLANZapine (ZyPREXA 5 mg oral tablet)</b> See Instructions 2 tablets at night for 1 week. then, 1 tablet at night for 1 week. Then, stop.	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2860	

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

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 3/6/2018**Visit #:** 6421036507**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:

**Discharge Information - Patient Education**

2.	<b>citalopram (citalopram 20 mg oral tablet)</b> 1 tablet by mouth every day	
3.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> 1 capsule by mouth two times a day early refill ok	
4.	<b>metFORMIN (metFORMIN)</b> See Instructions ORAL	

***These Medicines have been Changed or Stopped*****Medicine has changed. See #2 in New Medications above.****OLANzapine (ZyPREXA 15 mg oral tablet)**

1 tablet by mouth every day

\*This is a list of current information in your Carolinas HealthCare System medical record. It may include information from your visits to other offices or medications you told us were prescribed by other physicians or health care providers. If you have questions about this information, please contact your physician or health care provider.

**Scheduled Appointments:**

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

**Follow Up:****Reminders:**

1. If you have questions about your medicines, please ask your Doctor or a pharmacist.
2. Please bring your medicine list and pill bottles to **all** Doctor visits, medical testing, or if you are going to the ER or Hospital.
3. Remember to discard old medicine lists and update any records.

**Important Phone Numbers:****Poison Control Center 1-800-222-1222****National Suicide Prevention Lifeline 1-800-273-TALK (8255)****Smoking Cessation 1-800-QUIT NOW (1-800-784-8669)****Provider: CASTRO ,MANUEL A MD****Date of Service: 3/6/2018****Visit #: 6421036507****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**

**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: 3/6/2018**  
**Visit #: 6421036507**

**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:

**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:** 3/6/2018 09:30:00

**FIN:** 6421036507

**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:** 3/6/2018

**Visit #:** 6421036507

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:30 EST

**Print ID:** 350115771



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Discharge Information - Patient Education**

**DOCUMENT NAME:**

**Ambulatory Depart Form - Text**

**Ambulatory Depart Form Entered On: 3/6/2018 9:30 EST**  
**Performed On: 3/6/2018 9:30 EST by FEDERMACK , LINDSAY LPN**

**Ambulatory Educational Assessment**

*Identified Learning Needs :* Medications  
*Preferred Learning Methods :* Discussion  
*Barriers to Learning :* None evident

**FEDERMACK , LINDSAY LPN - 3/6/2018 9:30 EST**

**Provider: CASTRO ,MANUEL A MD**  
**Date of Service: 3/6/2018**  
**Visit #: 6421036507**

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

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115771**



**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: 3/6/2018 9:56 EST**

**Performed On: 3/6/2018 9:56 EST by PENISTON , KATHLEEN KELLY NP**

**Response to Education**

*Response to Teaching :* Attentive and verbalizes understanding

**PENISTON , KATHLEEN KELLY NP - 3/6/2018 9:56 EST**

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/6/2018**

**Visit #: 6421036507**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115771**





**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Patient Questionnaires**

---

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/6/2018**

**Visit #: 6421036507**

**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

237.4

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

☐ Well☐ Fairly well☒ Poorly – explain: Neurologist says zyprexa causing issues

2. At today's appointment, I want:

☐ Just to have my medications refilled.☒ To have a medication change – explain: need to get off zyprexa

3. I am having medication side effects.

☒ Yes – explain: same as always + cognitive issues☐ 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. get off zyprexaSignature of Person Completing Form: WLBDate: 3/6/2018

\*If other than patient, give relationship: \_\_\_\_\_

For Staff Only:

Form reviewed by: MAADate: 3/6/18 Time: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_



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



Rev. 08/21/09

WILLIAMS, LEONARD CLINTON\*  
CSN: 6421036507 FAC: H  
MRN: 0000642066 Adm Date: 3/6/2018  
DOB: 11/01/1980 (37 yrs) Male  
Att Phy: 15273 PENISTON CNS, KATHL\*



**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

**BH Clinical Documentation**

DOCUMENT NAME:

**Outpatient Medication Clinic Initial - BH Entered On: 3/6/2018 9:30 EST**  
**Performed On: 3/6/2018 9:25 EST by FEDERMACK , LINDSAY LPN**

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

FEDERMACK , LINDSAY LPN - 3/6/2018 9:25 EST

**Allergies**

(As Of: 3/6/2018 09:30:03 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:* 3/6/2018 9:26  
EST

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

FEDERMACK , LINDSAY LPN - 3/6/2018 9:25 EST

**Med List***Medication Information Obtained From :* Patient/family, Patient's prior records*Medication Status :* Medication list updated*Confirmation of Medication Reconciliation :* Yes

FEDERMACK , LINDSAY LPN - 3/6/2018 9:25 EST

Medication List

(As Of: 3/6/2018 09:30:03 EST)

*Prescription/Discharge Order*

citalopram

*:* citalopram ; *Status:* Prescribed ; *Ordered As Mnemonic:*  
citalopram 20 mg oral tablet ; *Simple Display Line:* 20 mg, 1  
tablet, ORAL, Daily, for 30 day(s), 30 tablet, 3 Refill(s) ; *Ordering*  
*Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:*  
citalopram ; *Order Dt/Tm:* 1/8/2018 15:19:18

**Provider: CASTRO ,MANUEL A MD****Date of Service:** 3/6/2018**Visit #:** 6421036507**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH BH Charlotte OMS Medication**

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Fax:

**BH Clinical Documentation**

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:* 1/8/2018 15:19:20

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), early refill ok, 60 capsule, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP ; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 1/8/2018 15:20:52

*Home Meds*  
APAP/ASA/caffeine : APAP/ASA/caffeine ; *Status:* Documented ; *Ordered As Mnemonic:* Goodys Extra Strength ; *Simple Display Line:* See Instructions, 1 packet as needed ; *Catalog Code:* acetaminophen/aspirin/caffeine ; *Order Dt/Tm:* 11/3/2011 16:02:16

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:* Deleted ; *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:* 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:* 7/19/2016 13:46:14

**Provider: CASTRO ,MANUEL A MD****Date of Service:** 3/6/2018**Visit #:** 6421036507**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****General Admission Information***Legal Guardian :* No*Information Given By :* Patient*Cultural/Spiritual Practices Impact Tx :* No*Presenting Problem :* Med management - Pt reports having occasional thoughts about wanting to go to sleep and not wake up, but states he wants to live - Pt states his neurologist believes the zyprexa is causing his cognitive issues and would like to d/c zyprexa and start something else -

FEDERMACK , LINDSAY LPN - 3/6/2018 9:25 EST

**Advance Directives***Advance Directive Documents in EMR RTF :* No Advance Directive documents available.*Advance Directive Completed :* No or does not know*Reason No Living Will or POA :* Unable/did not wish to name surrogate decision maker*Advance Directive More Info Requested :* No

FEDERMACK , LINDSAY LPN - 3/6/2018 9:25 EST

**Risk for Harm to Others***Assaultive Ideations :* No*Homicidal Ideations :* No*Does Patient Have a Plan :* No*Recent Attempt to Harm Others :* No*Access to Firearms/Weapons :* No

FEDERMACK , LINDSAY LPN - 3/6/2018 9:25 EST

**CSSRS Short Version - Reassessment***CSSRS Reassess Able to Assess :* Yes*1. Have you wished you were dead or wished you could go to sleep and not wake up? (ref) :* Since last visit, yes*CSSRS Screen Wish to be Dead ReAsses Details :* "I get that feeling, but I still want to live; more of a stress reaction."*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

FEDERMACK , LINDSAY LPN - 3/6/2018 9:25 EST

**Social History**Social History

(As Of: 3/6/2018 09:30:03 EST)

Tobacco:

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day:. (Last  
Updated: 1/8/2018 14:56:53 EST by OWENS , DACHONNE  
LPN)

Alcohol:

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 3/6/2018**Visit #:** 6421036507**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:

**BH Clinical Documentation**

Denies (Last Updated: 1/8/2018 14:56:56 EST by OWENS ,  
DACHONNE LPN)

Drug Abuse:

Denies (Last Updated: 1/8/2018 14:56:58 EST by OWENS ,  
DACHONNE LPN)

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

Social History Categories Addressed : Tobacco, Alcohol, Drug abuse

FEDERMACK , LINDSAY LPN - 3/6/2018 9:25 EST

**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 Practice 2 : Psychiatrist

Provider of Record 3 : None

Provider Practice 3 : Therapist

Provider Comment 3 : declined 01/08/18

FEDERMACK , LINDSAY LPN - 3/6/2018 9:25 EST

**Vitals**

Height Documented in (UOM) : feet/inches

Height : 181.61 cm

Height Contributor (ft) : 5 ft

Height Contributor (inches) : 11.5 inch

Weight Actual or Stated? : Actual

Clinical Weight Documented in (UOM) : lbs/oz

Weight : 107.684 kg

Clinical Weight Contributor (lb) : 237.4 lb

Body Mass Index : 32.65 kg/m2

Body Surface Area : 2.33 m2

Peripheral Pulse Rate : 100 BPM

Systolic Blood Pressure : 125 mmHg

Diastolic Blood Pressure : 84 mmHg

Blood Pressure Location : Right arm

**Provider: CASTRO ,MANUEL A MD****Date of Service: 3/6/2018****Visit #: 6421036507****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**

*Blood Pressure Position :* Sitting

*BP Instrument :* Machine

*Weight (lbs.) :* 237.4 lb

*Height (ft.) :* 5.96 ft

**Pain History**

*Pain Present :* No

FEDERMACK , LINDSAY LPN - 3/6/2018 9:25 EST

FEDERMACK , LINDSAY LPN - 3/6/2018 9:25 EST

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 3/6/2018

**Visit #:** 6421036507

**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:**

**Vitals View**

Recorded Date	3/6/2018	
Recorded Time	09:25 EST	
Recorded By	FEDERMACK ,LINDSAY LPN	
Procedure		Units
Height	181.61	cm
Weight	107.684	kg
BSA	2.33	m2
Body Mass Index	32.65	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Clinical Weight Contributor (lb)	237.4	lb
Peripheral Pulse Rate	100	BPM
Systolic Blood Pressure	125	mmHg
Diastolic Blood Pressure	84	mmHg
Blood Pressure Location	Right arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	No	

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/6/2018**

**Visit #: 6421036507**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115771**





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**Charlotte, NC 28211-**

**Phone:**

**Fax:**

### Patient Assessment

#### Patient Assessment

Recorded Date	3/6/2018
Recorded Time	09:25 EST
Recorded By	FEDERMACK ,LINDSAY LPN
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 3/6/2018

**Visit #:** 6421036507

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:30 EST

**Print ID:** 350115771



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**Charlotte, NC 28211-**

**Phone:**

**Fax:**

## Psychosocial

### Psychosocial

	Recorded Date	3/6/2018
	Recorded Time	09:25 EST
	Recorded By	FEDERMACK ,LINDSAY LPN
Procedure	Units	
CSSRS Reassess Able to Assess		Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, yes
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/6/2018**

**Visit #: 6421036507**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115771**

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501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

**Visit Information****Visit Information**

Recorded Date	3/6/2018	
Recorded Time	09:25 EST	
Recorded By	FEDERMACK ,LINDSAY LPN	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Medication Information Obtained From	See Below <sup>T1</sup>	
Primary Care Provider	BRADNER , RICHARD L MD	
Medication Status	Medication list updated	
Weight Actual or Stated?	Actual	

**Textual Results**

T1: 3/6/2018 09:25 EST (Medication Information Obtained From)  
Patient/family, Patient's prior records

**Provider: CASTRO ,MANUEL A MD****Date of Service:** 3/6/2018**Visit #:** 6421036507**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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**Phone:**

**Fax:**

### General Admission History

#### General Admission History

Recorded Date	3/6/2018
Recorded Time	09:25 EST
Procedure	
Advance Directive Completed	No or does not know
Advance Directive More Info Requested	No
Recent Travel Outside United States MERS	See Below <sup>T1</sup>
Pregnant	N/A

#### Textual Results

T1: 3/6/2018 09:25 EST (Recent Travel Outside United States MERS)  
No travel/no contact within past 14 days

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/6/2018**

**Visit #: 6421036507**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Phone:**

**Fax:**

## Social Habits

### Social Habits

Recorded Date	3/6/2018
Recorded Time	09:25 EST
Procedure	
Do You Want to Stop Using Tobacco?	N/A

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/6/2018**

**Visit #: 6421036507**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115771**



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**Phone:**

**Fax:**

**TB Screen - Latex Sensitive - Skin Testing**

**TB Screen/Latex Sensitivity/Skin Testing**

Recorded Date	3/6/2018
Recorded Time	09:25 EST
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/6/2018**

**Visit #: 6421036507**

**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	3/6/2018
Recorded Time	09:30 EST
Recorded By	FEDERMACK ,LINDSAY LPN
Procedure	
Preferred Learning Methods	Discussion
Barriers to Learning	None evident

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/6/2018**

**Visit #: 6421036507**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115771**

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

**Behavioral Health****Behavioral Health**

Recorded Date	3/6/2018
Recorded Time	09:25 EST
Recorded By	FEDERMACK ,LINDSAY LPN
Procedure	Units
Presenting Problem	See Below <sup>T1</sup>
Cultural/Spiritual Practices Impact Tx	No
Assaultive Ideations	No
Homicidal Ideations	No
Does Patient Have a Plan	No
Recent Attempt to Harm Others	No
Access to Firearms/Weapons	No

**Textual Results**

T1: 3/6/2018 09:25 EST (Presenting Problem)

Med management - Pt reports having occasional thoughts about wanting to go to sleep and not wake up, but states he wants to live - Pt states his neurologist believes the zyprexa is causing his cognitive issues and would like to d/c zyprexa and start something else -

**Provider: CASTRO ,MANUEL A MD****Date of Service: 3/6/2018****Visit #: 6421036507****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**





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**Phone:**

**Fax:**

### Procedure History

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

**Last Updated**

3/13/2018 05:25 EDT

**Procedure Date**

3/6/2018 23:59 EST

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/6/2018**

**Visit #: 6421036507**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115771**



---

Admit Date: 3/20/2018 08:50 EDT  
Disch Date: 3/20/2018 23:59 EDT  
Admitting:  
Attending: PENISTON ,KATHLEEN KELLY NP  
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 3714274 Acct#: 6421759779  
DOB: 11/1/1980 Age: 37 years Sex: Male  
Location: CMC Randolph Behavioral Health OMS  
Print ID: 367579484

## Medication Compliance Status

### Admission Medication Reconciliation

#### Med Name

acetaminophen/aspirin/caffeine (Goodys Extra Strength)

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

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

Still taking, as prescribed

OLANzapine (ZyPREXA 5 mg oral tablet)

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

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

citalopram (citalopram 20 mg oral tablet)

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

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

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

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

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

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

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

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

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

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

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

metFORMIN (metFORMIN)

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

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

Still taking, as prescribed

Admit Date: 3/20/2018 08:50 EDT  
Disch Date: 3/20/2018 23:59 EDT  
Admitting:  
Attending: PENISTON ,KATHLEEN KELLY NP  
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 3714274 Acct#: 6421759779  
DOB: 11/1/1980 Age: 37 years Sex: Male  
Location: CMC Randolph Behavioral Health OMS  
Print ID: 367579484

## Hematology

**Accession Number:** T9934550

**Orderable Name:** CBC with Differential **Collected Date/Time:** 3/20/2018 08:59 EDT **Result Date/Time:** 3/20/2018 16:19 EDT

Procedure	Result	Units	Reference Range
WBC	6.9 <sup>*1</sup>	10 <sup>3</sup> /uL	[3.6-10.4]
RBC	5.50 <sup>*1</sup>	10 <sup>6</sup> /uL	[4.16-5.83]
HGB	17.1 <sup>*1</sup>	g/dL	[13.0-17.4]
HCT	51 <sup>*1</sup>	%	[39-52]
MCV	92 <sup>*1</sup>	fL	[82-99]
MCH	31 <sup>*1</sup>	pg	[27-34]
MCHC	34 <sup>*1</sup>	g/dL	[32-35]
RDW	12.9 <sup>*1</sup>	%	[12.5-15.7]
Platelet	295 <sup>*1</sup>	10 <sup>3</sup> /uL	[142-328]
MPV	8.5 <sup>*1</sup>	fL	[6.9-11.6]
Diff Type	AUTOMATED <sup>*1</sup>		
Absolute Neut	2.70 <sup>*1</sup>	10 <sup>3</sup> /uL	[1.60-7.71]
Absolute Lymph	2.70 <sup>*1</sup>	10 <sup>3</sup> /uL	[1.05-3.20]
Absolute Mono	<b>1.10</b> <sup>H *1</sup>	10 <sup>3</sup> /uL	[0.20-0.90]
Absolute EOS	0.40 <sup>*1</sup>	10 <sup>3</sup> /uL	[0.00-0.50]
Absolute Basos	0.00 <sup>*1</sup>	10 <sup>3</sup> /uL	[0.00-0.11]
Neutrophils	39 <sup>*1</sup>	%	
Lymph	40 <sup>*1</sup>	%	
Monocytes	15 <sup>*1</sup>	%	
Eosinophils	6 <sup>*1</sup>	%	
Basophils	0 <sup>*1</sup>	%	

### 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-

Admit Date: 3/20/2018 08:50 EDT  
 Disch Date: 3/20/2018 23:59 EDT  
 Admitting:  
 Attending: PENISTON ,KATHLEEN KELLY NP  
 Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON  
 MRN: 3714274 Acct#: 6421759779  
 DOB: 11/1/1980 Age: 37 years Sex: Male  
 Location: CMC Randolph Behavioral Health OMS  
 Print ID: 367579484

## Chemistry

Accession Number: T9934550

Orderable Name: Hepatic Function Panel A	Collected Date/Time: 3/20/2018 08:59 EDT	Result Date/Time: 3/20/2018 17:33 EDT
--	--	---------------------------------------

Procedure	Result	Units	Reference Range
Albumin Level	4.4 <sup>*1</sup>	g/dL	[3.5-5.7]
Total Protein	8.0 <sup>*1</sup>	g/dL	[6.6-8.3]
Total Bilirubin	1.1 <sup>H *1</sup>	mg/dL	[0.3-1.0]
Direct Bilirubin	0.3 <sup>H *1</sup>	mg/dL	[0.0-0.2]
Alk Phosphatase	60 <sup>*1</sup>	[IU]/L	[34-104]
ALT	51 <sup>*1</sup>	[IU]/L	[7-52]
AST	29 <sup>*1</sup>	[IU]/L	[13-39]

Orderable Name: TSH	Collected Date/Time: 3/20/2018 08:59 EDT	Result Date/Time: 3/20/2018 17:39 EDT
---------------------	--	---------------------------------------

Procedure	Result	Units	Reference Range
TSH	3.216 <sup>R1 *1</sup>	u[IU]/mL	[0.300-4.500]

### Result Comments

R1: TSH

The testing method is an immunoassay manufactured by Beckman Coulter Inc. Values obtained with different assay methods may be different and cannot be used interchangeably.

### 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-

Admit Date: 3/20/2018 08:50 EDT  
Disch Date: 3/20/2018 23:59 EDT  
Admitting:  
Attending: PENISTON ,KATHLEEN KELLY NP  
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 3714274 Acct#: 6421759779  
DOB: 11/1/1980 Age: 37 years Sex: Male  
Location: CMC Randolph Behavioral Health OMS  
Print ID: 367579484

## Electronic Orders

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

<b>Order: Hepatic Function Panel A</b>		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: Blood, 3/20/18 8:59:00 AM EDT, Routine collect, Once, Stop date 3/20/18 5:33:57 PM EDT, Bipolar disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 3/6/2018 09:55 EST	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider: CASTRO ,MANUEL A MD	
Order Details: Blood, 03/06/18 9:55:00 EST, Routine collect, Once, Stop date 03/06/18 9:55:00 EST, Bipolar disorder		
Review Information:		
Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 3/26/2018 22:51 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Activate	Action Date/Time: 3/20/2018 08:59 EDT	Entered By: FREGOZO ,GINA
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:	
Order Details: Blood, 03/20/18 8:59:00 EDT, Routine collect, Once, Stop date 03/20/18 8:59:00 EDT, Bipolar disorder		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 3/20/2018 15:36 EDT	Entered By: CONTRIBUTOR_SYSTEM, MISYS
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:	
Order Details: Blood, 03/20/18 8:59:00 EDT, Routine collect, Once, Stop date 03/20/18 8:59:00 EDT, Bipolar disorder		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Complete	Action Date/Time: 3/20/2018 17:33 EDT	Entered By: SYSTEM
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:	
Order Details: Blood, 03/20/18 8:59:00 EDT, Routine collect, Once, Stop date 03/20/18 8:59:00 EDT, Bipolar disorder		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Admit Date: 3/20/2018 08:50 EDT  
Disch Date: 3/20/2018 23:59 EDT  
Admitting:  
Attending: PENISTON ,KATHLEEN KELLY NP  
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 3714274 Acct#: 6421759779  
DOB: 11/1/1980 Age: 37 years Sex: Male  
Location: CMC Randolph Behavioral Health OMS  
Print ID: 367579484

## Electronic Orders

Order: **TSH**

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

Electronically Signed By: PENISTON ,KATHLEEN KELLY NP

Order Details: Blood, 3/20/18 8:59:00 AM EDT, Routine collect, Once, Stop date 3/20/18 5:39:23 PM EDT, Bipolar disorder

Order Comment:

Action Type: Order	Action Date/Time: 3/6/2018 09:55 EST	Entered By: PENISTON ,KATHLEEN KELLY NP
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Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider: CASTRO ,MANUEL A MD
--	---

Order Details: Blood, 03/06/18 9:55:00 EST, Routine collect, Once, Stop date 03/06/18 9:55:00 EST, Bipolar disorder

Review Information:

Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 3/26/2018 22:51 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Activate	Action Date/Time: 3/20/2018 08:59 EDT	Entered By: FREGOZO ,GINA
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Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:
--	-----------------------

Order Details: Blood, 03/20/18 8:59:00 EDT, Routine collect, Once, Stop date 03/20/18 8:59:00 EDT, Bipolar disorder

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change	Action Date/Time: 3/20/2018 15:36 EDT	Entered By: CONTRIBUTOR_SYSTEM, MISYS
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Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:
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Order Details: Blood, 03/20/18 8:59:00 EDT, Routine collect, Once, Stop date 03/20/18 8:59:00 EDT, Bipolar disorder

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Complete	Action Date/Time: 3/20/2018 17:39 EDT	Entered By: SYSTEM
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Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:
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Order Details: Blood, 03/20/18 8:59:00 EDT, Routine collect, Once, Stop date 03/20/18 8:59:00 EDT, Bipolar disorder

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 3/20/2018 08:50 EDT

Disch Date: 3/20/2018 23:59 EDT

Admitting:

Attending: PENISTON ,KATHLEEN KELLY NP

Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON

MRN: 3714274 Acct#: 6421759779

DOB: 11/1/1980 Age: 37 years Sex: Male

Location: CMC Randolph Behavioral Health OMS

Print ID: 367579484

## Electronic Orders

<b>Order: CBC with Differential</b>		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: Blood, 3/20/18 8:59:00 AM EDT, Routine collect, Once, Stop date 3/20/18 4:19:56 PM EDT, Bipolar disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 3/6/2018 09:55 EST	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider: CASTRO ,MANUEL A MD	
Order Details: Blood, 03/06/18 9:55:00 EST, Routine collect, Once, Stop date 03/06/18 9:55:00 EST, Bipolar disorder		
Review Information:		
Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 3/26/2018 22:51 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Activate	Action Date/Time: 3/20/2018 08:59 EDT	Entered By: FREGOZO ,GINA
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:	
Order Details: Blood, 03/20/18 8:59:00 EDT, Routine collect, Once, Stop date 03/20/18 8:59:00 EDT, Bipolar disorder		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 3/20/2018 15:36 EDT	Entered By: CONTRIBUTOR_SYSTEM, MISYS
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:	
Order Details: Blood, 03/20/18 8:59:00 EDT, Routine collect, Once, Stop date 03/20/18 8:59:00 EDT, Bipolar disorder		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Complete	Action Date/Time: 3/20/2018 16:19 EDT	Entered By: SYSTEM
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:	
Order Details: Blood, 03/20/18 8:59:00 EDT, Routine collect, Once, Stop date 03/20/18 8:59:00 EDT, Bipolar disorder		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Admit Date: 3/20/2018 08:50 EDT  
 Disch Date: 3/20/2018 23:59 EDT  
 Admitting:  
 Attending: PENISTON ,KATHLEEN KELLY NP  
 Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON  
 MRN: 3714274 Acct#: 6421759779  
 DOB: 11/1/1980 Age: 37 years Sex: Male  
 Location: CMC Randolph Behavioral Health OMS  
 Print ID: 367579484



## Allergy History

Substance **No known allergies**

Recorded Date/Time

11/3/2011 16:19 EDT

**Allergy Type** Allergy; **Recorded On Behalf Of** FERRARO,NICHOLAS P RN; **Reaction Status** Active; **Reviewed Date/Time** 2/4/2020 14:15 EST; **Reviewed By** ELMORE , SHANELLE LPN;

Admit Date: 3/20/2018 08:50 EDT  
Disch Date: 3/20/2018 23:59 EDT  
Admitting:  
Attending: PENISTON ,KATHLEEN KELLY NP  
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 3714274 Acct#: 6421759779  
DOB: 11/1/1980 Age: 37 years Sex: Male  
Location: CMC Randolph Behavioral Health OMS  
Print ID: 367579484



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

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**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 3/27/2018  
**Visit #:** 6421214440

**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: 6421214440  
Age: **37 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 37-year-old male who presents outpatient medication services for evaluation. His diagnoses are bipolar disorder and ADD and at his last visit we tapered him off of Zyprexa and started Depakote. He was continued on Celexa and Adderall. The patient states that he improved considerably coming off of the Zyprexa with respect to his energy level and cognition. In fact he reports he did very well up until he discontinued Zyprexa altogether. He then went a few days without sleep and has since resumed taking Zyprexa 15 mg at bedtime because that is the only dosage he had on hand. The patient reports that his appetite is fine. Energy and concentration improved when he tapered off Zyprexa. It has declined since he had to restart on the Zyprexa. Patient denies any thoughts of harming herself or others or any psychosis. He denies any alcohol or drug use. Patient's recent lab work showing elevated bilirubin (slightly). He is instructed to follow up with his primary care provider. Discussed that bilirubin can some times be indicative of problems with the liver which is something we need to consider as we move forward on the Depakote. No Depakote level was completed when he initially had his lab work. The patient denies thoughts of harming himself or others or any psychosis. He denies any alcohol or drug use. Today we discussed options moving forward with medication.

**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:** CASTRO ,MANUEL A MD**Date of Service:** 3/27/2018**Visit #:** 6421214440**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), early refill ok, 60 capsule, 0 Refill(s)

Depakote ER 500 mg oral tablet, extended release: 1,000 mg, 2 tablet, ORAL, qPM (once a day in the evening), for 30 day(s), 60 tablet, 0 Refill(s)

ZyPREXA 5 mg oral tablet: 5 mg, 1 tablet, ORAL, qHS (each night at bedtime), 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, 1 Refill(s)

Documented Medications

*Documented*

Goodys Extra Strength: See Instructions, 1 packet as needed

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

**Problem list:**

No problem items selected or recorded.

**Histories**

**Past Medical History:**

No active or resolved past medical history items have been selected or recorded.

**Family History:**

HYPERTENSION

GM, Maternal

Cancer

Father

GM, Paternal

GF, Paternal

GM, Maternal

**Procedure history:**

No active procedure history items have been selected or recorded.

**Social History**

Social & Psychosocial Habits

**Alcohol**

01/08/2018 Use: Denies

**Drug Abuse**

01/08/2018 Use: Denies

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 3/27/2018

**Visit #:** 6421214440

**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

### Tobacco

01/08/2018 **Smoking Status:** Never smoker

**# Years Active Cigarette Smoker:** 0

**Avg # Packs Per Day (20 cigs/pack):** 0

### 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: Rapid, Overproductive, Perseverative.

Thought process: Perseverating.

Mood and affect: Anxious.

Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts.

Perceptions+: No abnormalities.

Insight: Fair.

Judgment: Fair.

#### VS/Measurements

##### Vital Signs

3/27/2018 9:29 EDT

##### Peripheral Pulse Rate

**107 BPM HI**

Systolic Blood Pressure

113 mmHg

##### Diastolic Blood Pressure

**53 mmHg LOW**

Blood Pressure Location

Left arm

BP Instrument

Machine

Blood Pressure Position

Sitting

, Measurements from flowsheet : Measurements - Standard

3/27/2018 9:29 EDT

Height Contributor (ft)

5 ft

Height Contributor (inches)

11.5 inch

Clinical Weight Contributor (lb)

237 lb

Clinical Weight Contributor (oz)

6 oz

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 3/27/2018

**Visit #:** 6421214440

**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:

## Office/Clinic Visit Notes

### Health Maintenance

#### Health Maintenance

##### Pending (in the next year)

###### OverDue

- Diabetes Care - Hgb A1C due 07/19/16 and every 6 month

Influenza Vaccine due 08/01/17 and every 8 month

###### Due

Diabetes Care - ACE/ARB Med due 03/27/18 One-time only

Diabetes Care - Antiplatelet Medications due 03/27/18 One-time only

Diabetes Care - Foot Exam due 03/27/18 and every 1 year(s)

Diabetes Care - Microalbumin due 03/27/18 and every 1 year(s)

Diabetes Care - Retinal Screening due 03/27/18 and every 2 year(s)

HIV Screening due 03/27/18 One-time only

Healthy Weight Counseling age 18-64 due 03/27/18 and every 1 year(s)

Pneumococcal 23 Vaccine due 03/27/18 and every 3 month

Tdap Vaccine due 03/27/18 One-time only

Tetanus Vaccine due 03/27/18 and every 10 year(s)

##### Satisfied (in the past 1 year)

There are no satisfied recommendations within the defined date range

### Impression and Plan

#### Dx/Order Association Plan

Psychiatric Diagnoses: Bipolar, ADD; cluster A traits

Medical Diagnoses: diabetes, elevated cholesterol and triglycerides

Psychosocial Stressors: work, finances

Summary: The patient states that he noticed an improvement in his overall energy level and cognition when he went off of the Zyprexa but when he finally discontinued it altogether he could not sleep at night and since has had to resume Zyprexa 15 mg at bedtime. He is still very committed to wanting to come off of Zyprexa. We do not have a current Depakote level. Bilirubin was slightly elevated though LFTs were within normal limits. Plan is to resume Zyprexa 5 mg at bedtime, continue Depakote ER 1000 mg in the evening and have Depakote level drawn. Patient to return in 3 weeks and can consider increasing dose of Depakote if not yet within the therapeutic range.

Plan

Provider: CASTRO ,MANUEL A MD

Date of Service: 3/27/2018

Visit #: 6421214440

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

- 1) Medication: Celexa 20mg daily and Adderall XR 20mg BID, Restart Zyprexa 5mg QHS. Cont. Depakote ER1000mg QPM.
- 2) Therapy - Patient is seeing a neurologist and plans to have neuropsych testing
- 3) Labwork Ordered - Depakote level
- 4) SA Treatment - Not indicated
- 5) RTC in 3 weeks 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**

**03/27/2018 11:01 AM**

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

**04/03/18 09:35 AM**

**Electronically Signed By: PENISTON, KATHLEEN KELLY NP**

**04/17/18 09:57 AM**

---

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/27/2018**

**Visit #: 6421214440**

**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**

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

Order: <b>Est OV Level 4 -99214</b>		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: 3/27/18 9:52:00 AM EDT, Bipolar disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 3/27/2018 09:52 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider: CASTRO ,MANUEL A MD	
Order Details: 03/27/18 9:52:00 EDT, Bipolar disorder		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 3/27/2018  
**Visit #:** 6421214440

**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:** 03/27/2018**Phone:** (828) [REDACTED]**Age:** 37 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 regular doctor is:** CASTRO, MANUEL A MD**Your doctor or location today:** PENISTON, KATHLEEN KELLY NP**Reason for Visit:****Today's Diagnosis:** Bipolar disorder**Today's Clinical Information:****Height:** 5 ft 11.5 inch**Weight:** 237 lb 6 oz**BMI:** 32.65 kg/m2**Blood Pressure:** 113 mmHg / 53 mmHg**Additional Information:****Allergies:****Provider:** CASTRO, MANUEL A MD**Date of Service:** 3/27/2018**Visit #:** 6421214440**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 03/27/2018 visit)

No Laboratory and Radiology documented

**Medication Information:**

	<b>New Medicines to take at Home</b>	<b>Prescription</b>	<b>Next Dose Due</b>
1.	<b>citalopram (citalopram 20 mg oral tablet)</b> 1 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2792	
2.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> 1 capsule by mouth two times a day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2792	
3.	<b>divalproex sodium (Depakote ER 500 mg oral tablet, extended release)</b> 2 tablet by mouth once a day in the evening	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2792	

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 3/27/2018**Visit #:** 6421214440**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**

4.	<b>OLANzapine (ZyPREXA 5 mg oral tablet)</b> 1 tablet by mouth each night at bedtime	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2792	
----	---	---	--

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

***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 #4 in New Medications above.****OLANzapine (ZyPREXA 5 mg oral tablet)**

See Instructions 2 tablets at night for 1 week. then, 1 tablet at night for 1 week. Then, stop.

\*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: 3/27/2018****Visit #: 6421214440****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: 3/27/2018**

**Visit #: 6421214440**

**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:** 3/27/2018 09:30:00

**FIN:** 6421214440

**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:** 3/27/2018

**Visit #:** 6421214440

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:30 EST

**Print ID:** 350115770



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Discharge Information - Patient Education**

**DOCUMENT NAME:**

**Ambulatory Depart Form - Text**

**Ambulatory Depart Form Entered On: 3/27/2018 9:33 EDT**

**Performed On: 3/27/2018 9:33 EDT by LACY , SARAH LPN**

**Ambulatory Educational Assessment**

*Identified Learning Needs :* Medications

*Preferred Learning Methods :* Discussion

*Barriers to Learning :* None evident

**LACY , SARAH LPN - 3/27/2018 9:33 EDT**

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/27/2018**

**Visit #: 6421214440**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115770**



**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: 3/27/2018 9:53 EDT**

**Performed On: 3/27/2018 9:53 EDT by PENISTON , KATHLEEN KELLY NP**

**Response to Education**

*Response to Teaching :* Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 3/27/2018 9:53 EDT

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/27/2018**

**Visit #: 6421214440**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115770**



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Patient Questionnaires**

---

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/27/2018**

**Visit #: 6421214440**

**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

237.6

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

☐ Well☐ Fairly well☒ Poorly - explain: terrible side effects on zyprexa

2. At today's appointment, I want:

☐ Just to have my medications refilled.☒ To have a medication change - explain: ~~zyprexa~~ can't sleep

3. I am having medication side effects.

☒ Yes - explain: see above☐ 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: had to take 15mg zyprexa to sleep

6. Questions or concerns I want to discuss today: medication

Signature of Person Completing Form: [Signature]

Date: 3/27/2018

\*If other than patient, give relationship: \_\_\_\_\_

For Staff Only:

Form reviewed by: [Signature]

Date: 3/26/18 Time: 0925

Date: 3-26-18 Time: 0938



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



Rev. 05 21 09

WILLIAMS, LEONARD CLINTON\*

CSN: 6421214440 FAC: H

MRN: 0000642066 Adm Date: 3/27/2018

DOB: 11/01/1980 (37 yrs) Male

Att Phy: 27815 CASTRO, MANUEL A

Pati:

Det:

Medical Record #



**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

**BH Clinical Documentation**

DOCUMENT NAME:

**Outpatient Medication Clinic Initial - BH Entered On: 3/27/2018 9:33 EDT  
Performed On: 3/27/2018 9:29 EDT by LACY , SARAH LPN**

**Travel History**

*Pregnant :* N/A

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

LACY , SARAH LPN - 3/27/2018 9:29 EDT

**Allergies**

(As Of: 3/27/2018 09:33:08 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:* 3/27/2018 9:29 EDT

*Latex Allergy :* No

*Spina Bifida :* No

*Denies Latex Signs Symptoms :* Yes

*Pregnancy Status :* N/A

LACY , SARAH LPN - 3/27/2018 9:29 EDT

**Med List**

*Confirmation of Medication Reconciliation :* Yes

LACY , SARAH LPN - 3/27/2018 9:29 EDT

Medication List

(As Of: 3/27/2018 09:33:08 EDT)

*Prescription/Discharge Order*

citalopram

*:* citalopram ; *Status:* Prescribed ; *Ordered As Mnemonic:* citalopram 20 mg oral tablet ; *Simple Display Line:* 20 mg, 1 tablet, ORAL, Daily, for 30 day(s), 30 tablet, 3 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* citalopram ; *Order Dt/Tm:* 1/8/2018 15:19:18

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/27/2018**

**Visit #: 6421214440**

**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**

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), early refill ok, 60 capsule, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP ; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 1/8/2018 15:20:52

divalproex sodium : divalproex sodium ; *Status:* Prescribed ; *Ordered As Mnemonic:* Depakote ER 500 mg oral tablet, extended release ; *Simple Display Line:* See Instructions, 1 tablet in the evening for 1 week. then, 2 tablets in the evening., 60 tablet, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP ; *Catalog Code:* divalproex sodium ; *Order Dt/Tm:* 3/6/2018 09:53:14

OLANzapine : OLANzapine ; *Status:* Prescribed ; *Ordered As Mnemonic:* ZyPREXA 5 mg oral tablet ; *Simple Display Line:* See Instructions, 2 tablets at night for 1 week. then, 1 tablet at night for 1 week. Then, stop., 21 tablet, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP ; *Catalog Code:* OLANzapine ; *Order Dt/Tm:* 3/6/2018 09:51:48

*Home Meds*  
APAP/ASA/cafeine : APAP/ASA/cafeine ; *Status:* Documented ; *Ordered As Mnemonic:* Goodys Extra Strength ; *Simple Display Line:* See Instructions, 1 packet as needed ; *Catalog Code:* acetaminophen/aspirin/cafeine ; *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

**General Admission Information**

**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 3/27/2018  
**Visit #:** 6421214440

**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**

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

LACY , SARAH LPN - 3/27/2018 9:29 EDT

**Communication**

Preferred Communication Mode : Verbal  
Communication Barriers : None  
Preferred Language for Healthcare : English

LACY , SARAH LPN - 3/27/2018 9:29 EDT

**Advance Directives**

Advance Directive Documents in EMR RTF : No Advance Directive documents available.

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

LACY , SARAH LPN - 3/27/2018 9:29 EDT

**Risk for Harm to Others**

Assaultive Ideations : No  
Homicidal Ideations : No  
Does Patient Have a Plan : No  
Recent Attempt to Harm Others : No  
Access to Firearms/Weapons : No  
History of Danger to others : No

LACY , SARAH LPN - 3/27/2018 9:29 EDT

**CSSRS Short Version - Reassessment**

CSSRS Reassess Able to Assess : Yes

1. Have you wished you were dead or wished you could go to sleep and not wake up? (ref) : Since last visit, yes

CSSRS Screen Wish to be Dead ReAsses Details : Passing thoughts. No plan or thoughts of taking his life.

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

LACY , SARAH LPN - 3/27/2018 9:29 EDT

**Social History**Social History

(As Of: 3/27/2018 09:33:08 EDT)

Tobacco:

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day:. (Last  
Updated: 1/8/2018 14:56:53 EST by OWENS , DACHONNE  
LPN)

**Provider: CASTRO ,MANUEL A MD****Date of Service: 3/27/2018****Visit #: 6421214440****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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Fax:

**BH Clinical Documentation**

Alcohol:

Denies (Last Updated: 1/8/2018 14:56:56 EST by OWENS ,  
DACHONNE LPN)

Drug Abuse:

Denies (Last Updated: 1/8/2018 14:56:58 EST by OWENS ,  
DACHONNE LPN)*Social History Categories Addressed :* Tobacco, Alcohol, Drug abuse

LACY , SARAH LPN - 3/27/2018 9:29 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 Practice 2 :* Psychiatrist*Provider of Record 3 :* None*Provider Practice 3 :* Therapist*Provider Comment 3 :* declined 01/08/18

LACY , SARAH LPN - 3/27/2018 9:29 EDT

**Vitals***Height Actual or Stated? :* Stated/Estimated*Height Documented in (UOM) :* feet/inches*Height :* 181.61 cm*Height Contributor (ft) :* 5 ft*Height Contributor (inches) :* 11.5 inch*Weight Actual or Stated? :* Actual*Clinical Weight Documented in (UOM) :* lbs/oz*Weight :* 107.673 kg*Clinical Weight Contributor (lb) :* 237 lb*Clinical Weight Contributor (oz) :* 6 oz*Body Mass Index :* 32.65 kg/m2*Body Surface Area :* 2.33 m2**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 3/27/2018**Visit #:** 6421214440**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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**BH Clinical Documentation**

*Peripheral Pulse Rate* : 107 BPM (HI)  
*Systolic Blood Pressure* : 113 mmHg  
*Diastolic Blood Pressure* : 53 mmHg (LOW)  
*Blood Pressure Location* : Left arm  
*Blood Pressure Position* : Sitting  
*BP Instrument* : Machine  
*Weight (lbs.)* : 237.38 lb  
*Height (ft.)* : 5.96 ft

**Pain History**

*Pain Present* : No

LACY , SARAH LPN - 3/27/2018 9:29 EDT

LACY , SARAH LPN - 3/27/2018 9:29 EDT

**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 3/27/2018  
**Visit #:** 6421214440

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

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Fax:

**Vitals View**

Recorded Date	3/27/2018	
Recorded Time	09:29 EDT	
Recorded By	LACY ,SARAH LPN	
Procedure		Units
Height	181.61	cm
Weight	107.673	kg
BSA	2.33	m2
Body Mass Index	32.65	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Clinical Weight Contributor (lb)	237	lb
Clinical Weight Contributor (oz)	6	oz
Peripheral Pulse Rate	<b>107<sup>H</sup></b>	BPM
Systolic Blood Pressure	113	mmHg
Diastolic Blood Pressure	<b>53<sup>L</sup></b>	mmHg
Blood Pressure Location	Left arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	No	

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 3/27/2018**Visit #:** 6421214440**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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**Fax:**

**Patient Assessment**

**Patient Assessment**

Recorded Date	3/27/2018
Recorded Time	09:29 EDT
Recorded By	LACY ,SARAH LPN
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/27/2018**

**Visit #: 6421214440**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**





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## Psychosocial

### Psychosocial

	Recorded Date	3/27/2018
	Recorded Time	09:29 EDT
	Recorded By	LACY ,SARAH LPN
Procedure	Units	
CSSRS Reassess Able to Assess		Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, yes
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/27/2018**

**Visit #: 6421214440**

**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	3/27/2018	
Recorded Time	09:29 EDT	
Recorded By	LACY ,SARAH LPN	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Preferred Communication Mode	Verbal	
Primary Care Provider	BRADNER , RICHARD L MD	
Communication Barriers	None	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/27/2018**

**Visit #: 6421214440**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Fax:**

### General Admission History

#### General Admission History

Recorded Date	3/27/2018
Recorded Time	09:29 EDT
Procedure	
Advance Directive Completed	No or does not know
Advance Directive More Info Requested	No
Recent Travel Outside United States MERS	See Below <sup>T1</sup>
Pregnant	N/A

#### Textual Results

T1: 3/27/2018 09:29 EDT (Recent Travel Outside United States MERS)  
No travel/no contact within past 14 days

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/27/2018**

**Visit #: 6421214440**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**TB Screen - Latex Sensitive - Skin Testing**

**TB Screen/Latex Sensitivity/Skin Testing**

Recorded Date	3/27/2018
Recorded Time	09:29 EDT
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/27/2018**

**Visit #: 6421214440**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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### **Interdisciplinary and Patient Education**

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

Recorded Date	3/27/2018
Recorded Time	09:33 EDT
Recorded By	LACY ,SARAH LPN
Procedure	
Preferred Learning Methods	Discussion
Barriers to Learning	None evident

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/27/2018**

**Visit #: 6421214440**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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## Behavioral Health

### Behavioral Health

Recorded Date	3/27/2018	
Recorded Time	09:29 EDT	
Recorded By	LACY ,SARAH LPN	
Procedure		Units
Presenting Problem	See Below <sup>T1</sup>	
Cultural/Spiritual Practices Impact Tx	No	
Assaultive Ideations	No	
Homicidal Ideations	No	
Does Patient Have a Plan	No	
Recent Attempt to Harm Others	No	
Access to Firearms/Weapons	No	
History of Danger to others	No	

### Textual Results

T1: 3/27/2018 09:29 EDT (Presenting Problem)  
Medication management.

Provider: CASTRO ,MANUEL A MD  
Date of Service: 3/27/2018  
Visit #: 6421214440

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



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### Procedure History

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

**Last Updated**

3/31/2018 05:22 EDT

**Procedure Date**

3/27/2018 23:59 EDT

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 3/27/2018**

**Visit #: 6421214440**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115770**



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**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 4/17/2018  
**Visit #:** 6422016936

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



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**Office/Clinic Visit Notes**

DOCUMENT NAME:

**PSYCH OMS NP WITH NURSE**

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 6422016936  
Age: **37 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 37-year-old male who presents outpatient medication services for evaluation. His diagnoses are bipolar disorder and ADD and at his last visit we restarted Zyprexa 5 mg at bedtime. He was recently started on Depakote. He has not had the lab work done that was recommended at his last visit. Overall he states his sleep has been well except for the past 2 nights during which it has been interrupted. His appetite has been increased but he attributes this to being out of his Metformin. Energy level has improved and concentration he describes as "acceptable". He continues to wait to be referred for neuropsychological testing by his neurologist. Overall he describes his mood as stable. He denies any thoughts of harming himself or others or any psychosis. He denies any alcohol or drug use. The patient does report ongoing problems getting along with others stating that he has limited ability to pick up social cues and decipher how to respond in different circumstances.

**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)

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 4/17/2018**Visit #:** 6422016936**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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**Office/Clinic Visit Notes**

Ambien 5 mg oral tablet: 5 mg, 1 tablet, ORAL, qHS (each night at bedtime), for 10 day(s), PRN: for sleep, 10 tablet, 0 Refill(s)

Depakote ER 500 mg oral tablet, extended release: 1,000 mg, 2 tablet, ORAL, qPM (once a day in the evening), for 30 day(s), 60 tablet, 0 Refill(s)

ZyPREXA 2.5 mg oral tablet: 2.5 mg, 1 tablet, ORAL, qHS (each night at bedtime), for 30 day(s), OK to fill today, 30 tablet, 0 Refill(s)

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

Documented Medications

*Documented*

Goodys Extra Strength: See Instructions, 1 packet as needed

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

**Problem list:**

No problem items selected or recorded.

**Histories**

**Past Medical History:**

No active or resolved past medical history items have been selected or recorded.

**Family History:**

HYPERTENSION

GM, Maternal

Cancer

Father

GM, Paternal

GF, Paternal

GM, Maternal

**Procedure history:**

No active procedure history items have been selected or recorded.

**Social History**

**Social & Psychosocial Habits**

**Alcohol**

01/08/2018 **Use:** Denies

**Drug Abuse**

01/08/2018 **Use:** Denies

**Tobacco**

04/17/2018 **Smoking Status:** Never smoker

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 4/17/2018

**Visit #:** 6422016936

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



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### Office/Clinic Visit Notes

# Years Active Cigarette Smoker: 0  
Avg # Packs Per Day (20 cigs/pack): 0

#### 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: Rapid, Overproductive, Perserverative.  
Thought process: Perseverating.  
Mood and affect: Anxious.  
Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts.  
Perceptions+: No abnormalities.  
Insight: Fair.  
Judgment: Fair.

##### VS/Measurements

###### Vital Signs

4/17/2018 9:45 EDT	Peripheral Pulse Rate	94 BPM
	Systolic Blood Pressure	113 mmHg
	Diastolic Blood Pressure	76 mmHg
	Blood Pressure Location	Right arm
	BP Instrument	Machine
	Blood Pressure Position	Sitting

###### , Measurements from flowsheet : Measurements - Standard

4/17/2018 9:45 EDT	Height Contributor (ft)	5 ft
	Height Contributor (inches)	11.5 inch
	Clinical Weight Contributor (lb)	241 lb
	Clinical Weight Contributor (oz)	2 oz

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/17/2018

Visit #: 6422016936

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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## Office/Clinic Visit Notes

### Health Maintenance

#### Health Maintenance

##### Pending (in the next year)

###### OverDue

- Diabetes Care - Hgb A1C due 07/19/16 and every 6 month

###### Due

- Diabetes Care - ACE/ARB Med due 04/17/18 One-time only
- Diabetes Care - Antiplatelet Medications due 04/17/18 One-time only
- Diabetes Care - Foot Exam due 04/17/18 and every 1 year(s)
- Diabetes Care - Microalbumin due 04/17/18 and every 1 year(s)
- Diabetes Care - Retinal Screening due 04/17/18 and every 2 year(s)
- HIV Screening due 04/17/18 One-time only
- Healthy Weight Counseling age 18-64 due 04/17/18 and every 1 year(s)
- Pneumococcal 23 Vaccine due 04/17/18 and every 3 month
- Tdap Vaccine due 04/17/18 One-time only
- Tetanus Vaccine due 04/17/18 and every 10 year(s)

###### Due In Future

- Influenza Vaccine not due until 08/01/18 and every 8 month

##### Satisfied (in the past 1 year)

There are no satisfied recommendations within the defined date range

### Impression and Plan

#### Dx/Order Association Plan

Psychiatric Diagnoses: Bipolar, ADD; cluster A traits

Medical Diagnoses: diabetes, elevated cholesterol and triglycerides

Psychosocial Stressors: work, finances

Summary: The patient wishes to continue in the taper off of Zyprexa. Some concerns about sleep when decreasing dose.

#### Plan

- 1) Medication: Celexa 20mg daily and Adderall XR 20mg BID, Decrease Zyprexa to 2.5mg QHS. Cont. Depakote ER1000mg QPM. Ambien 5mg prn sleep #10 no refills
- 2) Therapy - Patient is seeing a neurologist and plans to have neuropsych testing
- 3) Labwork Ordered - Depakote level
- 4) SA Treatment - Not indicated
- 5) RTC in 3 weeks for further evaluation of medication.
- 6) Patient was provided with education regarding medication and treatment plan.

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/17/2018

Visit #: 6422016936

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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### **Office/Clinic Visit Notes**

- 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**  
**04/17/2018 10:34 AM**

**Electronically Signed By: CASTRO, MANUEL A MD**  
**04/18/18 03:07 PM**

**Provider: CASTRO ,MANUEL A MD**  
**Date of Service: 4/17/2018**  
**Visit #: 6422016936**

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



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**Fax:**

**Insurance**

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**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 4/17/2018

**Visit #:** 6422016936

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

11/1/1980

\* Insurance. - Auth (Verified) \*

**Insurance Verification Letter**

Patient Name: Williams, Leonard Clinton III  
Admit Date: No admission date for patient encounter.  
CSN: 6422016936

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

Primary Insurance Name: BCBS BLUECARD ANTHEM  
Secondary Insurance Name: N/A

I understand my signature on this form indicates that I have verified and confirmed the insurance information listed above is accurate. I have also been advised to notify the hospital as soon as possible if there are any changes to the insurance coverage listed above to ensure I am not held financially responsible for services that could be covered by insurance.

Medicaid Be Smart Family Planning Program: \_\_\_\_\_

If you have Medicaid "Be Smart" Family Planning coverage, your coverage is limited to applicable outpatient services. Inpatient and emergency department services are not covered under the Medicaid "Be Smart" Family Planning Program therefore you will be financially responsible for today's services and billed as self-pay. See "no insurance coverage/self pay" section below for more details.

No Insurance Coverage/Self Pay: \_\_\_\_\_

If you are currently without Medicare, Medicaid, or insurance coverage (uninsured) then you may be eligible to apply and/or be screened for other coverage options and financial insurance coverage and that you will cooperate and participate in the efforts to help you qualify for any applicable coverage (such as Medicaid). Failure to fully participate with these efforts will disqualify you from eligibility for our financial assistance discounts. Information on financial assistance is available on the Carolinas HealthCare System website at [www.carolinashealthcare.org](http://www.carolinashealthcare.org).

I attest the information above is accurate to the best of my knowledge and reflects my current insurance coverage or my confirmation that I have no coverage (Insurance, Medicare, or Medicaid) for these services. I understand that failure to disclose insurance coverage may result in the responsible party having to pay for services that would have been paid by insurance if the hospital is unable to bill the insurer within their billing deadlines.

E-Signature



Signature: Signature captured with Topaz SigTool(ESI)Device by Williams, Leonard Clinton III at 4/17/2018 9:20:01 AM

Relationship to Patient:



039



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Fax:

**Electronic Orders**

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

Order: <b>Est OV Level 4 -99214</b>		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: 4/17/18 10:27:00 AM EDT, Bipolar disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 4/17/2018 10:27 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider: CASTRO ,MANUEL A MD	
Order Details: 04/17/18 10:27:00 EDT, Bipolar disorder		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

**Provider: CASTRO ,MANUEL A MD****Date of Service:** 4/17/2018**Visit #:** 6422016936**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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**Discharge Information - Patient Education**

DOCUMENT NAME:

Amb Depart Summary

**Amb Depart Summary**

**Carolinas HealthCare System**  
**CMC Randolph OMS Medication Clinic**  
501 Billingsley Rd  
Charlotte, NC 28211

**Patient Visit Summary****Name:** WILLIAMS III, LEONARD CLINTON**MRN:** 0000642066**DOB:** 11/01/1980**Visit Date:** 04/17/2018**Phone:** (828) [REDACTED]**Age:** 37 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 regular doctor is:** CASTRO, MANUEL A MD**Your doctor or location today:** PENISTON, KATHLEEN KELLY NP**Reason for Visit:****Today's Diagnosis:** Bipolar disorder**Today's Clinical Information:****Height:** 5 ft 11.5 inch**Weight:** 241 lb 2 oz**BMI:** 33.16 kg/m2**Blood Pressure:** 113 mmHg / 76 mmHg**Additional Information:****Allergies:****Provider:** CASTRO, MANUEL A MD**Date of Service:** 4/17/2018**Visit #:** 6422016936**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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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 04/17/2018 visit)

No Laboratory and Radiology documented

**Medication Information:**

	<b>New Medicines to take at Home</b>	<b>Prescription</b>	<b>Next Dose Due</b>
1.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> 1 capsule by mouth two times a day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	
2.	<b>divalproex sodium (Depakote ER 500 mg oral tablet, extended release)</b> 2 tablet by mouth once a day in the evening	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	
3.	<b>OLANZapine (ZyPREXA 2.5 mg oral tablet)</b> 1 tablet by mouth each night at bedtime OK to fill today	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 4/17/2018**Visit #:** 6422016936**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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**Discharge Information - Patient Education**

4.	<b>zolpidem (Ambien 5 mg oral tablet)</b> 1 tablet by mouth each night at bedtime as needed for sleep	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	
----	--	--	--

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

***These Medicines have been Changed or Stopped***

Medicine has changed. See #3 in Continued Medications above.  
**dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)**  
capsule

Medicine has changed. See #3 in New Medications above.  
**OLANzapine (ZyPREXA 5 mg oral tablet)**  
1 tablet by mouth each night at bedtime

\*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: 4/17/2018****Visit #: 6422016936****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: 4/17/2018**

**Visit #: 6422016936**

**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**

DOCUMENT NAME:

Patient Education

**Patient Education**



Carolinas HealthCare System

**Patient Education Materials**

**MRN:** 0000642066

**Name:** WILLIAMS III, LEONARD CLINTON

**Visit Date:** 4/17/2018 09:30:00

**FIN:** 6422016936

**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:** 4/17/2018

**Visit #:** 6422016936

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:30 EST

**Print ID:** 350115769



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**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Discharge Information - Patient Education**

**DOCUMENT NAME:**

**Ambulatory Depart Form - Text**

**Ambulatory Depart Form Entered On: 4/17/2018 9:52 EDT**  
**Performed On: 4/17/2018 9:52 EDT by OWENS , DACHONNE LPN**

**Ambulatory Educational Assessment**

*Identified Learning Needs :* Medications

*Preferred Learning Methods :* Discussion, Observing

*Barriers to Learning :* None evident

**OWENS , DACHONNE LPN - 4/17/2018 9:52 EDT**

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 4/17/2018**

**Visit #: 6422016936**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115769**



**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: 4/17/2018 10:26 EDT**

**Performed On: 4/17/2018 10:26 EDT by PENISTON , KATHLEEN KELLY NP**

**Response to Education**

*Response to Teaching :* Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 4/17/2018 10:26 EDT

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 4/17/2018**

**Visit #: 6422016936**

**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: 4/17/2018**

**Visit #: 6422016936**

**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

24/2

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: continue decreasing zyprexa

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. zyprexa

Signature of Person Completing Form: [Signature]

Date: 4/17/2018

\*If other than patient, give relationship: \_\_\_\_\_

For Staff Only:

Form reviewed by: [Signature]

Date: 4/17/18 Time: 9:44

Date: 4-17-8 Time: 0959



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



Rev. 05 21 09

WILLIAMS, LEONARD CLINTON\*

CSN: 6422016936 FAC: H  
MRN: 0000642066 Adm Date: 4/17/2018  
DOB: 11/01/1980 (37 yrs) Male  
Att Phy: 27815 CASTRO, MANUEL A



**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

**BH Clinical Documentation**

DOCUMENT NAME:

**Outpatient Medication Clinic Initial - BH Entered On: 4/17/2018 9:52 EDT**  
**Performed On: 4/17/2018 9:45 EDT by OWENS , DACHONNE LPN**

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

OWENS , DACHONNE LPN - 4/17/2018 9:45 EDT

**Allergies**

(As Of: 4/17/2018 09:52:32 EDT)

Allergies (Active)

No known allergies

*Estimated Onset Date:* Unspecified ; *Created By:* FERRARO,  
NICHOLAS P RN; *Reaction Status:* Active ; *Category:* Drug ;  
*Substance:* No known allergies ; *Type:* Allergy ; *Updated By:*  
FERRARO, NICHOLAS P RN; *Reviewed Date:* 4/17/2018  
9:46 EDT

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

OWENS , DACHONNE LPN - 4/17/2018 9:45 EDT

**Med List***Medication Information Obtained From :* Patient/family*Medication Status :* Medication list updated*Confirmation of Medication Reconciliation :* Yes

OWENS , DACHONNE LPN - 4/17/2018 9:45 EDT

Medication List

(As Of: 4/17/2018 09:52:32 EDT)

*Prescription/Discharge Order*

OLANZapine

*:* OLANZapine ; *Status:* Prescribed ; *Ordered As Mnemonic:*  
ZyPREXA 5 mg oral tablet ; *Simple Display Line:* 5 mg, 1  
tablet, ORAL, qHS (each night at bedtime), for 30 day(s), 30  
tablet, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN  
KELLY NP; *Catalog Code:* OLANZapine ; *Order Dt/Tm:*

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 4/17/2018**Visit #:** 6422016936**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:

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### BH Clinical Documentation

3/27/2018 09:47:54

divalproex sodium : divalproex sodium ; *Status:* Prescribed ; *Ordered As Mnemonic:* Depakote ER 500 mg oral tablet, extended release ; *Simple Display Line:* 1,000 mg, 2 tablet, ORAL, qPM (once a day in the evening), for 30 day(s), 60 tablet, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* divalproex sodium ; *Order Dt/Tm:* 3/27/2018 09:48:46

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, 1 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* citalopram ; *Order Dt/Tm:* 3/27/2018 09:49:26

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:* 3/27/2018 09:49:50

#### Home Meds

APAP/ASA/caffeine : APAP/ASA/caffeine ; *Status:* Documented ; *Ordered As Mnemonic:* Goodys Extra Strength ; *Simple Display Line:* See Instructions, 1 packet as needed ; *Catalog Code:* acetaminophen/aspirin/caffeine ; *Order Dt/Tm:* 11/3/2011 16:02:16

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

#### General Admission Information

**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 4/17/2018  
**Visit #:** 6422016936

**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**

Legal Guardian : No  
Information Given By : Patient

OWENS , DACHONNE LPN - 4/17/2018 9:45 EDT  
Presenting Problem : follow up and med refill, discussion(decrease zyprexa).sleep and appetite both fluctuate.  
OWENS , DACHONNE LPN - 4/17/2018 9:54 EDT  
{ follow up and med refill, discussion(decrease zyprexa).sleep and appetite both fluctuates.  
} -- previously charted by OWENS , DACHONNE LPN at 4/17/2018 9:45 EDT);

**Communication**

Preferred Communication Mode : Verbal  
Communication Barriers : None  
Preferred Language for Healthcare : English

OWENS , DACHONNE LPN - 4/17/2018 9:45 EDT

**Advance Directives**

Advance Directive Documents in EMR RTF : No Advance Directive documents available.

Advance Directive Completed : No or does not know  
Reason No Living Will or POA : Unable/did not wish to name surrogate decision maker, Unable/did not wish to provide advance directive  
Advance Directive More Info Requested : No

OWENS , DACHONNE LPN - 4/17/2018 9:45 EDT

**Risk for Harm to Others**

Assaultive Ideations : No  
Homicidal Ideations : No  
Does Patient Have a Plan : No  
Recent Attempt to Harm Others : No  
Access to Firearms/Weapons : No  
History of Danger to others : No

OWENS , DACHONNE LPN - 4/17/2018 9:45 EDT

**CSSRS Short Version - Reassessment**

CSSRS Reassess Able to Assess : Yes  
1. Have you wished you were dead or wished you could go to sleep and not wake up? (ref) : Since last visit, 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  
OWENS , DACHONNE LPN - 4/17/2018 9:45 EDT

**Past Psychiatric and Substance Abuse Tx**

Past Psych/Substance Tx  
1. Facility/Outpatient Therapist : Broughton 1999  
Psychiatric Visit Type : Inpatient  
Dates of Treatment : 1999 for 72 days

**Provider: CASTRO ,MANUEL A MD****Date of Service: 4/17/2018****Visit #: 6422016936****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**

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

OWENS , DACHONNE LPN - 4/17/2018 9:45 EDT

*2. Facility/Outpatient Therapist* : Woodridge Hospital in Tennessee

*Psychiatric Visit Type* : Inpatient

*Dates of Treatment* : 4 days

OWENS , DACHONNE LPN - 4/17/2018 9:45 EDT

**Social History**Social History

(As Of: 4/17/2018 09:52:32 EDT)

Tobacco:

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day:. (Last Updated: 4/17/2018 09:48:27 EDT by OWENS , DACHONNE LPN)

Alcohol:

Denies (Last Updated: 1/8/2018 14:56:56 EST by OWENS , DACHONNE LPN)

Drug Abuse:

Denies (Last Updated: 1/8/2018 14:56:58 EST by OWENS , DACHONNE LPN)

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

*Social History Categories Addressed* : Tobacco, Alcohol, Drug abuse

OWENS , DACHONNE LPN - 4/17/2018 9:45 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 Practice 2* : Psychiatrist

*Provider Practice 3* : Therapist none

*Provider Comment 3* : not interested at this time 04/17/18

**Provider: CASTRO ,MANUEL A MD****Date of Service:** 4/17/2018**Visit #:** 6422016936**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**

OWENS , DACHONNE LPN - 4/17/2018 9:45 EDT

**Communications - BH**

*Patient Agreement Comm BH* : The patient gives oral or written consent for CHS to verbally share his/her health information with the individuals listed below [this includes, but is not limited to, diagnosis, prognosis, medications (dosage and side effects, if any) and progress].

*OC Reviewed Contact List* : 4/17/2018 9:45 EDT

*Consent Valid BH* : This consent will be valid for one year unless revoked prior to expiration. Enter "End Date" for all BH encounters one year after "Date Identified".

OWENS , DACHONNE LPN - 4/17/2018 9:45 EDT

**Vitals**

*Height Actual or Stated?* : Stated/Estimated

*Height Documented in (UOM)* : feet/inches

*Height* : 181.61 cm

*Height Contributor (ft)* : 5 ft

*Height Contributor (inches)* : 11.5 inch

*Weight Actual or Stated?* : Actual

*Clinical Weight Documented in (UOM)* : lbs/oz

*Weight* : 109.374 kg

*Clinical Weight Contributor (lb)* : 241 lb

*Clinical Weight Contributor (oz)* : 2 oz

*Body Mass Index* : 33.16 kg/m2

*Body Surface Area* : 2.35 m2

*Peripheral Pulse Rate* : 94 BPM

*Systolic Blood Pressure* : 113 mmHg

*Diastolic Blood Pressure* : 76 mmHg

*Blood Pressure Location* : Right arm

*Blood Pressure Position* : Sitting

*BP Instrument* : Machine

*Weight (lbs.)* : 241.13 lb

*Height (ft.)* : 5.96 ft

OWENS , DACHONNE LPN - 4/17/2018 9:45 EDT

**Pain History**

*Pain Present* : No

OWENS , DACHONNE LPN - 4/17/2018 9:45 EDT

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 4/17/2018**Visit #:** 6422016936**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	4/17/2018	
Recorded Time	09:45 EDT	
Recorded By	OWENS ,DACHONNE LPN	
Procedure		Units
Height	181.61	cm
Weight	109.374	kg
BSA	2.35	m2
Body Mass Index	33.16	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Clinical Weight Contributor (lb)	241	lb
Clinical Weight Contributor (oz)	2	oz
Peripheral Pulse Rate	94	BPM
Systolic Blood Pressure	113	mmHg
Diastolic Blood Pressure	76	mmHg
Blood Pressure Location	Right arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	No	

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 4/17/2018**

**Visit #: 6422016936**

**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:**

**Patient Assessment**

**Patient Assessment**

Recorded Date	4/17/2018
Recorded Time	09:45 EDT
Recorded By	OWENS ,DACHONNE LPN
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 4/17/2018**

**Visit #: 6422016936**

**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:**

## Psychosocial

### Psychosocial

	Recorded Date	4/17/2018
	Recorded Time	09:45 EDT
	Recorded By	OWENS ,DACHONNE 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: 4/17/2018**

**Visit #: 6422016936**

**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	4/17/2018	
Recorded Time	09:45 EDT	
Recorded By	OWENS ,DACHONNE LPN	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Preferred Communication Mode	Verbal	
Medication Information Obtained From	Patient/family	
Primary Care Provider	BRADNER , RICHARD L MD	
Medication Status	Medication list updated	
Communication Barriers	None	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 4/17/2018**

**Visit #: 6422016936**

**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	4/17/2018
Recorded Time	09:45 EDT
Procedure	
Advance Directive Completed	No or does not know
Advance Directive More Info Requested	No
Recent Travel Outside United States MERS	See Below <sup>T1</sup>
Pregnant	N/A

#### Textual Results

T1: 4/17/2018 09:45 EDT (Recent Travel Outside United States MERS)  
No travel/no contact within past 14 days

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 4/17/2018**

**Visit #: 6422016936**

**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	4/17/2018
Recorded Time	09:45 EDT
Procedure	
Do You Want to Stop Using Tobacco?	N/A

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 4/17/2018**

**Visit #: 6422016936**

**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	4/17/2018
Recorded Time	09:45 EDT
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 4/17/2018**

**Visit #: 6422016936**

**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	4/17/2018
Recorded Time	09:52 EDT
Recorded By	OWENS ,DACHONNE LPN
Procedure	
Preferred Learning Methods	Discussion, Observing
Barriers to Learning	None evident

**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 4/17/2018  
**Visit #:** 6422016936

**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	4/17/2018	
Recorded Time	09:45 EDT	
Recorded By	OWENS ,DACHONNE LPN	
Procedure		Units
Presenting Problem	See Below <sup>T1 C1</sup>	
Assaultive Ideations	No	
Homicidal Ideations	No	
Does Patient Have a Plan	No	
Recent Attempt to Harm Others	No	
Access to Firearms/Weapons	No	
History of Danger to others	No	

### Textual Results

T1: 4/17/2018 09:45 EDT (Presenting Problem)  
follow up and med refill, discussion(decrease zyprexa).sleep and appetite both fluctuate.

### Corrected Results

C1: Presenting Problem  
Textual result corrected on 4/17/2018 09:54 EDT by OWENS , DACHONNE LPN  
follow up and med refill, discussion(decrease zyprexa).sleep and appetite both fluctuates.

Provider: CASTRO ,MANUEL A MD  
Date of Service: 4/17/2018  
Visit #: 6422016936

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:**

### Procedure History

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

**Last Updated**

4/24/2018 05:24 EDT

**Procedure Date**

4/17/2018 23:59 EDT

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 4/17/2018**

**Visit #: 6422016936**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115769**





**Steele Creek Urgent Care**

9332 South Tryon Street

Charlotte, NC 28273-

Phone: 704-587-6700 Fax: 704-587-6723

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**Provider:** GRIGGS ,JAMES PHILIP MD  
**Date of Service:** 4/28/2018  
**Visit #:** 6423144731

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



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**Fax: 704-587-6723**

**Correspondence & Follow Up**

DOCUMENT NAME:

**Addendum by WADE , KEISHA RN on April 30, 2018 18:03:38 EDT**

Spoke with pt (see BH tele on 4/30).

-----  
From: PENISTON , KATHLEEN KELLY NP  
To: CC , TRIAGE RN;  
Sent: 4/30/2018 10:34:03 EDT  
Subject: General Message

Please contact Mr. Williams and see if he is doing ok. He went to UC for excessive energy. Worried about mania.... Kathy

**Provider: GRIGGS ,JAMES PHILIP MD**

**Date of Service: 4/28/2018**

**Visit #: 6423144731**

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

**Org MRN#: 3714274**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 4/10/2020 10:23 EDT**

**Print ID: 367579332**

**Steele Creek Urgent Care**

9332 South Tryon Street

Charlotte, NC 28273-

Phone: 704-587-6700

Fax: 704-587-6723

**Urgent Care Physician Reports**

DOCUMENT NAME:

**WILLIAMS III, LEONARD  
CLINTON****DOB:** 11/01/1980 **MRN:** 3714274  
**Sex:** Male **FIN:** 6423144731**Chief Complaint**

extreme energy w/ no explanation

**History of Present Illness**

Patient is a pleasant 37-year-old male, who lives alone with a history of bipolar type I, diabetes type 2, and ADHD, who presents for evaluation of "feeling of extreme energy". He reports an associated feeling of a "dry sweat", and is if he was having a "Speed Rush". Denies illegal drug use. He admits to feeling very depressed approximately 4 days ago, but that the feeling only lasted for 2 hours. His emotions since then have been pretty stable. He denies chest pain, shortness of breath, palpitations, suicidal ideation, drug use. He denies racing thoughts or irritability but has been having trouble sleeping. He has been taking Ambien as prescribed with some success. He states he believes he is having the symptoms due to the tapering down of his medicine of Zyprexa which has been managed by his behavioral health nurse practitioner, KATHLEEN PENISTON. He states he has a follow-up appointment with her on Wednesday, May 2, in 4 days. He reports he has been following her tapering directions exactly as ordered. He is also taking Adderall 40 mg, citalopram 20 mg, Depakote 1000 mg, metformin all as directed on a daily basis. He does not measure his blood sugar at home. Denies extreme thirst, sweating, headaches, blurred vision, fatigue, nausea or vomiting. He is eating well like normal. Does not feel lightheaded or weak. Denies abdominal pain or fever.

He reports working at Wells Fargo, and speaking to his manager today to let her know that he will be taking short-term disability due to his emotional instability last week, but continues to reiterate that he does not have suicidal ideation, and that he does feel very safe going home. He reports having family that have been very supportive.

**Review of Systems**

All other systems reviewed and are negative except as noted per History of Present Illness.

**Physical Exam**Vitals & Measurements**T:** 98.3 °F (Oral) **HR:** 90 (Peripheral) **RR:** 18 **BP:** 131/89 **SpO2:** 97%**HT:** 181.61 cm **WT:** 108.5 kg **BMI:** 32.9

Mental status: Alert and Oriented, sitting in exam chair in no acute distress. Overall, patient's attitude appears mildly agitated, but respectful and calm. He

**Problem List/Past Medical History**Ongoing

No qualifying data

Historical

No qualifying data

**Medications**

Adderall XR 20 mg oral capsule, extended release, 1 capsule, ORAL, BID (2 times a day)  
citalopram 20 mg oral tablet, 20 mg, 1 tablet, ORAL, Daily, 1 refills  
Depakote ER 500 mg oral tablet, extended release, 1000 mg, 2 tablet, ORAL, qPM (once a day in the evening)  
Goody's Extra Strength, See Instructions  
metFORMIN, See Instructions, **Not taking:** last dose was 1- 2 weeks ago  
ZyPREXA 2.5 mg oral tablet, 2.5 mg, 1 tablet, ORAL, qHS (each night at bedtime)

**Allergies**

No known allergies

**Social History**Alcohol

Denies

Drug Abuse

Denies

Tobacco

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

**Family History**

Cancer: Father, GF, Paternal, GM, Maternal and GM, Paternal.

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

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

HYPERTENSION: GM, Maternal.

**Provider:** GRIGGS, JAMES PHILIP MD**Date of Service:** 4/28/2018**Visit #:** 6423144731**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 3714274**DOB:** 11/1/1980**Sex:** Male



## Steele Creek Urgent Care

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### Urgent Care Physician Reports

appears well dressed, and well-nourished. He is not restless and does not have erratic sudden movements. His affect is hyperactive, his speech is fast, but he is not hostile. His speech is intelligible. He is oriented to person and place and time and situation. He answered all questions willingly although did insist on giving me his entire history for the last 5 years.

HEAD: Normocephalic, atraumatic\_

Eye: Extraocular movements are intact, normal conjunctiva, sclera anicteric\_

Ears: Normal hearing;

Throat: Trachea midline, Posterior pharynx pink without exudate or petechiae.

No signs of abscess. Uvula midline\_

Neck: Supple, NT, Trachea midline, No lymphadenopathy, nml ROM

Respiratory: Lungs are clear to auscultation, Non-labored respirations, No use of accessory muscles, No obvious signs of cyanosis\_

CV: Normal rate, regular rhythm, normal peripheral perfusion, no edema\_

MSK: Normal range of motion, normal strength, normal gait, no swelling, No obvious signs of deformities\_

Skin: Warm, pink, no rashes or lesions\_his skin is dry without any signs of diaphoresis. No flushing visualized.

Neurologic: Alert, Oriented, normal sensory, no focal defects\_no extrapyramidal symptoms visualized, no tardive dyskinesia or dystonia.

Psychiatric: Cooperative, Appropriate mood and affect\_

#### Lab Results

General Chemistry	LAST RESULT	RANGE	UNITS
Blood Glucose POL	04/28/18 152 H	60 - 100	mg/dL

#### Assessment/Plan

1. Mania

Ordered:

Adv Care Planning, F2F; 1st 30 min-99497

Glucose (Blood) In Office AMB

New OV Level 3 - 99203

Serv Evenings/Wkends/Holidays REG Sched Hrs - 99051

Advised patient of limitations of urgent care. Advised patient I am encouraged by his vital signs remaining within normal limits, his ability to continue to be logical and his thinking, as well as taking time off of work while he continues to this process. Advised patient I was very happy that he came to see us and that at this time I feel comfortable recommending that he go home due to his logical rationale, supportive family and supportive work environment. I am also very

Provider: GRIGGS ,JAMES PHILIP MD

Date of Service: 4/28/2018

Visit #: 6423144731

Pt Name: WILLIAMS III, LEONARD CLINTON

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Sex: Male

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**Urgent Care Physician Reports**

encouraged that he has an appointment in the next 4 days, but advised patient that if at any time he begins with new symptoms or anything that concerns him, to please follow-up with this clinic as soon as possible. Advised patient I would send this note to his nurse practitioner who is managing his medications, but at this time I feel it is best to keep taking the medications as prescribed until follow-up appointment this week.

Gave patient extra opportunity to verbalize his feelings, and at the end of the visit, patient did state feeling calmer already knowing that his physical symptoms and vital signs were stable at this time. Patient stated feeling very comfortable going home and verbalized understanding red flags such as any new symptoms, shortness of breath, chest pain, feeling lightheaded or feeling suicidal at any time.

Verbally discussed dx, treatment, return precautions, red flags, medications and side effects with pt. Pt verbalized understanding and agreed with plan. Seek immediate evaluation in the Emergency Department for acute worsening.

**Electronically Signed By: LOPEZ, JENNIFER NP**  
**04/28/2018 08:32 PM**

**Electronically Signed By: GRIGGS, JAMES PHILIP MD**  
**04/28/18 11:01 PM**

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**Provider: GRIGGS, JAMES PHILIP MD**  
**Date of Service: 4/28/2018**  
**Visit #: 6423144731**

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

**Provider: GRIGGS ,JAMES PHILIP MD**

**Date of Service: 4/28/2018**

**Visit #: 6423144731**

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

**Org MRN#: 3714274**

**DOB: 11/1/1980**

**Sex: Male**



REQUEST FOR TREATMENT AND AUTHORIZATION FORM  
Carolinus HealthCare System Medical Group

REQUEST FOR TREATMENT. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinus HealthCare System ("CHS") maintains certain providers, personnel and facilities needed in providing me medical care, and I authorize CHS, those providers and 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 treatment or procedure and any available alternative methods of treatment, together with an explanation of the likely risks and benefits associated with them. This form is not a substitute for such explanations. I acknowledge that CHS and its providers and personnel are not responsible for providing me this information for non-CHS providers. I consent to receive services by 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 medical treatment.

ASSIGNMENT OF INSURANCE BENEFITS. I/we hereby assign all my rights to CHS under any policy of insurance, including but not limited to, major medical insurance, hospital or outpatient 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 medical bill, and hereby authorize direct payment to CHS and/or my providers of all benefits to which I am entitled. This assignment includes payment of hospital, outpatient, surgical, and medical benefits to any professional group 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 CHS, my providers, and those professional groups or entities included 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 as part of medical treatment. 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 CHS, my providers, or those professional groups or entities for services in connection with this medical treatment, 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 CHS or any other facility or entity related to CHS, my providers, or other professional groups or entities included in this assignment.

NOTICE OF INDEPENDENT CONTRACTORS. I understand that CHS has contracted with certain independent professional groups for such groups to exclusively provide certain medical services at CHS facilities, including but not limited to radiology, anesthesiology, pathology, radiation oncology, and emergency medicine services. I understand that professional groups providing those services 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.

USE OF MEDICAL INFORMATION AND COMMUNICATION. I understand that CHS, my providers and independent professional groups providing medical services 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 that CHS and my providers may give any medical information relating to my medical 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 medical treatment. I also understand that CHS and my providers may release any medical information to any health care provider or medical facility to which I may be referred or transferred for further medical care. I authorize CHS 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 CHS and my providers to release any medical information necessary to prove CHS's damages in any legal proceeding brought to enforce any unpaid balance on any of my accounts. I consent and authorize CHS and third party agents of CHS 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.

Request for Treatment and Authorization

**WILLIAMS, LEONARD CLINTON III**

**CSN: 6423144731**

**MRN: 3714274**



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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 medical care. I authorize those agencies responsible for determining eligibility under these programs to provide to CHS any information relating to the determination of my eligibility. I request payment of benefits under these programs be made to CHS and my health care providers on my behalf.

**\* 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 CHS and my physicians or other providers for my medical 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 CHS 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.

**PERSONAL PROPERTY.** I understand that CHS is not responsible for money, valuables and other personal property in my possession and has no liability for their loss.

**ADDITIONAL AUTHORIZATION AND CONSENT:** I authorize the Financial Counseling staff of CHS 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. 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. 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. This consent shall remain valid and enforceable until it is revoked or replaced by a new form of consent, signed by me.

I have read the foregoing request and authorization in its entirety and agree to be bound by all terms and conditions herein. The undersigned hereby consents to such medical treatment as my provider(s) order and indicate the same by my (our) signature below.

**Patient Signature:**



Signature captured with Topaz SigToolESIDevice by Williams, Leonard Clinton III at 4/28/2018 6:58:06 PM

**Witness:** "Electronically Signed by" Chrystal D Truesdale 4/28/2018 6:58 PM

**Responsible party:**




Signature captured with Topaz SigToolESIDevice by Williams, Leonard Clinton III at 4/28/2018 6:58:06 PM

**Relationship to Patient:**

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

**Signature (Patient or Authorized Representative)**



Signature captured with Topaz SigToolESIDevice by Williams, Leonard Clinton III at 4/28/2018 6:58:06 PM

**Relationship to Patient:**

Carolinas Healthcare System - 12/2017

**Reason Patient Unable/Unwilling to sign:**

**Witness:** "Electronically Signed by" Chrystal D Truesdale 4/28/2018 6:58 PM

**WILLIAMS, LEONARD CLINTON III**

**CSN:** 6423144731

**MRN:** 3714274



901







**Steele Creek Urgent Care**

**9332 South Tryon Street**

**Charlotte, NC 28273-**

**Phone: 704-587-6700 Fax: 704-587-6723**

**Correspondence Other**

---

**Provider: GRIGGS ,JAMES PHILIP MD**

**Date of Service: 4/28/2018**

**Visit #: 6423144731**

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

**Org MRN#: 3714274**

**DOB: 11/1/1980**

**Sex: Male**

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**Printed: 4/10/2020 10:23 EDT**

**Print ID: 367579332**

11/1/1980

\* Release Authorization - Auth (Verified) \*

**Rejected**

This letter is to notify you we are returning the request for information on the individual on the attached document. Unfortunately, we are unable to process your request for the following reason (s):

Invalid Authorization: Does not meet all requirement (s) set by the Code of Federal Regulation, Title 45 part 164.508 (c) for valid authorization

- ☐ 164.508(c)(1)(i) What is to be disclosed, including Date of Service and specific documents needed?
- ☐ 164.508(c)(1)(ii) Identify who is authorized to disclose or release the information.
- ☐ 164.508(c)(1)(iii) Identify who is authorized to receive the information.
- ☐ 164.508(c)(1)(iv) A description of the purpose of disclosure is required
- ☐ 164.508(c)(1)(v) Expiration date of the authorization or the event is required.
- ☐ 164.508(c)(1)(vi) Authorization must be signed and dated and list the relationship to the patient.

The following statements must also be included in the Authorization:

- ☐ 164.508(c)(2)(i) The individual's right to revoke the Authorization in writing, and either:
  - \* The exceptions to the right to revoke and a description of how the individual may revoke the Authorization; or if these exceptions are included in the Notice of Privacy Practices, a reference to the Notice of Privacy Practices.
- ☐ 164.508(c)(2)(ii) The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the Authorization, by stating either:
  - \* The covered entity may not prevent my ability to receive treatment, payment, enrollment or eligibility for benefits on whether the individual signs the Authorization when the prohibition on conditioning of Authorizations applies; or
  - \* The consequences to the individual of refusing to sign the Authorization when the covered entity can prevent the ability to receive treatment, enrollment in the health plan, or eligibility for benefits on failure to obtain such Authorization.
- ☐ 164.508(c)(2)(iii) The potential for information disclosed pursuant to the Authorization to be subject to redisclosure by the recipient and no longer be protected by this rule.
- ☐ This is a full release including information related to behavioral/mental health, drug and alcohol abuse treatment (in compliance with 42CFR Part 2), genetic information, HIV/AIDS, and other sexually transmitted diseases.

Additional Information needed:

- ☐ Date of Birth
- ☐ Death Certificate, Executor of Estate/Next of Kin Affidavit (with visible notary seal)
- ☐ Power of Attorney/Healthcare Power of Attorney required
- ☐ Proof of guardianship required

Not processed because of the following:

- ☐ The patient was not treated on the date (s) requested/authorized
- ☐ Carolinas Healthcare System is not the records custodian for facility specified, please forward your request directly to their office.

☒ Other: **Please provide a signed HIPAA compliant authorization.**

In order to process your request, the above issues will need to be addressed and then resubmitted. If you have any questions, please feel free to contact the Corporate Health Information Management-Release of Information Department at 704-667-9500.

Sincerely,

Carolinas Healthcare System  
Corporate Health Information Management-Release of Information  
Mailing: PO Box 32861, Charlotte, NC 28232  
Phone: (704) 667-9500 | Fax: (704) 446-6037 | Email: CHSMedicalrecordsroi@carolinashealthcare.org

Letter sent via fax on 5/1/18[SALMEI01-5/1/2018 7:40:07 AM]

11/1/1980

\* Release Authorization - Auth (Verified) \*

## Patient Information: I give permission to release the health information of:

(One Patient Per Form)

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Last 4 numbers of SSN: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
Email address: \_\_\_\_\_  
By providing your email address you acknowledge and accept the risks outlined in the Guidelines for E-mail with Patients, posted on carolinashealthcare.org.

## Release Information From:

(List applicable Facility(s) and/or Practice(s))

(Phone number)

(Fax number)

## Release Information To:

(Name of facility, person, company)

(Street Address or PO Box, City, State, Zip Code)

(Phone number)

(Fax number)

**PURPOSE OF RELEASE (check reason):** ☐ Request of individual/personal ☐ Continued patient care ☐ Insurance  
☐ Legal purpose including discussions & proceedings ☐ Other \_\_\_\_\_

## Fill in dates of treatment for records to be released:

Treatment dates: From \_\_\_\_\_ To \_\_\_\_\_

Facility Summary: May include history &amp; physical, discharge summary, operative notes, consults, diagnostic test results, medication list, allergies.

Office/Clinical Summary: May include most recent office visits, physical exam, consults, diagnostic test results.

## Facility (check all that may apply):

- ☐ Facility Summary  
☐ Discharge Summary  
☐ History and Physical  
☐ Consultation reports  
☐ Operative Reports  
☐ Laboratory reports  
☐ Radiology/X-Ray Reports  
☐ Pathology reports
- ☐ Emergency Record  
☐ Cardiac Reports/EKG  
☐ Other \_\_\_\_\_

- ☐ Entire record (Not including psychotherapy notes)  
☐ Itemized Bill

## Office/Clinic/Home Care (check all that may apply):

- ☐ Office/Clinical Summary  
☐ Office/Home Visits  
☐ Physical Exam  
☐ Laboratory Reports  
☐ Radiology Reports  
☐ Other \_\_\_\_\_

- ☐ Entire Record (Not including psychotherapy notes)  
☐ Itemized Bill

## Behavioral Health/Sub. Use (check all that may apply):

- ☐ Facility Summary  
☐ Clinical/Discharge Summary  
☐ Assessments  
☐ Physician Orders  
☐ Progress/Therapy Notes  
☐ Medications  
☐ Lab reports  
☐ Other \_\_\_\_\_

- ☐ Entire Record (Not including psychotherapy notes)  
☐ Itemized Bill

## FORMAT:

- ☐ CD (charges may apply)  
☐ Email Address noted above, where permitted  
☐ Paper copy (charges may apply)  
☐ Other \_\_\_\_\_

## DELIVERY METHOD:

- ☐ Reg. US Mail ☐ Pick-up ☐ Fax, where permitted  
☐ Overnight/Express Mail Service, where permitted  
☐ Secure email  
☐ Other: \_\_\_\_\_

## PATIENT'S RIGHTS – I understand that:

- I can cancel this permission at any time. I must cancel in writing and send or deliver cancellation to releasing facility or practice named above. Any cancellation will apply only to information not yet released by facility or practice.
- This is a full release including information related to behavioral/mental health, drug and alcohol abuse treatment (in compliance with 42 CFR Part 2), genetic information, HIV/AIDS, and other sexually transmitted diseases.
- Once my health information is released, the recipient may disclose or share my information with others and my information may no longer be protected by federal and state privacy protections.
- Refusing to sign this form will not prevent my ability to get treatment, payment, enrollment in health plan, or eligibility for benefits.
- CHS will not share or use my health information without my permission other than by ways listed in CHS's Notice of Privacy Practices or as required by law. The Notice of Privacy Practices is available at carolinashealthcare.org.
- A fee may be charged for providing the protected health information.

This permission expires one year after the date of my signature unless another date or event is written here: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If the patient lacks legal capacity or is unable to sign, an authorized personal representative may sign this form.

Note the relationship/authority if signature is not that of the patient (Written Proof May be Requested):

- ☐ Healthcare Agent/POA ☐ Guardian ☐ Executor/Administrator/Attorney in Fact ☐ Spouse  
☐ Parent ☐ Adult Child ☐ Affidavit Next of Kin ☐ Other: \_\_\_\_\_

Note: If minor consented for their outpatient treatment for pregnancy, sexually transmitted disease or behavioral/mental health without parental consent, the minor must sign this authorization. When the patient is a minor being treated for substance abuse, the minor must sign this authorization, regardless of who consented for treatment.

Signature of Minor: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization given to patient / Date of release: \_\_\_\_\_ via ☐ Mail ☐ Fax ☐ Other \_\_\_\_\_ ☐ ID Verified ☐ DL/Other ID \_\_\_\_\_

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Information or Sticker



\* 9 0 5 \*

Carolinas HealthCare System  
AUTHORIZATION FOR RELEASE  
OF HEALTH INFORMATIONName:  
DOB:  
Medical Record #:

Account #:

11/1/1980

\* Release Authorization - Auth (Verified) \*

LMG

4/30/2018 5:46:15 PM PAGE 1/003 Fax Server



Liberty Life Assurance Company of Boston  
Group Benefits Disability Claims  
P.O. Box 7208  
London, KY 40742-7208  
Phone No.: (866) 213-2937  
Secure Fax No.: (603) 334-3916

Date: April 30, 2018
To: DR KATHY PENISTON
Attn:
Fax: (704) 446-3954
From: Andrew Rochelle Dis Claims Std Case Mgr II Phone No.: Phone No.: (866) 213-2937 Secure Fax No.: (603) 334-3916
Total Pages (Including Cover): 3
RE:  Claim #: 8078146 Claimant: Leonard Williams  Wells Fargo & Company

This fax, and any attachments thereto, is intended only for the use of the addressee(s) named herein and may contain legally privileged and/or confidential information. If you are not the intended recipient of this fax, you are hereby notified that any dissemination, distribution or copying of this fax, and any attachments thereto, is strictly prohibited. If you have received this fax in error, please notify me by telephone at (866) 213-2937 and permanently shred the original and any copy of any fax and any printout thereof.

11/1/1980

\* Release Authorization - Auth (Verified) \*

LMG

4/30/2018 5:46:15 PM PAGE 2/003 Fax Server



Liberty Life Assurance Company of Boston  
Group Benefits Disability Claims  
P.O. Box 7208  
London, KY 40742-7208  
Phone No.: (866) 213-2937  
Secure Fax No.: (603) 334-3916

April 30, 2018

Dr. Kathy Peniston

RE: Short-Term Disability (STD) Benefits  
Wells Fargo & Company  
Claim #: 8078146  
Claimant: Leonard Williams  
Claimant D.O.B.: November 1, 1980

Dear Dr. Kathy Peniston:

We are the Disability Claim Administrator for your patient, Leonard Williams.

To evaluate Mr. Williams's eligibility for disability benefits and to help facilitate a return to work, when appropriate, we are requesting the following information:

- Office treatment notes, test results, prescription histories, and treatment plans from April 1, 2018 through present.

We ask that you provide this information by May 7, 2018. Failure to provide the requested information may result in an adverse benefit or claim determination. The information can be faxed to our office at our secure fax number (603) 334-3916 or mailed to the above address.

If prepayment is required, please fax an invoice indicating the number of pages, federal tax ID# and amount due.

Although HIPAA does not apply to disability insurance carriers, we understand your responsibilities under HIPAA as a health care provider, and our associated responsibility of ensuring this information is protected against deliberate or inadvertent misuse or disclosure.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information.

'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an

11/1/1980

\* Release Authorization - Auth (Verified) \*

LMG

4/30/2018 5:46:15 PM PAGE 3/003 Fax Server

individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

If you have any questions regarding this matter, please contact me.

Sincerely,

Andrew Rochelle

Dis Claims Std Case Mgr II

Phone No.: (866) 213-2937 Ext. 14768

Secure Fax No.: (603) 334-3916

**Steele Creek Urgent Care**

9332 South Tryon Street

Charlotte, NC 28273-

Phone: 704-587-6700

Fax: 704-587-6723

**Chemistry****Accession Number:**

<b>Orderable Name:</b> Glucose (Blood) In Office AMB		<b>Collected Date/Time:</b> 4/28/2018 19:49 EDT	<b>Result Date/Time:</b> 4/28/2018 19:51 EDT
<b>Procedure</b>	<b>Result</b>	<b>Units</b>	<b>Reference Range</b>
Blood Glucose POL	152 <sup>H</sup>	mg/dL	[60-100]

**Provider:** GRIGGS ,JAMES PHILIP MD**Date of Service:** 4/28/2018**Visit #:** 6423144731**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 3714274**DOB:** 11/1/1980**Sex:** Male

**Steele Creek Urgent Care**

9332 South Tryon Street

Charlotte, NC 28273-

Phone: 704-587-6700

Fax: 704-587-6723

**Electronic Orders**

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

**Order: Serv Evenings/Wkends/Holidays REG Sched Hrs -99051**

Ordering Physician: LOPEZ ,JENNIFER NP (National Provider Identifier: 1386182756)

Electronically Signed By: LOPEZ ,JENNIFER NP

Order Details: 4/28/18 7:48:00 PM EDT, Mania

Order Comment:

Action Type: Order | Action Date/Time: 4/28/2018 19:49 EDT | Entered By: LOPEZ ,JENNIFER NP

Ordering Provider: LOPEZ ,JENNIFER NP

Supervising Provider: GRIGGS ,JAMES PHILIP MD

Order Details: 04/28/18 19:48:00 EDT, Mania

Review Information:

Doctor Cosign: Not Required

Order Comment:

**Order: New OV Level 3 -99203**

Ordering Physician: LOPEZ ,JENNIFER NP (National Provider Identifier: 1386182756)

Electronically Signed By: LOPEZ ,JENNIFER NP

Order Details: 4/28/18 7:49:00 PM EDT, Mania

Order Comment:

Action Type: Order | Action Date/Time: 4/28/2018 19:49 EDT | Entered By: LOPEZ ,JENNIFER NP

Ordering Provider: LOPEZ ,JENNIFER NP

Supervising Provider: GRIGGS ,JAMES PHILIP MD

Order Details: 04/28/18 19:49:00 EDT, Mania

Review Information:

Doctor Cosign: Not Required

Order Comment:

**Provider: GRIGGS ,JAMES PHILIP MD****Date of Service:** 4/28/2018**Visit #:** 6423144731**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 3714274**DOB:** 11/1/1980**Sex:** Male



**Steele Creek Urgent Care**

9332 South Tryon Street

Charlotte, NC 28273-

Phone: 704-587-6700

Fax: 704-587-6723

**Electronic Orders****Order: Glucose (Blood) In Office AMB**

Ordering Physician: LOPEZ ,JENNIFER NP (National Provider Identifier: 1386182756)

Electronically Signed By: LOPEZ ,JENNIFER NP

Order Details: 4/28/18 7:49:00 PM EDT Once Routine Blood, Mania

Order Comment:

Action Type: Order Action Date/Time: 4/28/2018 19:49 EDT Entered By: LOPEZ ,JENNIFER NP

Ordering Provider: LOPEZ ,JENNIFER NP Supervising Provider: GRIGGS ,JAMES PHILIP MD

Order Details: 04/28/18 19:49:00 EDT Once Routine Blood, Mania

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Complete Action Date/Time: 4/28/2018 19:51 EDT Entered By: POWELL ,CAROLYN B  
RTR

Ordering Provider: LOPEZ ,JENNIFER NP Supervising Provider:

Order Details: 04/28/18 19:49:00 EDT Once Routine Blood, Mania

Review Information:

Doctor Cosign: Not Required

Order Comment:

**Order: Adv Care Planning,F2F;1st 30 min-99497**

Ordering Physician: LOPEZ ,JENNIFER NP (National Provider Identifier: 1386182756)

Electronically Signed By: LOPEZ ,JENNIFER NP

Order Details: 4/28/18 7:49:00 PM EDT, Mania

Order Comment:

Action Type: Order Action Date/Time: 4/28/2018 19:49 EDT Entered By: LOPEZ ,JENNIFER NP

Ordering Provider: LOPEZ ,JENNIFER NP Supervising Provider: GRIGGS ,JAMES PHILIP MD

Order Details: 04/28/18 19:49:00 EDT, Mania

Review Information:

Doctor Cosign: Not Required

Order Comment:

**Provider: GRIGGS ,JAMES PHILIP MD****Date of Service: 4/28/2018****Visit #: 6423144731****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 3714274****DOB: 11/1/1980****Sex: Male**



**Steele Creek Urgent Care**

9332 South Tryon Street

Charlotte, NC 28273-

Phone: 704-587-6700 Fax: 704-587-6723

**Clinical Documentation**

DOCUMENT NAME: Ambulatory Adult Intake Form-Text  
ELECTRONICALLY SIGNED BY: BOWER , HEIDI A CMA (4/28/2018 19:04 EDT)

**Ambulatory Adult Intake Form Entered On: 4/28/2018 19:09 EDT**  
**Performed On: 4/28/2018 19:04 EDT by BOWER , HEIDI A CMA**

**Intake**

*Chief Complaint* : extreme energy w/ no explanation  
*Preferred Language for Healthcare* : English  
*Accompanied By* : Self  
*Menstrual Status* : Other: Male

BOWER , HEIDI A CMA - 4/28/2018 19:04 EDT

**Travel History**

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

BOWER , HEIDI A CMA - 4/28/2018 19:04 EDT

**Vitals**

*Height Actual or Stated?* : Stated/Estimated  
*Height Documented in (UOM)* : feet/inches  
*Height* : 181.61 cm  
*Height Contributor (ft)* : 5 ft  
*Height Contributor (inches)* : 11.5 inch  
*Clinical Weight Contributor (kg)* : 108.5 kg  
*Weight Actual or Stated?* : Actual  
*Clinical Weight Documented in (UOM)* : kg  
*Weight* : 108.5 kg  
*Body Mass Index* : 32.9 kg/m2  
*Body Surface Area* : 2.34 m2  
*Temperature Oral (F)* : 98.3 DegF(Converted to: 36.8 DegC)  
*Peripheral Pulse Rate* : 90 BPM  
*Respiratory Rate* : 18 breaths/minute  
*Systolic Blood Pressure* : 131 mmHg  
*Diastolic Blood Pressure* : 89 mmHg  
*Blood Pressure Location* : Right arm  
*Blood Pressure Position* : Sitting  
*BP Instrument* : Machine

**Provider:** GRIGGS ,JAMES PHILIP MD  
**Date of Service:** 4/28/2018  
**Visit #:** 6423144731

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



## Steele Creek Urgent Care

9332 South Tryon Street

Charlotte, NC 28273-

Phone: 704-587-6700 Fax: 704-587-6723

### Clinical Documentation

BP Cuff Size : Large Adult  
Weight (lbs.) : 239.2 lb  
Height (ft.) : 5.96 ft

BOWER , HEIDI A CMA - 4/28/2018 19:04 EDT

#### Communications

Primary Care Provider : BRADNER , RICHARD L MD  
OC Share Info with others : Denies  
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 none  
Provider Comment 3 : not interested at this time 04/17/18

BOWER , HEIDI A CMA - 4/28/2018 19:04 EDT

#### Amb Allergy and Meds

(As Of: 4/28/2018 19:09:45 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: 4/28/2018 19:04 EDT

Confirmation of Medication Reconciliation : Yes

BOWER , HEIDI A CMA - 4/28/2018 19:04 EDT

##### Medication List

(As Of: 4/28/2018 19:09:45 EDT)

##### Prescription/Discharge Order

citalopram : citalopram ; Status: Prescribed ; Ordered As Mnemonic:  
citalopram 20 mg oral tablet ; Simple Display Line: 20 mg, 1  
tablet, ORAL, Daily, for 30 day(s), 30 tablet, 1 Refill(s) ; Ordering  
Provider: PENISTON , KATHLEEN KELLY NP; Catalog Code:  
citalopram ; Order Dt/Tm: 3/27/2018 09:49:26

OLANZapine : OLANZapine ; Status: Prescribed ; Ordered As Mnemonic:  
ZyPREXA 2.5 mg oral tablet ; Simple Display Line: 2.5 mg, 1

Provider: GRIGGS ,JAMES PHILIP MD

Date of Service: 4/28/2018

Visit #: 6423144731

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 3714274

DOB: 11/1/1980

Sex: Male



## Steele Creek Urgent Care

9332 South Tryon Street

Charlotte, NC 28273-

Phone: 704-587-6700 Fax: 704-587-6723

### Clinical Documentation

tablet, ORAL, qHS (each night at bedtime), for 30 day(s), OK to fill today, 30 tablet, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* OLANZapine ; *Order Dt/Tm:* 4/17/2018 10:23:06

divalproex sodium : divalproex sodium ; *Status:* Prescribed ; *Ordered As Mnemonic:* Depakote ER 500 mg oral tablet, extended release ; *Simple Display Line:* 1,000 mg, 2 tablet, ORAL, qPM (once a day in the evening), for 30 day(s), 60 tablet, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* divalproex sodium ; *Order Dt/Tm:* 4/17/2018 10:24:10

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:* 4/17/2018 10:24:40

*Home Meds*  
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

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 Habitsv2

##### Social History

(As Of: 4/28/2018 19:09:45 EDT)

Tobacco:

**Provider:** GRIGGS ,JAMES PHILIP MD

**Date of Service:** 4/28/2018

**Visit #:** 6423144731

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

**Org MRN#:** 3714274

**DOB:** 11/1/1980

**Sex:** Male



**Steele Creek Urgent Care**

9332 South Tryon Street

Charlotte, NC 28273-

Phone: 704-587-6700

Fax: 704-587-6723

**Clinical Documentation**

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day:. (Last Updated: 4/17/2018 09:48:27 EDT by OWENS , DACHONNE LPN)

Alcohol:

Denies (Last Updated: 1/8/2018 14:56:56 EST by OWENS , DACHONNE LPN)

Drug Abuse:

Denies (Last Updated: 1/8/2018 14:56:58 EST by OWENS , DACHONNE LPN)

Body Mass Index2 : 32.9

BOWER , HEIDI A CMA - 4/28/2018 19:04 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.

**Amb Family History**

Family History

(As Of: 4/28/2018 19:09:45 EDT)

Mother:

*Relation:* Mother ; *Gender:* Female ;

*Nomenclature:* Coronary artery disease (CAD) ; *Value:* Negative

*Nomenclature:* Diabetes mellitus ; *Value:* Negative

Father:

*Relation:* Father ; *Gender:* Male ;

*Nomenclature:* Coronary artery disease (CAD) ; *Value:* Negative

*Nomenclature:* Diabetes mellitus ; *Value:* Negative

*Nomenclature:* Cancer ; *Value:* Positive

Grandparent:

*Relation:* Grandparent ;

**Provider:** GRIGGS ,JAMES PHILIP MD

**Date of Service:** 4/28/2018

**Visit #:** 6423144731

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

**Org MRN#:** 3714274

**DOB:** 11/1/1980

**Sex:** Male



**Steele Creek Urgent Care**

**9332 South Tryon Street**

**Charlotte, NC 28273-**

**Phone: 704-587-6700**

**Fax: 704-587-6723**

### Clinical Documentation

*Nomenclature:* Coronary artery disease (CAD) ; *Value:* Negative

*Nomenclature:* Diabetes mellitus ; *Value:* Negative

GM, Maternal:

*Relation:* GM, Maternal ;

*Nomenclature:* HYPERTENSION ; *Value:* Positive

*Nomenclature:* Coronary artery disease (CAD) ; *Value:* Negative

*Nomenclature:* Diabetes mellitus ; *Value:* Negative

*Nomenclature:* Cancer ; *Value:* Positive

GM, Paternal:

*Relation:* GM, Paternal ;

*Nomenclature:* Coronary artery disease (CAD) ; *Value:* Negative

*Nomenclature:* Diabetes mellitus ; *Value:* Negative

*Nomenclature:* Cancer ; *Value:* Positive

GF, Maternal:

*Relation:* GF, Maternal ;

*Nomenclature:* Coronary artery disease (CAD) ; *Value:* Negative

*Nomenclature:* Diabetes mellitus ; *Value:* Negative

GF, Paternal:

*Relation:* GF, Paternal ;

**Provider: GRIGGS ,JAMES PHILIP MD**

**Date of Service: 4/28/2018**

**Visit #: 6423144731**

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

**Org MRN#: 3714274**

**DOB: 11/1/1980**

**Sex: Male**



Steele Creek Urgent Care

9332 South Tryon Street

Charlotte, NC 28273-

Phone: 704-587-6700 Fax: 704-587-6723

### Clinical Documentation

*Nomenclature:* Coronary artery disease (CAD) ; *Value:* Negative

*Nomenclature:* Diabetes mellitus ; *Value:* Negative

*Nomenclature:* Cancer ; *Value:* Positive

Brother:

*Relation:* Brother ; *Gender:* Male ;

*Nomenclature:* Coronary artery disease (CAD) ; *Value:* Negative

*Nomenclature:* Diabetes mellitus ; *Value:* Negative

Sister:

*Relation:* Sister ; *Gender:* Female ;

*Nomenclature:* Coronary artery disease (CAD) ; *Value:* Negative

*Nomenclature:* Diabetes mellitus ; *Value:* Negative

### Respiratory

SpO2 : 97 %

BOWER , HEIDI A CMA - 4/28/2018 19:04 EDT

DOCUMENT NAME:

Ambulatory Vitals Recheck Form-Text

ELECTRONICALLY SIGNED BY:

POWELL ,CAROLYN B RTR (4/28/2018 19:47 EDT)

**Ambulatory Vitals Recheck Form Entered On: 4/28/2018 19:47 EDT**

**Performed On: 4/28/2018 19:47 EDT by POWELL , CAROLYN B RTR**

### Vitals

**Provider: GRIGGS ,JAMES PHILIP MD**

**Date of Service: 4/28/2018**

**Visit #: 6423144731**

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

**Org MRN#: 3714274**

**DOB: 11/1/1980**

**Sex: Male**



**Steele Creek Urgent Care**

**9332 South Tryon Street**

**Charlotte, NC 28273-**

**Phone: 704-587-6700**

**Fax: 704-587-6723**

### Clinical Documentation

*Height Documented in (UOM) : feet/inches*

*Height : 181.61 cm*

*Height Contributor (ft) : 5 ft*

*Height Contributor (inches) : 11.5 inch*

*Height (ft.) : 5.96 ft*

POWELL , CAROLYN B RTR - 4/28/2018 19:47 EDT

DOCUMENT NAME:

CPOE Blood Glucose - Text

ELECTRONICALLY SIGNED BY:

POWELL ,CAROLYN B RTR (4/28/2018 19:51 EDT)

**Blood Glucose AMB Entered On: 4/28/2018 19:51 EDT**

**Performed On: 4/28/2018 19:49 EDT by POWELL , CAROLYN B RTR**

#### **Blood Glucose**

*Blood Glucose POL : 152 mg/dL (HI)*

POWELL , CAROLYN B RTR - 4/28/2018 19:51 EDT

**Provider: GRIGGS ,JAMES PHILIP MD**

**Date of Service: 4/28/2018**

**Visit #: 6423144731**

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

**Org MRN#: 3714274**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 4/10/2020 10:23 EDT**

**Print ID: 367579332**



**Steele Creek Urgent Care**

9332 South Tryon Street

Charlotte, NC 28273-

Phone: 704-587-6700

Fax: 704-587-6723

**Vitals View**

Recorded Date	4/28/2018	4/28/2018	
Recorded Time	19:47 EDT	19:04 EDT	
Recorded By	POWELL ,CAROLYN B RTR	BOWER ,HEIDI A CMA	
Procedure			Units
Height	181.61	181.61	cm
Weight	-	108.5	kg
BSA	-	2.34	m2
Body Mass Index	-	32.9	kg/m2
Height Contributor (ft)	5	5	ft
Height Contributor (inches)	11.5	11.5	inch
Temperature Oral (F)	-	98.3	DegF
Peripheral Pulse Rate	-	90	BPM
Respiratory Rate	-	18	breaths/minute
BP Cuff Size	-	Large Adult	
Systolic Blood Pressure	-	131	mmHg
Diastolic Blood Pressure	-	89	mmHg
Blood Pressure Location	-	Right arm	
BP Instrument	-	Machine	
Blood Pressure Position	-	Sitting	
SpO2	-	97	%

**Provider: GRIGGS ,JAMES PHILIP MD****Date of Service:** 4/28/2018**Visit #:** 6423144731**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 3714274**DOB:** 11/1/1980**Sex:** Male

**Steele Creek Urgent Care**

9332 South Tryon Street

Charlotte, NC 28273-

Phone: 704-587-6700

Fax: 704-587-6723

**Visit Information****Visit Information**

Recorded Date	4/28/2018	
Recorded Time	19:04 EDT	
Recorded By	BOWER ,HEIDI A CMA	
Procedure		Units
Chief Complaint	extreme energy w/ no explanation	
Menstrual Status	Other: Male	
Accompanied By	Self	
Primary Care Provider	BRADNER , RICHARD L MD	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

**Provider:** GRIGGS ,JAMES PHILIP MD**Date of Service:** 4/28/2018**Visit #:** 6423144731**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 3714274**DOB:** 11/1/1980**Sex:** Male

**Steele Creek Urgent Care**

9332 South Tryon Street

Charlotte, NC 28273-

Phone: 704-587-6700 Fax: 704-587-6723

**General Admission History****General Admission History**

Recorded Date	4/28/2018
Recorded Time	19:04 EDT
Procedure	
Recent Travel Outside United States MERS	See Below <sup>T1</sup>
Pregnant	N/A

**Textual Results**

T1: 4/28/2018 19:04 EDT (Recent Travel Outside United States MERS)  
No travel/no contact within past 14 days

**Provider: GRIGGS ,JAMES PHILIP MD****Date of Service:** 4/28/2018**Visit #:** 6423144731**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 3714274**DOB:** 11/1/1980**Sex:** Male



---

Admit Date: 4/30/2018 14:10 EDT  
Disch Date: 4/30/2018 23:59 EDT  
Admitting:  
Attending: PENISTON ,KATHLEEN KELLY NP  
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 3714274 Acct#: 6423187181  
DOB: 11/1/1980 Age: 37 years Sex: Male  
Location: CMC Randolph Behavioral Health OMS  
Print ID: 367579483

## Medication Compliance Status

### Admission Medication Reconciliation

#### Med Name

acetaminophen/aspirin/caffeine (Goodys Extra Strength)

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

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

Still taking, as prescribed

OLANzapine (ZyPREXA 5 mg oral tablet)

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

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

citalopram (citalopram 20 mg oral tablet)

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

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

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

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

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

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

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

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

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

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

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

metFORMIN (metFORMIN)

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

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

Still taking, as prescribed

Admit Date: 4/30/2018 14:10 EDT  
Disch Date: 4/30/2018 23:59 EDT  
Admitting:  
Attending: PENISTON ,KATHLEEN KELLY NP  
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 3714274 Acct#: 6423187181  
DOB: 11/1/1980 Age: 37 years Sex: Male  
Location: CMC Randolph Behavioral Health OMS  
Print ID: 367579483

## Chemistry

**Accession Number:** M9855763

<b>Orderable Name:</b> Valproic Acid Level (Depakote Level)		<b>Collected Date/Time:</b> 4/30/2018 14:10 EDT	<b>Result Date/Time:</b> 5/1/2018 05:18 EDT
<b>Procedure</b>	<b>Result</b>	<b>Units</b>	<b>Reference Range</b>
Valproic Acid Level	81.7 *1	ug/mL	[50.0-100.0]

### 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-

Admit Date: 4/30/2018 14:10 EDT  
Disch Date: 4/30/2018 23:59 EDT  
Admitting:  
Attending: PENISTON ,KATHLEEN KELLY NP  
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 3714274 Acct#: 6423187181  
DOB: 11/1/1980 Age: 37 years Sex: Male  
Location: CMC Randolph Behavioral Health OMS  
Print ID: 367579483

## Electronic Orders

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

<b>Order: Valproic Acid Level (Depakote Level)</b>		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: Blood, 4/30/18 2:10:00 PM EDT, Routine collect, Once, Stop date 5/1/18 5:18:33 AM EDT, Bipolar disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 3/27/2018 09:52 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider: CASTRO ,MANUEL A MD	
Order Details: Blood, 03/27/18 9:52:00 EDT, Routine collect, Once, Stop date 03/27/18 9:52:00 EDT, Bipolar disorder		
Review Information:		
Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 5/6/2018 23:21 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Activate	Action Date/Time: 4/30/2018 14:10 EDT	Entered By: FREGOZO ,GINA
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:	
Order Details: Blood, 04/30/18 14:10:00 EDT, Routine collect, Once, Stop date 04/30/18 14:10:00 EDT, Bipolar disorder		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 4/30/2018 23:52 EDT	Entered By: CONTRIBUTOR_SYSTEM, MISYS
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:	
Order Details: Blood, 04/30/18 14:10:00 EDT, Routine collect, Once, Stop date 04/30/18 14:10:00 EDT, Bipolar disorder		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Complete	Action Date/Time: 5/1/2018 05:18 EDT	Entered By: SYSTEM
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:	
Order Details: Blood, 04/30/18 14:10:00 EDT, Routine collect, Once, Stop date 04/30/18 14:10:00 EDT, Bipolar disorder		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Admit Date: 4/30/2018 14:10 EDT  
Disch Date: 4/30/2018 23:59 EDT  
Admitting:  
Attending: PENISTON ,KATHLEEN KELLY NP  
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 3714274 Acct#: 6423187181  
DOB: 11/1/1980 Age: 37 years Sex: Male  
Location: CMC Randolph Behavioral Health OMS  
Print ID: 367579483

## Allergy History

Substance **No known allergies**

Recorded Date/Time

11/3/2011 16:19 EDT

**Allergy Type** Allergy; **Recorded On Behalf Of** FERRARO,NICHOLAS P RN; **Reaction Status** Active; **Reviewed Date/Time** 2/4/2020 14:15 EST; **Reviewed By** ELMORE , SHANELLE LPN;

Admit Date: 4/30/2018 14:10 EDT  
Disch Date: 4/30/2018 23:59 EDT  
Admitting:  
Attending: PENISTON ,KATHLEEN KELLY NP  
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 3714274 Acct#: 6423187181  
DOB: 11/1/1980 Age: 37 years Sex: Male  
Location: CMC Randolph Behavioral Health OMS  
Print ID: 367579483





**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

---

**Provider:**  
**Date of Service:** 4/30/2018  
**Visit #:**

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



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Fax:

**BH Clinical Documentation**

DOCUMENT NAME:

**BH Telephone Contact Form Entered On: 4/30/2018 15:12 EDT**  
**Performed On: 4/30/2018 15:09 EDT by YARBROUGH , FELICIA A**

**Medicaid Number**

*Medicaid Coverage :* No

YARBROUGH , FELICIA A - 4/30/2018 15:09 EDT

**BH Telephone Contact**

*Relationship to Patient :* Self

*Provider :* PENISTON , KATHLEEN KELLY NP

*Call Type :* Medical Questions

*Cell Phone Number :* 828 [REDACTED]

*Reason for call :* Pt called to inform provider about a phone call will be made concerning short term disability. The second reason is to inform provider that he went to the Urgent Care because of an "explosion of energy" over the weekend. He is now taking 1 dose of the Adderall XR

*Last Visit Date :* 4/17/2018 EDT

*Was Appointment Kept? :* Show

YARBROUGH , FELICIA A - 4/30/2018 15:09 EDT

**Follow Up**

Phone Msg Communication Grid

1. *Communication Date/Time :* 4/30/2018 17:01 EDT

*Communication Comment :* I did see that he went to UC. We will discuss disability at his next visit.

PENISTON , KATHLEEN KELLY NP - 4/30/2018 17:01 EDT

2. *Communication Date/Time :* 4/30/2018 17:07 EDT

*Communication Comment :* spoke with pt and informed him of NP response, pt verbalized understanding...will close

WADE , KEISHA RN - 4/30/2018 17:07 EDT

*Follow-up Appointment :* 5/2/18@ 9:40

YARBROUGH , FELICIA A - 4/30/2018 15:09 EDT

**Provider:**

**Date of Service:** 4/30/2018

**Visit #:**

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



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**Charlotte, NC 28211-**

**Phone:**

**Fax:**

### Visit Information

#### Visit Information

Recorded Date	4/30/2018	
Recorded Time	15:09 EDT	
Recorded By	YARBROUGH ,FELICIA A	
Procedure		Units
Provider	PENISTON , KATHLEEN KELLY NP	

**Provider:**

**Date of Service:** 4/30/2018

**Visit #:**

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



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**Charlotte, NC 28211-**

**Phone:**

**Fax:**

---

**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 5/2/2018  
**Visit #:** 6422715016

**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**

DOCUMENT NAME:

**PSYCH OMS NP WITH NURSE**

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 6422715016  
Age: **37 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 37-year-old male who presents outpatient medication services for evaluation. He was last seen 2 weeks ago and had been having some trouble with his sleep. The patient requested something for sleep and we continue to taper him off of Zyprexa. The patient has been adamant about getting off of the Zyprexa stating that the adverse effects of difficulty with focus and foggy became too much to manage. He is currently on Depakote 1000 mg and his current Depakote level is 81.7. The patient visited an urgent care complaining of "surges of energy" and difficulty with sleep. He was prescribed Ambien by this writer and states that this has been somewhat helpful but he ran out of this prescription. He reports he is currently sleeping poorly. Appetite is adequate. Energy level is variable and he has periods of time in which he feels like he has excessive amounts of energy. With regards to concentration he states that at times his mind will not work and he feels confused. He reports his mood has been unstable with periods of dysphoria. The patient is usually hyper talkative and this is the case as well today. He states he is going to be taking some time off of work during this transition because he is having such difficulty. He denies any thoughts of harming himself or others. No psychotic symptoms are noted. He denies any alcohol or drug use. The patient has had trials of other medications in the past including lithium, Haldol, Abilify, Geodon, Risperdal, Seroquel, gabapentin. The patient is quite intelligent and when this writer inquires to him about what he thinks is going on he states that he believes that this is due to him coming off the Zyprexa and is somewhat of a withdrawal effect. This writer voices the concern about the patient becoming unstable with regards to his mood and how this could worsen. It appears that the patient was previously very sedated and lethargic with the Zyprexa and that is why the Celexa and Adderall were used to balance that out. Today we discussed the implications of how his medications could be impacting him at this point since he is almost completely off of the Zyprexa and he is open to discontinuing both of these medications.

**Review of Systems**

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

**Provider: CASTRO ,MANUEL A MD****Date of Service: 5/2/2018****Visit #: 6422715016****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**

**Health Status**

**Allergies:**

Allergic Reactions (All)

No known allergies

**Current medications:** (Selected)

Prescriptions

*Prescribed*

Ambien 10 mg oral tablet: 10 mg, 1 tablet, ORAL, qHS (each night at bedtime), for 30 day(s), 1/2 - 1 tablet at bedtime as needed for sleep, PRN: for sleep, 30 tablet, 0 Refill(s)

Depakote ER 500 mg oral tablet, extended release: 1,000 mg, 2 tablet, ORAL, qPM (once a day in the evening), for 30 day(s), 60 tablet, 0 Refill(s)

citalopram 20 mg oral tablet: 10 mg, 0.5 tablet, ORAL, Daily, for 4 day(s), half a tab for 4 days. then, stop., 2 tablet, 0 Refill(s)

Documented Medications

*Documented*

Goodys Extra Strength: See Instructions, 1 packet as needed

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

**Problem list:**

No problem items selected or recorded.

**Histories**

**Past Medical History:**

No active or resolved past medical history items have been selected or recorded.

**Family History:**

HYPERTENSION

GM, Maternal

Cancer

Father

GM, Paternal

GF, Paternal

GM, Maternal

**Procedure history:**

No active procedure history items have been selected or recorded.

**Social History**

Social & Psychosocial Habits

Alcohol

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 5/2/2018

**Visit #:** 6422715016

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



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### Office/Clinic Visit Notes

01/08/2018 **Use:** Denies

#### Drug Abuse

01/08/2018 **Use:** Denies

#### Tobacco

05/02/2018 **Smoking Status:** Never smoker

**# Years Active Cigarette Smoker:** 0

**Avg # Packs Per Day (20 cigs/pack):** 0

### 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: Rapid, Overproductive, Perseverative.

Thought process: Perseverating.

Mood and affect: Labile, Anxious.

Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts.

Perceptions+: No abnormalities.

Insight: Fair.

Judgment: Fair.

#### VS/Measurements

##### Vital Signs

5/2/2018 9:51 EDT

Peripheral Pulse Rate	80 BPM
Systolic Blood Pressure	126 mmHg
Diastolic Blood Pressure	81 mmHg
Blood Pressure Location	Right arm
BP Instrument	Machine
Blood Pressure Position	Sitting

, Measurements from flowsheet : Measurements - Standard

5/2/2018 9:51 EDT

Height Contributor (ft)	5 ft
-------------------------	------

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 5/2/2018

**Visit #:** 6422715016

**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

Height Contributor (inches)	11.5 inch
Clinical Weight Contributor (lb)	238 lb

## Health Maintenance

### Health Maintenance

#### Pending (in the next year)

##### OverDue

Diabetes Care - Hgb A1C due 07/19/16 and every 6 month

##### Due

Diabetes Care - ACE/ARB Med due 05/02/18 One-time only

Diabetes Care - Antiplatelet Medications due 05/02/18 One-time only

Diabetes Care - Foot Exam due 05/02/18 and every 1 year(s)

Diabetes Care - Microalbumin due 05/02/18 and every 1 year(s)

Diabetes Care - Retinal Screening due 05/02/18 and every 2 year(s)

HIV Screening due 05/02/18 One-time only

Healthy Weight Counseling age 18-64 due 05/02/18 and every 1 year(s)

Pneumococcal 23 Vaccine due 05/02/18 and every 3 month

Tdap Vaccine due 05/02/18 One-time only

Tetanus Vaccine due 05/02/18 and every 10 year(s)

##### Due In Future

Influenza Vaccine not due until 08/01/18 and every 8 month

#### Satisfied (in the past 1 year)

There are no satisfied recommendations within the defined date range

## Impression and Plan

### Dx/Order Association Plan

Psychiatric Diagnoses: Bipolar, type I currently mixed; ADD; cluster A traits

Medical Diagnoses: diabetes, elevated cholesterol and triglycerides

Psychosocial Stressors: work, finances

Summary: Patient is having some mood variability.

#### Plan

1) Medication: Cont. Depakote ER1000mg QPM. Ambien 10mg prn sleep. Discontinue Adderall. Taper off Celexa. Discontinue Zyprexa.

Provider: CASTRO ,MANUEL A MD

Date of Service: 5/2/2018

Visit #: 6422715016

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:**

### **Office/Clinic Visit Notes**

- 2) Therapy - Patient is seeing a neurologist and plans to have neuropsych testing
- 3) Labwork Ordered - Depakote level
- 4) SA Treatment - Not indicated
- 5) RTC in 1 weeks for further evaluation of medication. Will consider increased dose of Depakote and/or adding another medication if mood remains labile.
- 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**

**05/02/2018 01:41 PM**

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

**05/09/18 10:38 AM**

---

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/2/2018**

**Visit #: 6422715016**

**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:**

**Correspondence Other**

---

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/2/2018**

**Visit #: 6422715016**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

---

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115768**

11/1/1980

\* Release Authorization - Auth (Verified) \*

05/03/2018 15:34 York Ridge

(FAX)

P.001/001

Carolinas HealthCare 5/1/2018 11:32:41 AM PAGE 3/006 Fax Server

Patient Information: I give permission to release the health information of:

(One Patient Per Form)

Patient Name: Leonard Clinton Williams III Date of Birth: 11/01/1980  
Street Address: [REDACTED] Last 4 numbers of SSN: [REDACTED]  
City, State, Zip: [REDACTED] Telephone: (888) 387 [REDACTED]  
Email address: [REDACTED]  
By providing your email address you acknowledge and accept the risks outlined in the Guidelines for E-mail with Patients, posted on carolinashealthcare.org.

## Release Information From:

CHS Carolinas Healthcare System  
(List applicable Facility(s) and/or Practice(s))

## Release Information To:

Liberty Mutual Insurance  
(Name of facility, person, company)  
P.O. Box 7208, London, KY 40393-7208  
(Address)  
[REDACTED]  
(Phone number) (Fax number)

PURPOSE OF RELEASE (check reason): ☐ Request of individual/personal ☐ Continued patient care ☒ Insurance  
☐ Legal purpose including discussions & proceedings ☐ Other

Fill in dates of treatment for records to be released:

Treatment dates: From April 1, 2018 To May 3, 2018

Facility Summary: May include history &amp; physical, discharge summary, operative notes, consults, diagnostic test results, medication list, allergies.

Office/Clinical Summary: May include most recent office visits, physical exam, consults, diagnostic test results.

## Facility (check all that may apply):

- ☐ Facility Summary  
☐ Discharge Summary  
☐ History and Physical  
☐ Consultation reports  
☐ Operative Reports  
☐ Laboratory reports  
☐ Radiology/X-Ray Reports  
☐ Pathology reports
- ☐ Emergency Record  
☐ Cardiac Reports/EKG  
☐ Other

- ☒ Entire record (Not including psychotherapy notes)  
☐ Itemized Bill

## Office/Clinic/Home Care (check all that may apply):

- ☐ Office/Clinic Summary  
☐ Office/Home Visits  
☐ Physical Exam  
☐ Laboratory Reports  
☐ Radiology Reports  
☐ Other

- ☒ Entire Record (Not including psychotherapy notes)  
☐ Itemized Bill

## Behavioral Health/Sub. Use (check all that may apply):

- ☐ Facility Summary  
☐ Clinical/Discharge Summary  
☐ Assessments  
☐ Physician Orders  
☐ Progress/Therapy Notes  
☐ Medications  
☐ Lab reports  
☐ Other

- ☒ Entire Record (Not including psychotherapy notes)  
☐ Itemized Bill

## FORMAT:

- ☐ CD (charges may apply)  
☒ Email Address noted above, where permitted  
☐ Paper copy (charges may apply)  
☐ Other

## DELIVERY METHOD:

- ☐ Reg. US Mail ☐ Pick-up ☒ Fax, where permitted  
☒ Overnight/Express Mail Service, where permitted  
☐ Secure email  
☐ Other

## PATIENT'S RIGHTS - I understand that:

- I can cancel this permission at any time. I must cancel in writing and send or deliver cancellation to releasing facility or practice named above. Any cancellation will apply only to information not yet released by facility or practice.
- This is a full release including information related to behavioral/mental health, drug and alcohol abuse treatment (in compliance with 42 CFR Part 2), genetic information, HIV/AIDS, and other sexually transmitted diseases.
- Once my health information is released, the recipient may disclose or share my information with others and my information may no longer be protected by federal and state privacy protections.
- Refusing to sign this form will not prevent my ability to get treatment, payment, enrollment in health plan, or eligibility for benefits.
- CHS will not share or use my health information without my permission other than by ways listed in CHS's Notice of Privacy Practices or as required by law. The Notice of Privacy Practices is available at carolinashealthcare.org.
- A fee may be charged for providing the protected health information.

This permission expires one year after the date of my signature unless another date or event is written here:

Signature: [Signature] Print Name: Leonard Clinton Williams III Date: 5/3/2018

Note: If the patient lacks legal capacity or is unable to sign, an authorized personal representative may sign this form.

Note the relationship/authority if signature is not that of the patient (Written Proof May be Requested):

- ☐ Healthcare Agent/POA ☐ Guardian ☐ Executor/Administrator/Attorney in Fact ☐ Spouse  
☐ Parent ☐ Adult Child ☐ Affidavit Next of Kin ☐ Other

Note: If minor consented for their outpatient treatment for pregnancy, sexually transmitted disease or behavioral/mental health without parental consent, the minor must sign this authorization. When the patient is a minor being treated for substance abuse, the minor must sign this authorization, regardless of who consented for treatment.

Signature of Minor: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization given to patient / Date of release: \_\_\_\_\_

via ☐ Mail ☐ Fax ☐ Other \_\_\_\_\_ ☐ IT Verified ☐ IT / Other IT

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient information or sticker



Name:  
DOB:  
Medical Record #:

Account #:

10pgs, 4/17/18-5/2/18, CHS, faxed 5/3/18[AHARRI68-5/3/2018 5:39:50 PM]



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Insurance**

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/2/2018**

**Visit #: 6422715016**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

11/1/1980

\* Insurance. - Auth (Verified) \*

**Insurance Verification Letter**

Patient Name: Williams, Leonard Clinton III  
Admit Date: No admission date for patient encounter.  
CSN: 6422715016

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

Primary Insurance Name: BCBS BLUECARD ANTHEM  
Secondary Insurance Name: N/A

I understand my signature on this form indicates that I have verified and confirmed the insurance information listed above is accurate. I have also been advised to notify the hospital as soon as possible if there are any changes to the insurance coverage listed above to ensure I am not held financially responsible for services that could be covered by insurance.

Medicaid Be Smart Family Planning Program: \_\_\_\_\_

If you have Medicaid "Be Smart" Family Planning coverage, your coverage is limited to applicable outpatient services. Inpatient and emergency department services are not covered under the Medicaid "Be Smart" Family Planning Program therefore you will be financially responsible for today's services and billed as self-pay. See "no insurance coverage/self pay" section below for more details.

No Insurance Coverage/Self Pay: \_\_\_\_\_

If you are currently without Medicare, Medicaid, or insurance coverage (uninsured) then you may be eligible to apply and/or be screened for other coverage options and financial insurance coverage and that you will cooperate and participate in the efforts to help you qualify for any applicable coverage (such as Medicaid). Failure to fully participate with these efforts will disqualify you from eligibility for our financial assistance discounts. Information on financial assistance is available on the Carolinas HealthCare System website at [www.carolinashealthcare.org](http://www.carolinashealthcare.org).

I attest the information above is accurate to the best of my knowledge and reflects my current insurance coverage or my confirmation that I have no coverage (Insurance, Medicare, or Medicaid) for these services. I understand that failure to disclose insurance coverage may result in the responsible party having to pay for services that would have been paid by insurance if the hospital is unable to bill the insurer within their billing deadlines.

E-Signature



Signature: Signature captured with Topaz SigToolESIDevice by Williams, Leonard Clinton III at 5/2/2018 9:44:02 AM

Relationship to Patient:



039



**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: <b>Est OV Level 4 -99214</b>		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: 5/2/18 10:50:00 AM EDT, Bipolar disorder, mixed		
Order Comment:		
Action Type: Order	Action Date/Time: 5/2/2018 10:50 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider: CASTRO ,MANUEL A MD	
Order Details: 05/02/18 10:50:00 EDT, Bipolar disorder, mixed		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

**Provider: CASTRO ,MANUEL A MD****Date of Service:** 5/2/2018**Visit #:** 6422715016**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:** 05/02/2018**Phone:** (828) [REDACTED]**Age:** 37 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 regular doctor is:** CASTRO, MANUEL A MD**Your doctor or location today:** PENISTON, KATHLEEN KELLY NP**Reason for Visit:****Today's Diagnosis:** Bipolar disorder, mixed**Today's Clinical Information:****Height:** 5 ft 11.5 inch**Weight:** 238 lb**BMI:** 32.73 kg/m2**Blood Pressure:** 126 mmHg / 81 mmHg**Additional Information:****Allergies:****Provider:** CASTRO, MANUEL A MD**Date of Service:** 5/2/2018**Visit #:** 6422715016**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 05/02/2018 visit)

No Laboratory and Radiology documented

#### **Medication Information:**

	New Medicines to take at Home	Prescription	Next Dose Due
1.	<b>citalopram (citalopram 20 mg oral tablet)</b> 0.5 tablet by mouth every day half a tab for 4 days. then, stop.	Prescription Given to Patient (unless noted below) [ ] Prescription Not Needed	
2.	<b>zolpidem (Ambien 10 mg oral tablet)</b> 1 tablet by mouth each night at bedtime as needed for sleep 1/2 - 1 tablet at bedtime as needed for sleep	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	

	Continue Taking These Medicines at Home	Next Dose Due
1.	<b>APAP/ASA/caffeine (Goodys Extra Strength)</b> See Instructions 1 packet as needed	
2.	<b>divalproex sodium (Depakote ER 500 mg oral tablet, extended release)</b> 2 tablet by mouth once a day in the evening	

Provider: CASTRO ,MANUEL A MD

Date of Service: 5/2/2018

Visit #: 6422715016

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**

3.	<b>metFORMIN (metFORMIN)</b> See Instructions ORAL	
----	---	--

***These Medicines have been Changed or Stopped***

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

**citalopram (citalopram 20 mg oral tablet)**

1 tablet by mouth every day

**This medicine has been stopped.**

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

1 capsule by mouth two times a day

**This medicine has been stopped.**

**OLANzapine (ZyPREXA 2.5 mg oral tablet)**

1 tablet by mouth each night at bedtime OK to fill today

\*This is a list of current information in your Carolinas HealthCare System medical record. It may include information from your visits to other offices or medications you told us were prescribed by other physicians or health care providers. If you have questions about this information, please contact your physician or health care provider.

**Scheduled Appointments:**

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

**Follow Up:**

**Reminders:**

1. If you have questions about your medicines, please ask your Doctor or a pharmacist.
2. Please bring your medicine list and pill bottles to **all** Doctor visits, medical testing, or if you are going to the ER or Hospital.
3. Remember to discard old medicine lists and update any records.

**Important Phone Numbers:**

**Poison Control Center 1-800-222-1222**

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

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/2/2018**

**Visit #: 6422715016**

**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**

**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: 5/2/2018**  
**Visit #: 6422715016**

**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**

DOCUMENT NAME:

Patient Education

**Patient Education**



Carolinas HealthCare System

**Patient Education Materials**

**MRN:** 0000642066

**Name:** WILLIAMS III, LEONARD CLINTON

**Visit Date:** 5/2/2018 09:40:00

**FIN:** 6422715016

**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:** 5/2/2018

**Visit #:** 6422715016

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:30 EST

**Print ID:** 350115768



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**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Discharge Information - Patient Education**

**DOCUMENT NAME:**

**Ambulatory Depart Form - Text**

**Ambulatory Depart Form Entered On: 5/2/2018 9:55 EDT**

**Performed On: 5/2/2018 9:55 EDT by LACY , SARAH LPN**

**Ambulatory Educational Assessment**

*Identified Learning Needs :* Medications, Other:

*Preferred Learning Methods :* Discussion, Observing

*Barriers to Learning :* None evident

**LACY , SARAH LPN - 5/2/2018 9:55 EDT**

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/2/2018**

**Visit #: 6422715016**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115768**



**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: 5/2/2018 10:50 EDT**

**Performed On: 5/2/2018 10:50 EDT by PENISTON , KATHLEEN KELLY NP**

**Response to Education**

*Response to Teaching :* Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 5/2/2018 10:50 EDT

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/2/2018**

**Visit #: 6422715016**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115768**



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Patient Questionnaires**

---

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/2/2018**

**Visit #: 6422715016**

**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

238

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

☐ Well☒ Fairly well☒ Poorly - explain: having issues with mood/energy, brain fog, hay wire

2. At today's appointment, I want:

☐ Just to have my medications refilled.☒ To have a medication change - explain: Lower cypren, get arbutin

3. I am having medication side effects.

☒ Yes - explain: \_\_\_\_\_☐ No

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

☐ Yes - explain: \_\_\_\_\_☒ No

5. I have been taking my medications as prescribed.

☐ Yes☒ No - explain: one day I missed adderall

6. Questions or concerns I want to discuss today. \_\_\_\_\_

Signature of Person Completing Form: [Signature]Date: 5/2/2018

\*If other than patient, give relationship: \_\_\_\_\_

For Staff Only:

Form reviewed by: [Signature]Date: 5/2/18Time: 0950

Date: \_\_\_\_\_

Time: \_\_\_\_\_



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



Rev. 05 21 09

WILLIAMS, LEONARD CLINTON\*  
CSN: 6422715016 FAC: H  
MRN: 0000642066 Adm Date: 5/2/2018  
DOB: 11/01/1980 (37 yrs) Male  
Att Phy: 27815 CASTRO, MANUELA



**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

**BH Clinical Documentation**

DOCUMENT NAME:

**Outpatient Medication Clinic Initial - BH Entered On: 5/2/2018 9:55 EDT**  
**Performed On: 5/2/2018 9:51 EDT by LACY , SARAH LPN**

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

LACY , SARAH LPN - 5/2/2018 9:51 EDT

**Allergies**

(As Of: 5/2/2018 09:55:03 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:* 5/2/2018 9:51  
EDT

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

LACY , SARAH LPN - 5/2/2018 9:51 EDT

**Med List***Confirmation of Medication Reconciliation :* Yes

LACY , SARAH LPN - 5/2/2018 9:51 EDT

Medication List

(As Of: 5/2/2018 09:55:03 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:* 4/17/2018  
10:24:40

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 5/2/2018**Visit #:** 6422715016**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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**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, 1 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP ; *Catalog Code:* citalopram ; *Order Dt/Tm:* 3/27/2018 09:49:26

divalproex sodium : divalproex sodium ; *Status:* Prescribed ; *Ordered As Mnemonic:* Depakote ER 500 mg oral tablet, extended release ; *Simple Display Line:* 1,000 mg, 2 tablet, ORAL, qPM (once a day in the evening), for 30 day(s), 60 tablet, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP ; *Catalog Code:* divalproex sodium ; *Order Dt/Tm:* 4/17/2018 10:24:10

OLANZapine : OLANZapine ; *Status:* Prescribed ; *Ordered As Mnemonic:* ZYPREXA 2.5 mg oral tablet ; *Simple Display Line:* 2.5 mg, 1 tablet, ORAL, qHS (each night at bedtime), for 30 day(s), OK to fill today, 30 tablet, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP ; *Catalog Code:* OLANZapine ; *Order Dt/Tm:* 4/17/2018 10:23:06

*Home Meds*  
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

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

**General Admission Information***Legal Guardian :* No*Information Given By :* Patient**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 5/2/2018**Visit #:** 6422715016**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Fax:

**BH Clinical Documentation***Cultural/Spiritual Practices Impact Tx* : No*Presenting Problem* : F/U, Issues with mood swings and energy.

LACY , SARAH LPN - 5/2/2018 9:51 EDT

**Communication***Preferred Communication Mode* : Verbal*Communication Barriers* : None*Preferred Language for Healthcare* : English

LACY , SARAH LPN - 5/2/2018 9:51 EDT

**Advance Directives***Advance Directive Documents in EMR RTF* : No Advance Directive documents available.*Advance Directive Completed* : No or does not know*Reason No Living Will or POA* : Unable/did not wish to provide advance directive*Advance Directive More Info Requested* : No

LACY , SARAH LPN - 5/2/2018 9:51 EDT

**Risk for Harm to Others***Assaultive Ideations* : No*Homicidal Ideations* : No*Does Patient Have a Plan* : No*Recent Attempt to Harm Others* : No*Access to Firearms/Weapons* : No*History of Danger to others* : No

LACY , SARAH LPN - 5/2/2018 9:51 EDT

**CSSRS Short Version - Reassessment***CSSRS Reassess Able to Assess* : Yes*1. Have you wished you were dead or wished you could go to sleep and not wake up? (ref)* : Since last visit, yes*CSSRS Screen Wish to be Dead ReAsses Details* : Last week.*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

LACY , SARAH LPN - 5/2/2018 9:51 EDT

**Social History**Social History

(As Of: 5/2/2018 09:55:03 EDT)

Tobacco:

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day: (Last

Updated: 5/2/2018 09:52:59 EDT by LACY , SARAH LPN)

Alcohol:

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 5/2/2018**Visit #:** 6422715016**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Phone:

Fax:

**BH Clinical Documentation**

Denies (Last Updated: 1/8/2018 14:56:56 EST by OWENS ,  
DACHONNE LPN)

Drug Abuse:

Denies (Last Updated: 1/8/2018 14:56:58 EST by OWENS ,  
DACHONNE LPN)

*Social History Categories Addressed :* Tobacco, Alcohol, Drug abuse

LACY , SARAH LPN - 5/2/2018 9:51 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 Practice 2 :* Psychiatrist

*Provider of Record 3 :* None

*Provider Practice 3 :* Therapist none

*Provider Comment 3 :* not interested at this time 04/17/18

LACY , SARAH LPN - 5/2/2018 9:51 EDT

**Vitals**

*Height Actual or Stated? :* Stated/Estimated

*Height Documented in (UOM) :* feet/inches

*Height :* 181.61 cm

*Height Contributor (ft) :* 5 ft

*Height Contributor (inches) :* 11.5 inch

*Weight Actual or Stated? :* Actual

*Clinical Weight Documented in (UOM) :* lbs/oz

*Weight :* 107.956 kg

*Clinical Weight Contributor (lb) :* 238 lb

*Body Mass Index :* 32.73 kg/m2

*Body Surface Area :* 2.33 m2

*Peripheral Pulse Rate :* 80 BPM

*Systolic Blood Pressure :* 126 mmHg

*Diastolic Blood Pressure :* 81 mmHg

*Blood Pressure Location :* Right arm

**Provider: CASTRO ,MANUEL A MD****Date of Service: 5/2/2018****Visit #: 6422715016****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**

*Blood Pressure Position :* Sitting

*BP Instrument :* Machine

*Weight (lbs.) :* 238 lb

*Height (ft.) :* 5.96 ft

**Pain History**

*Pain Present :* No

LACY , SARAH LPN - 5/2/2018 9:51 EDT

LACY , SARAH LPN - 5/2/2018 9:51 EDT

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 5/2/2018

**Visit #:** 6422715016

**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	5/2/2018	
Recorded Time	09:51 EDT	
Recorded By	LACY ,SARAH LPN	
Procedure		Units
Height	181.61	cm
Weight	107.956	kg
BSA	2.33	m2
Body Mass Index	32.73	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Clinical Weight Contributor (lb)	238	lb
Peripheral Pulse Rate	80	BPM
Systolic Blood Pressure	126	mmHg
Diastolic Blood Pressure	81	mmHg
Blood Pressure Location	Right arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	No	

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/2/2018**

**Visit #: 6422715016**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115768**



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Patient Assessment**

**Patient Assessment**

Recorded Date	5/2/2018
Recorded Time	09:51 EDT
Recorded By	LACY ,SARAH LPN
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/2/2018**

**Visit #: 6422715016**

**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	5/2/2018
	Recorded Time	09:51 EDT
	Recorded By	LACY ,SARAH LPN
Procedure	Units	
CSSRS Reassess Able to Assess		Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, yes
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 5/2/2018

**Visit #:** 6422715016

**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:**

### Visit Information

#### Visit Information

Recorded Date	5/2/2018	
Recorded Time	09:51 EDT	
Recorded By	LACY ,SARAH LPN	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Preferred Communication Mode	Verbal	
Primary Care Provider	BRADNER , RICHARD L MD	
Communication Barriers	None	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/2/2018**

**Visit #: 6422715016**

**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	5/2/2018
Recorded Time	09:51 EDT
Procedure	
Advance Directive Completed	No or does not know
Advance Directive More Info Requested	No
Recent Travel Outside United States MERS	See Below <sup>T1</sup>
Pregnant	N/A

#### Textual Results

T1: 5/2/2018 09:51 EDT (Recent Travel Outside United States MERS)  
No travel/no contact within past 14 days

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/2/2018**

**Visit #: 6422715016**

**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	5/2/2018
Recorded Time	09:51 EDT
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/2/2018**

**Visit #: 6422715016**

**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	5/2/2018
Recorded Time	09:55 EDT
Recorded By	LACY ,SARAH LPN
Procedure	
Preferred Learning Methods	Discussion, Observing
Barriers to Learning	None evident

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/2/2018**

**Visit #: 6422715016**

**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	5/2/2018	
Recorded Time	09:51 EDT	
Recorded By	LACY ,SARAH LPN	
Procedure		Units
Presenting Problem	See Below <sup>T1</sup>	
Cultural/Spiritual Practices Impact Tx	No	
Assaultive Ideations	No	
Homicidal Ideations	No	
Does Patient Have a Plan	No	
Recent Attempt to Harm Others	No	
Access to Firearms/Weapons	No	
History of Danger to others	No	

### Textual Results

T1: 5/2/2018 09:51 EDT (Presenting Problem)  
F/U, Issues with mood swings and energy.

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/2/2018**

**Visit #: 6422715016**

**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:**

### Procedure History

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

**Last Updated**

5/8/2018 05:25 EDT

**Procedure Date**

5/2/2018 23:59 EDT

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/2/2018**

**Visit #: 6422715016**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115768**



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

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**Provider:**  
**Date of Service:** 5/7/2018  
**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:

**BH Clinical Documentation**

DOCUMENT NAME:

**BH Telephone Contact Form Entered On: 5/7/2018 15:00 EDT**  
**Performed On: 5/7/2018 14:56 EDT by MCINTOSH , COLETTE N**

**Medicaid Number**

*Medicaid Coverage :* No

MCINTOSH , COLETTE N - 5/7/2018 14:56 EDT

**BH Telephone Contact**

*Provider :* PENISTON , KATHLEEN KELLY NP

*Call Type :* Medical Questions

*Cell Phone Number :* 828- [REDACTED] \*

*Reason for call :* pt state no need for a call back, just wants Peniston to know he has got back on his meds because pt's depression had gotten really mad

*Last Visit Date :* 5/2/2018 EDT

*Was Appointment Kept? :* Show

MCINTOSH , COLETTE N - 5/7/2018 14:56 EDT

---

**Provider:**

**Date of Service:** 5/7/2018

**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:**

### Visit Information

#### Visit Information

Recorded Date	5/7/2018	
Recorded Time	14:56 EDT	
Recorded By	MCINTOSH ,COLETTE N	
Procedure		Units
Provider	PENISTON , KATHLEEN KELLY NP	

**Provider:**  
**Date of Service:** 5/7/2018  
**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:** CASTRO ,MANUEL A MD  
**Date of Service:** 5/10/2018  
**Visit #:** 6423273569

**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: 6423273569

Age: **37 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 37-year-old male who presents outpatient medication services for evaluation. His diagnosis is bipolar disorder and today he reports periods of both depressed mood as well as mania that have been occurring simultaneously as well as separately at times. His sleep has been erratic. Appetite is adequate. Energy level varies and he reports continued "surges" of energy. Concentration is difficult. Patient continues to be hypertalkative and is difficult to redirect. Today he reports that after he discontinued taking the Celexa he became acutely depressed very quickly and had to resume this medication. He is also restarted on the Adderall. He has also been taking the Zyprexa because he was still having some problems with mania and difficulty with sleep. Ambien worked periodically but has not been something that he wants to continue long-term as this is not a recommendation from us as well. Patient does not report any thoughts of harming himself or others. No psychotic symptoms are noted. Today we discussed different options for medications including alternative antipsychotics. He has done some research and is interested in Saphris the once he finds that it is not on her formulary he states that he cannot afford it and does not want to trial this. At this point he would like to resume 5 mg at night of olanzapine and agrees to increase his Depakote to 1500 mg. This patient with still recommend limiting Adderall and Celexa that the patient is insistent that without it he does not do well. There is been no evident since of abuse or misuse of any of his medication. However, currently the patient remains elevated and therefore this was the reason why we recommended the discontinuation of those medications.

**Review of Systems****Constitutional:** Negative except as documented in history of present illness.**Health Status****Allergies:**Allergic Reactions (All)

No known allergies

**Provider: CASTRO ,MANUEL A MD****Date of Service: 5/10/2018****Visit #: 6423273569****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**

**Current medications:** (Selected)

Prescriptions

*Prescribed*

Ambien 10 mg oral tablet: 10 mg, 1 tablet, ORAL, qHS (each night at bedtime), for 30 day(s), 1/2 - 1 tablet at bedtime as needed for sleep, PRN: for sleep, 30 tablet, 0 Refill(s)

Depakote ER 500 mg oral tablet, extended release: See Instructions, 3 tablet in the evening - increased dose, 90 tablet, 0 Refill(s)

ZyPREXA 5 mg oral tablet: 5 mg, 1 tablet, ORAL, qHS (each night at bedtime), 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)

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

Documented Medications

*Documented*

Goodys Extra Strength: See Instructions, 1 packet as needed

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

**Problem list:**

No problem items selected or recorded.

**Histories**

**Past Medical History:**

No active or resolved past medical history items have been selected or recorded.

**Family History:**

HYPERTENSION

GM, Maternal

Cancer

Father

GM, Paternal

GF, Paternal

GM, Maternal

**Procedure history:**

No active procedure history items have been selected or recorded.

**Social History**

**Social & Psychosocial Habits**

**Alcohol**

01/08/2018 **Use:** Denies

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 5/10/2018

**Visit #:** 6423273569

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



AH BH Charlotte OMS Medication

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Fax:

## Office/Clinic Visit Notes

### Drug Abuse

01/08/2018 **Use:** Denies

### Tobacco

05/10/2018 **Smoking Status:** Never smoker

**# Years Active Cigarette Smoker:** 0

**Avg # Packs Per Day (20 cigs/pack):** 0

## 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: Rapid, Overproductive, Perserverative.

Thought process: Perseverating.

Mood and affect: Labile, Anxious.

Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts.

Perceptions+: No abnormalities.

Insight: Fair.

Judgment: Fair.

### VS/Measurements

#### Vital Signs

5/10/2018 13:23 EDT

Peripheral Pulse Rate	94 BPM
Systolic Blood Pressure	115 mmHg
Diastolic Blood Pressure	81 mmHg
Blood Pressure Location	Right arm
BP Instrument	Machine
Blood Pressure Position	Sitting

, Measurements from flowsheet : Measurements - Standard

5/10/2018 13:23 EDT

Height Contributor (ft)	5 ft
Height Contributor (inches)	11.5 inch

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 5/10/2018

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### Office/Clinic Visit Notes

Clinical Weight Contributor (lb) 237 lb  
Clinical Weight Contributor (oz) 8 oz

## Health Maintenance

### Health Maintenance

#### Pending (in the next year)

##### OverDue

Diabetes Care - Hgb A1C due 07/19/16 and every 6 month

##### Due

Diabetes Care - ACE/ARB Med due 05/10/18 One-time only

Diabetes Care - Antiplatelet Medications due 05/10/18 One-time only

Diabetes Care - Foot Exam due 05/10/18 and every 1 year(s)

Diabetes Care - Microalbumin due 05/10/18 and every 1 year(s)

Diabetes Care - Retinal Screening due 05/10/18 and every 2 year(s)

HIV Screening due 05/10/18 One-time only

Healthy Weight Counseling age 18-64 due 05/10/18 and every 1 year(s)

Pneumococcal 23 Vaccine due 05/10/18 and every 3 month

Tdap Vaccine due 05/10/18 One-time only

Tetanus Vaccine due 05/10/18 and every 10 year(s)

##### Due In Future

Influenza Vaccine not due until 08/01/18 and every 8 month

#### Satisfied (in the past 1 year)

There are no satisfied recommendations within the defined date range

## Impression and Plan

### Dx/Order Association Plan

Psychiatric Diagnoses: Bipolar, type I currently mixed; ADD; cluster A traits

Medical Diagnoses: diabetes, elevated cholesterol and triglycerides

Psychosocial Stressors: work, finances

Summary: Mood lability

### Plan

1) Medication: Increase Depakote ER to 1500mg QPM. Zyprexa 5mg at HS; resume celexa and adderall (have suggested taper of both).

Provider: CASTRO ,MANUEL A MD

Date of Service: 5/10/2018

Visit #: 6423273569

Pt Name: WILLIAMS III, LEONARD CLINTON

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**Phone:**

**Fax:**

### **Office/Clinic Visit Notes**

- 2) Therapy - Patient is seeing a neurologist and plans to have neuropsych testing
- 3) Labwork Ordered - Depakote level
- 4) SA Treatment - Not indicated
- 5) RTC in 2 weeks 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**

**05/10/2018 03:48 PM**

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

**05/15/18 09:13 AM**

---

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/10/2018**

**Visit #: 6423273569**

**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:**

**Correspondence Other**

**DOCUMENT NAME:**

**Addendum by MAYFIELD , ROSALIND Y on May 09, 2018 14:07 EDT**

3rd time faxing to 603.334.3916 per pt calling call center stating ins company hasn't received 5.9.18 rm refaxed

**Addendum by MAYFIELD , ROSALIND Y on May 08, 2018 16:31 EDT**

faxed 603.334.3916 per pc to call center from liberty mutual rm

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/10/2018**

**Visit #: 6423273569**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

11/1/1980

\* Release Authorization - Modified \*

05/07/2018 16:33 York Ridge

(FAX)

P.001/001

Carolinas HealthCare 5/1/2018 11:32:41 AM PAGE 3/006 Fax Server

## Patient Information: I give permission to release the health information of:

(One Patient Per Form)

Patient Name: Leonard Clinton Williams III Date of Birth: 11/01/1980  
Street Address: 17009 York Ridge Dr Apt 214 Last 4 numbers of SSN: 4849  
City, State, Zip: Charlotte, NC 28273 Telephone: (98) 387 5255  
Email address: brakec30@gmail.com  
By providing your email address you acknowledge and accept the risks outlined in the Guidelines for E-mail with Patients, posted on carolinashealthcare.org.

## Release Information From:

CHS Carolinas Healthcare System  
(List applicable Facility(s) and/or Practice(s))

## Release Information To:

Liberty Mutual Insurance  
(Name of facility, person, company)  
P.O. Box 7208, London, KY 40392-7208  
(Street Address or PO Box, City, State, Zip Code)  
866-213-2137 866-344-7837  
(Phone number) (Fax number)

PURPOSE OF RELEASE (check reason): ☐ Request of individual/personal ☐ Continued patient care ☒ Insurance ☐ Legal purpose including discussions & proceedings ☐ Other

## Fill in dates of treatment for records to be released:

Treatment dates: From April 1, 2018 To May 3, 2018 603-334-3916  
Facility Summary: May include history & physical, discharge summary, operative notes, consults, diagnostic test results, medication list, allergies.  
Office/Clinical Summary: May include most recent office visits, physical exam, consults, diagnostic test results.

## Facility (check all that may apply):

☐ Facility Summary  
☐ Discharge Summary  
☐ History and Physical  
☐ Consultation reports  
☐ Operative Reports  
☐ Laboratory reports  
☐ Radiology/X-Ray Reports  
☐ Pathology reports

☐ Emergency Record  
☐ Cardiac Reports/EKG  
☐ Other

☒ Entire record (Not including psychotherapy notes)  
☐ Itemized Bill

## Office/Clinic/Home Care (check all that may apply):

☐ Office/Clinical Summary  
☐ Office/Home Visits  
☐ Physical Exam  
☐ Laboratory Reports  
☐ Radiology Reports  
☐ Other

☒ Entire Record (Not including psychotherapy notes)  
☐ Itemized Bill

## Behavioral Health/Sub. Use (check all that may apply):

☐ Facility Summary  
☐ Clinical/Discharge Summary  
☐ Assessments  
☐ Physician Orders  
☐ Progress/Therapy Notes  
☐ Medications  
☐ Lab reports  
☐ Other

☒ Entire Record (Not including psychotherapy notes)  
☐ Itemized Bill

## FORMAT:

☐ CD (charges may apply)  
☒ Email Address noted above, where permitted  
☐ Paper copy (charges may apply)  
☐ Other

## DELIVERY METHOD:

☐ Reg. US Mail ☐ Pick-up ☒ Fax, where permitted  
☒ Overnight/Express Mail Service, where permitted  
☒ Secure email  
☐ Other

## PATIENT'S RIGHTS - I understand that:

- I can cancel this permission at any time. I must cancel in writing and send or deliver cancellation to releasing facility or practice named above. Any cancellation will apply only to information not yet released by facility or practice.
- This is a full release including information related to behavioral/mental health, drug and alcohol abuse treatment (in compliance with 42 CFR Part 2), genetic information, HIV/AIDS, and other sexually transmitted diseases.
- Once my health information is released, the recipient may disclose or share my information with others and my information may no longer be protected by federal and state privacy protections.
- Refusing to sign this form will not prevent my ability to get treatment, payment, enrollment in health plan, or eligibility for benefits.
- CHS will not share or use my health information without my permission other than by ways listed in CHS's Notice of Privacy Practices or as required by law. The Notice of Privacy Practices is available at carolinashealthcare.org.
- A fee may be charged for providing the protected health information.

This permission expires one year after the date of my signature unless another date or event is written here:

Signature: [Signature] Print Name: Leonard Clinton Williams III 5/3/2018

Note: If the patient lacks legal capacity or is unable to sign, an authorized personal representative may sign this form.

Note the relationship/authority if signature is not that of the patient (Written Proof May be Requested):

☐ Healthcare Agent/POA ☐ Guardian ☐ Executor/Administrator/Attorney in Fact ☐ Spouse  
☐ Parent ☐ Adult Child ☐ Affidavit Next of Kin ☐ Other: 5/7/2018

Note: If minor consented for their outpatient treatment for pregnancy, sexually transmitted disease or behavioral/mental health without parental consent, the minor must sign this authorization. When the patient is a minor being treated for substance abuse, the minor must sign this authorization, regardless of who consented for treatment.

Signature of Minor: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization given to patient / Date of release: \_\_\_\_\_ via ☐ Mail ☐ Fax ☐ Other \_\_\_\_\_ ☐ ID Verified ☐ ID / Other ID \_\_\_\_\_

Employee Name: \_\_\_\_\_

Name:  
DOB: \_\_\_\_\_

Patient information on sticker

Account #:

13 pgs abstract chs 4.17.18-5.2.18 mailed paper 5.8.18[RMAFYI01-5/8/2018 3:20:52 PM]





**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Insurance**

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/10/2018**

**Visit #: 6423273569**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

11/1/1980

\* Insurance. - Auth (Verified) \*

**Insurance Verification Letter**

Patient Name: Williams, Leonard Clinton III  
Admit Date: No admission date for patient encounter.  
CSN: 6423273569

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

Primary Insurance Name: BCBS BLUECARD ANTHEM  
Secondary Insurance Name: N/A

I understand my signature on this form indicates that I have verified and confirmed the insurance information listed above is accurate. I have also been advised to notify the hospital as soon as possible if there are any changes to the insurance coverage listed above to ensure I am not held financially responsible for services that could be covered by insurance.

Medicaid Be Smart Family Planning Program: \_\_\_\_\_

If you have Medicaid "Be Smart" Family Planning coverage, your coverage is limited to applicable outpatient services. Inpatient and emergency department services are not covered under the Medicaid "Be Smart" Family Planning Program therefore you will be financially responsible for today's services and billed as self-pay. See "no insurance coverage/self pay" section below for more details.

No Insurance Coverage/Self Pay: \_\_\_\_\_

If you are currently without Medicare, Medicaid, or insurance coverage (uninsured) then you may be eligible to apply and/or be screened for other coverage options and financial insurance coverage and that you will cooperate and participate in the efforts to help you qualify for any applicable coverage (such as Medicaid). Failure to fully participate with these efforts will disqualify you from eligibility for our financial assistance discounts. Information on financial assistance is available on the Carolinas HealthCare System website at [www.carolinashealthcare.org](http://www.carolinashealthcare.org).

I attest the information above is accurate to the best of my knowledge and reflects my current insurance coverage or my confirmation that I have no coverage (Insurance, Medicare, or Medicaid) for these services. I understand that failure to disclose insurance coverage may result in the responsible party having to pay for services that would have been paid by insurance if the hospital is unable to bill the insurer within their billing deadlines.

E-Signature



Signature: Signature captured with Topaz SigToolESIDevice by Williams, Leonard Clinton III at 5/10/2018 1:12:00 PM

Relationship to Patient:



039



11/1/1980

\* Insurance. - Auth (Verified) \*

**Insurance Verification Letter**

Patient Name: Williams, Leonard Clinton III  
Admit Date: No admission date for patient encounter.  
CSN: 6423273569

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

Primary Insurance Name: BCBS BLUECARD ANTHEM  
Secondary Insurance Name: N/A

I understand my signature on this form indicates that I have verified and confirmed the insurance information listed above is accurate. I have also been advised to notify the hospital as soon as possible if there are any changes to the insurance coverage listed above to ensure I am not held financially responsible for services that could be covered by insurance.

Medicaid Be Smart Family Planning Program: \_\_\_\_\_

If you have Medicaid "Be Smart" Family Planning coverage, your coverage is limited to applicable outpatient services. Inpatient and emergency department services are not covered under the Medicaid "Be Smart" Family Planning Program therefore you will be financially responsible for today's services and billed as self-pay. See "no insurance coverage/self pay" section below for more details.

No Insurance Coverage/Self Pay: \_\_\_\_\_

If you are currently without Medicare, Medicaid, or insurance coverage (uninsured) then you may be eligible to apply and/or be screened for other coverage options and financial insurance coverage and that you will cooperate and participate in the efforts to help you qualify for any applicable coverage (such as Medicaid). Failure to fully participate with these efforts will disqualify you from eligibility for our financial assistance discounts. Information on financial assistance is available on the Carolinas HealthCare System website at [www.carolinashealthcare.org](http://www.carolinashealthcare.org).

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E-Signature



Signature: Signature captured with Topaz SigToolESIDevice by Williams, Leonard Clinton III at 5/10/2018 1:12:00 PM

Relationship to Patient:



039



**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: <b>Est OV Level 4 -99214</b>		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: 5/10/18 2:06:00 PM EDT, Bipolar disorder, mixed		
Order Comment:		
Action Type: Order	Action Date/Time: 5/10/2018 14:07 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider: CASTRO ,MANUEL A MD	
Order Details: 05/10/18 14:06:00 EDT, Bipolar disorder, mixed		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 5/10/2018  
**Visit #:** 6423273569

**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:** 05/10/2018**Phone:** (828) [REDACTED]**Age:** 37 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 regular doctor is:** CASTRO, MANUEL A MD**Your doctor or location today:** PENISTON, KATHLEEN KELLY NP**Reason for Visit:****Today's Diagnosis:** Bipolar disorder, mixed**Today's Clinical Information:****Height:** 5 ft 11.5 inch**Weight:** 237 lb 8 oz**BMI:** 32.66 kg/m2**Blood Pressure:** 115 mmHg / 81 mmHg**Additional Information:****Allergies:****Provider:** CASTRO, MANUEL A MD**Date of Service:** 5/10/2018**Visit #:** 6423273569**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 05/10/2018 visit)

No Laboratory and Radiology documented

**Medication Information:**

	<b>New Medicines to take at Home</b>	<b>Prescription</b>	<b>Next Dose Due</b>
1.	<b>citalopram (citalopram 20 mg oral tablet)</b> 1 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	
2.	<b>dextroamphetamine-amphetamine (dextroamphetamine-amphetamine 20 mg oral capsule, extended release)</b> 1 capsule by mouth two times a day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	
3.	<b>divalproex sodium (Depakote ER 500 mg oral tablet, extended release)</b> See Instructions 3 tablet in the evening - increased dose	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 5/10/2018**Visit #:** 6423273569**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**

4.	<b>OLANzapine (ZyPREXA 5 mg oral tablet)</b> 1 tablet by mouth each night at bedtime	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	
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	<b>Continue Taking These Medicines at Home</b>	<b>Next Dose Due</b>
1.	<b>APAP/ASA/caffeine (Goodys Extra Strength)</b> See Instructions 1 packet as needed	
2.	<b>metFORMIN (metFORMIN)</b> See Instructions ORAL	
3.	<b>zolpidem (Ambien 10 mg oral tablet)</b> 1 tablet by mouth each night at bedtime as needed for sleep 1/2 - 1 tablet at bedtime as needed for sleep	

***These Medicines have been Changed or Stopped*****Medicine has changed. See #1 in New Medications above.****citalopram (citalopram 20 mg oral tablet)**

0.5 tablet by mouth every day half a tab for 4 days. then, stop.

**Medicine has changed. See #2 in New Medications above.****dextroamphetamine-amphetamine (Adderall)**

by mouth

**Medicine has changed. See #3 in New Medications above.****divalproex sodium (Depakote ER 500 mg oral tablet, extended release)**

2 tablet by mouth once a day in the evening

**Medicine has changed. See #4 in New Medications above.****OLANzapine (ZyPREXA)**

\*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.

**Provider: CASTRO ,MANUEL A MD****Date of Service: 5/10/2018****Visit #: 6423273569****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

#### Scheduled Appointments:

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

#### Follow Up:

#### Reminders:

1. If you have questions about your medicines, please ask your Doctor or a pharmacist.
2. Please bring your medicine list and pill bottles to all Doctor visits, medical testing, or if you are going to the ER or Hospital.
3. Remember to discard old medicine lists and update any records.

#### Important Phone Numbers:

Poison Control Center 1-800-222-1222

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

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

National Domestic Violence Hotline 1-800-799-SAFE

#### 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: 5/10/2018

Visit #: 6423273569

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:** 5/10/2018 13:00:00

**FIN:** 6423273569

**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*

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**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 5/10/2018

**Visit #:** 6423273569

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:30 EST

**Print ID:** 350115767



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Discharge Information - Patient Education**

**DOCUMENT NAME:**

**Ambulatory Depart Form - Text**

**Ambulatory Depart Form Entered On: 5/10/2018 13:28 EDT**

**Performed On: 5/10/2018 13:28 EDT by OWENS , DACHONNE LPN**

**Ambulatory Educational Assessment**

*Identified Learning Needs :* Medications

*Preferred Learning Methods :* Discussion, Observing

*Barriers to Learning :* None evident

**OWENS , DACHONNE LPN - 5/10/2018 13:28 EDT**

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/10/2018**

**Visit #: 6423273569**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115767**



**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: 5/10/2018 14:05 EDT**

**Performed On: 5/10/2018 14:05 EDT by PENISTON , KATHLEEN KELLY NP**

**Response to Education**

*Response to Teaching :* Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 5/10/2018 14:05 EDT

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/10/2018**

**Visit #: 6423273569**

**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: 5/10/2018**

**Visit #: 6423273569**

**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

237.8

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: maybe Saphris

3. I am having medication side effects.

- ☒ Yes – explain: Sleep issues  
☐ 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: covered celebra and zyprexa, addvial

6. Questions or concerns I want to discuss today. Get med settled,

Signature of Person Completing Form: [Signature]

Date: 5/10/2018

\*If other than patient, give relationship: \_\_\_\_\_

For Staff Only:

Form reviewed by: [Signature]

Date: 5/10/18 Time: 1:16

Date: 5.10.18 Time: 1333



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



Rev. 05 21 09

WILLIAMS, LEONARD CLINTON\*

CSN: 6423273569 FAC: H  
MRN: 0000642066 Adm Date: 5/10/2018  
DOB: 11/01/1980 (37 yrs) Male  
Att Phy: 27815 CASTRO, MANUELA



**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

**BH Clinical Documentation**

DOCUMENT NAME:

**Outpatient Medication Clinic Initial - BH Entered On: 5/10/2018 13:27 EDT**  
**Performed On: 5/10/2018 13:23 EDT by OWENS , DACHONNE LPN**

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

OWENS , DACHONNE LPN - 5/10/2018 13:23 EDT

**Allergies**

(As Of: 5/10/2018 13:27:58 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:* 5/10/2018  
13:24 EDT

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

OWENS , DACHONNE LPN - 5/10/2018 13:23 EDT

**Med List***Medication Information Obtained From :* Patient/family*Medication Status :* Medication list updated*Confirmation of Medication Reconciliation :* Yes

OWENS , DACHONNE LPN - 5/10/2018 13:23 EDT

Medication List

(As Of: 5/10/2018 13:27:58 EDT)

*Prescription/Discharge Order*

divalproex sodium

*:* divalproex sodium ; *Status:* Prescribed ; *Ordered As*  
*Mnemonic:* Depakote ER 500 mg oral tablet, extended release  
*; Simple Display Line:* 1,000 mg, 2 tablet, ORAL, qPM (once a  
day in the evening), for 30 day(s), 60 tablet, 0 Refill(s) ; *Ordering*  
*Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:*

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 5/10/2018**Visit #:** 6423273569**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**divalproex sodium ; *Order Dt/Tm:* 4/17/2018 10:24:10

citalopram : citalopram ; *Status:* Prescribed ; *Ordered As Mnemonic:* citalopram 20 mg oral tablet ; *Simple Display Line:* 10 mg, 0.5 tablet, ORAL, Daily, for 4 day(s), half a tab for 4 days. then, stop., 2 tablet, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP ; *Catalog Code:* citalopram ; *Order Dt/Tm:* 5/2/2018 10:32:42

zolpidem : zolpidem ; *Status:* Prescribed ; *Ordered As Mnemonic:* Ambien 10 mg oral tablet ; *Simple Display Line:* 10 mg, 1 tablet, ORAL, qHS (each night at bedtime), for 30 day(s), 1/2 - 1 tablet at bedtime as needed for sleep, PRN: for sleep, 30 tablet, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP ; *Catalog Code:* zolpidem ; *Order Dt/Tm:* 5/2/2018 10:34:12

*Home Meds*

APAP/ASA/caffeine : APAP/ASA/caffeine ; *Status:* Documented ; *Ordered As Mnemonic:* Goodys Extra Strength ; *Simple Display Line:* See Instructions, 1 packet as needed ; *Catalog Code:* acetaminophen/aspirin/caffeine ; *Order Dt/Tm:* 11/3/2011 16:02:16

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

dextroamphetamine-amphetamine : dextroamphetamine-amphetamine ; *Status:* Documented ; *Ordered As Mnemonic:* Adderall ; *Simple Display Line:* ORAL, 0 Refill(s) ; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 5/10/2018 13:23:13

OLANZapine : OLANZapine ; *Status:* Documented ; *Ordered As Mnemonic:* ZYPREXA ; *Simple Display Line:* 0 Refill(s) ; *Catalog Code:* OLANZapine ; *Order Dt/Tm:* 5/10/2018 13:22:00

**Provider: CASTRO ,MANUEL A MD****Date of Service:** 5/10/2018**Visit #:** 6423273569**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

#### General Admission Information

*Legal Guardian :* No

*Information Given By :* Patient

*Presenting Problem :* follow up and med discussion. sleep issues and appetite is normal.

OWENS , DACHONNE LPN - 5/10/2018 13:23 EDT

#### Communication

*Preferred Communication Mode :* Verbal

*Communication Barriers :* None

*Preferred Language for Healthcare :* English

OWENS , DACHONNE LPN - 5/10/2018 13:23 EDT

#### Advance Directives

*Advance Directive Documents in EMR RTF :* No Advance Directive documents available.

*Advance Directive Completed :* No or does not know

*Reason No Living Will or POA :* Unable/did not wish to name surrogate decision maker, Unable/did not wish to provide advance directive

*Advance Directive More Info Requested :* No

OWENS , DACHONNE LPN - 5/10/2018 13:23 EDT

#### Risk for Harm to Others

*Assaultive Ideations :* No

*Homicidal Ideations :* No

*Does Patient Have a Plan :* No

*Recent Attempt to Harm Others :* No

*Access to Firearms/Weapons :* No

*History of Danger to others :* No

OWENS , DACHONNE LPN - 5/10/2018 13:23 EDT

#### CSSRS Short Version - Reassessment

*CSSRS Reassess Able to Assess :* Yes

1. *Have you wished you were dead or wished you could go to sleep and not wake up? (ref) :* Since last visit, 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

OWENS , DACHONNE LPN - 5/10/2018 13:23 EDT

#### Past Psychiatric and Substance Abuse Tx

Past Psych/Substance Tx

1. *Facility/Outpatient Therapist :* Broughton 1999

*Psychiatric Visit Type :* Inpatient

*Dates of Treatment :* 1999 for 72 days

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 5/10/2018

**Visit #:** 6423273569

**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:

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**BH Clinical Documentation**

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

OWENS , DACHONNE LPN - 5/10/2018 13:23 EDT

*2. Facility/Outpatient Therapist* : Woodridge Hospital in Tennessee

*Psychiatric Visit Type* : Inpatient

*Dates of Treatment* : 4 days

OWENS , DACHONNE LPN - 5/10/2018 13:23 EDT

**Social History**

Social History

(As Of: 5/10/2018 13:27:58 EDT)

Tobacco:

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day:. (Last Updated: 5/10/2018 13:25:07 EDT by OWENS , DACHONNE LPN)

Alcohol:

Denies (Last Updated: 1/8/2018 14:56:56 EST by OWENS , DACHONNE LPN)

Drug Abuse:

Denies (Last Updated: 1/8/2018 14:56:58 EST by OWENS , DACHONNE LPN)

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

*Social History Categories Addressed* : Tobacco, Alcohol, Drug abuse

OWENS , DACHONNE LPN - 5/10/2018 13:23 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 Practice 2* : Psychiatrist

*Provider of Record 3* : None

*Provider Practice 3* : Therapist none

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 5/10/2018

**Visit #:** 6423273569

**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***Provider Comment 3 :* not interested at this time 04/17/18

OWENS , DACHONNE LPN - 5/10/2018 13:23 EDT

**Communications - BH***Patient Agreement Comm BH :* The patient gives oral or written consent for CHS to verbally share his/her health information with the individuals listed below [this includes, but is not limited to, diagnosis, prognosis, medications (dosage and side effects, if any) and progress].*OC Reviewed Contact List :* 5/10/2018 13:23 EDT*Consent Valid BH :* This consent will be valid for one year unless revoked prior to expiration. Enter "End Date" for all BH encounters one year after "Date Identified".

OWENS , DACHONNE LPN - 5/10/2018 13:23 EDT

**Vitals***Height Actual or Stated? :* Stated/Estimated*Height Documented in (UOM) :* feet/inches*Height :* 181.61 cm*Height Contributor (ft) :* 5 ft*Height Contributor (inches) :* 11.5 inch*Weight Actual or Stated? :* Actual*Clinical Weight Documented in (UOM) :* lbs/oz*Weight :* 107.729 kg*Clinical Weight Contributor (lb) :* 237 lb*Clinical Weight Contributor (oz) :* 8 oz*Body Mass Index :* 32.66 kg/m2*Body Surface Area :* 2.33 m2*Peripheral Pulse Rate :* 94 BPM*Systolic Blood Pressure :* 115 mmHg*Diastolic Blood Pressure :* 81 mmHg*Blood Pressure Location :* Right arm*Blood Pressure Position :* Sitting*BP Instrument :* Machine*Weight (lbs.) :* 237.5 lb*Height (ft.) :* 5.96 ft

OWENS , DACHONNE LPN - 5/10/2018 13:23 EDT

**Pain History***Pain Present :* No

OWENS , DACHONNE LPN - 5/10/2018 13:23 EDT

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 5/10/2018**Visit #:** 6423273569**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

Karen Crane, Psy.D.  
Licensed Psychologist



## CONFIDENTIAL PSYCHOLOGICAL EVALUATION

Client Name: Leonard Williams  
Date of Birth: 11/10/1980  
Age: 35 years  
Date of Evaluation: 02/09/2016; 02/18/2016  
Date of Report: 03/03/2016

### Reason for Referral:

Mr. Williams was self-referred for a psychological evaluation to provide diagnostic clarification and treatment recommendations.

### Sources of Evaluation:

Behavioral Observations  
Clinical Interview  
Behavior Rating Inventory of Executive Function - Adult (BRIEF - A)  
Conners Adult ADHD Rating Scale (CAARS)  
Millon Clinical Multiaxial Inventory - III (MCMI-III)  
Personality Assessment Inventory (PAI)

### Relevant Background Information:

Mr. Williams reported that he experiences depression symptoms often with irritability, a low frustration tolerance, and thoughts of suicide. He denied current suicidal plan and intent. Mr. Williams reported that he made a suicide attempt when he was 18 years old when he was abusing drugs and had his first manic episode. He reported that he was hospitalized for 72 days and has received outpatient mental health services since. Mr. Williams denied current symptoms of a manic or hypomanic episode. He reported that he feels anxious when trying new things. Mr. Williams has a history of trauma and denied current problems with flashbacks and nightmares.

Mr. Williams reported that he feels different compared to other people and believes that he "weirds people out." He described himself as eccentric, often living "in my own head and world." He believes others see him as odd. Mr. Williams explained that he knows a lot about certain topics and wonders if he comes across as too intense and technical when talking to others. In general, he lacks interest in making friends and does not feel motivated to socialize with others.


Mr. Williams described having a "dysfunctional family." He reported a family history of substance abuse, bipolar disorder, and concerns about autism. Mr. Williams is single and has no children. He stated that he has one close friend. He prefers to spend his time learning and engaging in his interests. Mr. Williams reported that he can be friendly and interact with people at work, but he is not motivated to build relationships with others. He also explained that he feels like he is a "performing actor" around people and has been slow to learn social skills. He tends to steer conversations to "technical" subjects and has trouble with flexibility in his thinking. He enjoys reading nonfiction books and was overly interested in billiards as a teen.

Mr. Williams recalled that he was a behavioral problem in school. He moved around a lot in elementary school and by middle school, he noted that he was rude toward teachers, was the class clown, picked on other children, and was breaking rules at school. He reported that he was "kicked out" of high school for bringing alcohol to school. Mr. Williams later earned his GED. Mr. Williams is currently employed at Wells Fargo in commercial lending. He earned a Bachelor's degree in finance. He stated that he performed well academically and did especially well in math.

Mr. Williams stated that he can be "absent minded," and he has some difficulty focusing. He has trouble with directions and has a fear of driving. Mr. Williams denied a history of a speech and language delay. He stated that he is a picky eater and had difficulty with food textures as a child. He was also sensitive to loud sounds as a child. Mr. Williams reported that he is not physically coordinated.

#### Behavioral Observations:

Mr. Williams was seen by the psychologist for the clinical interview and one testing session. Rapport was established and maintained throughout testing. Mr. Williams arrived on time for both appointments. He appeared to be both motivated and interested in the tasks presented to him. He was pleasant, polite, and cooperative during the testing tasks. He made minimal eye contact. Mr. Williams spoke quickly, was tangential, and had trouble directly answering interview questions. He seemed to have some difficulty focusing. He was not fidgety or restless. Mr. Williams denied having hallucinations and did not appear to be responding to internal stimuli. He endorsed suicidal thoughts and denied suicidal plan and intent. He denied homicidal ideation/plan/intent.

WILLIAMS, LEONARD CLINTON\*  
CSN: 6423273569 FAC: H  
MRN: 0000642066 Adm Date: 5/10/2018  
DOB: 11/01/1980 (37 yrs) Male  
Att Phy: 27815 CASTRO, MANUEL A  



Testing Results:

*Personality:*

Mr. Williams completed the Personality Assessment Inventory (PAI) and the Millon Clinical Multiaxial Inventory - III (MCMI-III), objective measures of general personality functioning. The results were valid. Individuals with his profile show clinically significant symptoms of anxiety, including feelings of tension, apprehension, and nervousness. Their anxiety tends to be free-floating rather than attached to specific objects or events, and is persistent and trait-like. In general, individuals with this profile have a dispositionally low threshold for the experience of events perceived as dangerous or threatening. High scorers experience a great deal of tension, have difficulty relaxing, and tend to be easily fatigued as a result of high perceived stress. Mr. Williams also endorsed items consistent with depression symptoms, including thoughts of suicide, a sense of hopelessness, a lack of energy, and irritability.

Moreover, individuals with Mr. Williams's testing results are impatient and easily frustrated. Such individuals are quick to believe that they are being treated inequitably and may have strained working and social relationships. They experience paranoia, feel picked on and mistreated, and have unusual thinking.

Individuals with Mr. Williams's testing results also lack social interest and tend to exhibit little interest in the lives of other people. They have a limited ability to interpret the normal nuances of interpersonal behavior that provide the meaning to personal relationships. They are un-invested in social interactions and may be viewed as cold, unresponsive, and unable to display affect. These individuals prefer social alienation with minimal personal attachments and obligations. They think tangentially and often appear to be self-absorbed and ruminative. Behavioral eccentricities are notable and these individuals are often perceived as strange and different. They also tend to have trouble conforming to social conventions and may have difficulty with authority figures.

WILLIAMS, LEONARD CLINTON\*  
CSN: 6423273569 FAC: H  
MRN: 0000642066 Adm Date: 5/10/2018  
DOB: 11/01/1980 (37 yrs) Male  
Att Phy: 27815 CASTRO, MANUEL A  


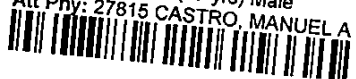
*Executive Functioning:*

Mr. Williams completed the Behavior Rating Inventory of Executive Function – Adult Version (BRIEF-A), a standardized self-report measure that captures adults' views of their own executive functioning in their everyday environment. Based on his ratings, he shows clinically significant problems with executive functioning. Mr. Williams obtained the following scores:

Scale/Index	T-Score	Classification
<b>Inhibit</b>	68	Elevated Score
<b>Shift</b>	74	Elevated Score
<b>Emotional Control</b>	74	Elevated Score
<b>Self-Monitor</b>	64	Above Average
<b>Initiate</b>	64	Above Average
<b>Working Memory</b>	71	Elevated Score
<b>Plan/Organize</b>	66	Elevated Score
<b>Task Monitor</b>	60	Average
<b>Organization of Materials</b>	77	Elevated Score

Mr. Williams showed a clinically significant elevation on the *Inhibit* Scale, suggesting that he has difficulty with the ability to inhibit, resist, and not act on an impulse. He also showed an elevation on the *Shift* Scale, which means he has difficulty moving freely from one task to another. He had a high score on the *Emotional Control* scale, suggesting he has a tendency to have overblown emotional reactions. Mr. Williams also had a high score on the *Self-Monitor* Scale, which measures the extent to which an individual keeps track of his own behavior and the effect of his behavior on others; and on the *Initiate* Scale, which measures the ability to begin a task or activity and independently generate ideas, responses, and problem solving strategies. He also showed an elevation on the *Working Memory* Scale, which measures the ability to hold information in mind for the purpose of generating a response; and on the *Plan/Organize* and *Organization of Materials* Scale, which describes his ability to organize himself and materials.

WILLIAMS, LEONARD CLINTON\*  
 CSN: 6423273569 FAC: H  
 MRN: 0000642066 Adm Date: 5/10/2018  
 DOB: 11/01/1980 (37 yrs) Male  
 Att Phy: 27815 CASTRO, MANUEL A



Mr. Williams also completed the Conners Adult ADHD Rating Scale, (CAARS), a measure designed to help assess and diagnose ADHD in adults. Mr. Williams obtained the following scores:


CAARS-Self-Report		
Scale	T-Score	Classification
Inattention/Memory Problems	59	Average
Hyperactivity/Restlessness	51	Average
Impulsivity/Emotional Lability	59	Average
Problems with Self-Concept	49	Average
ADHD Inattentive Symptoms	56	Average
ADHD Hyperactive-Impulsive Symptoms	75	Above Average
ADHD Symptoms Total	69	Above Average
ADHD Index	48	Average

Based on these ratings, Mr. Williams endorsed that he shows signs and symptoms of the hyperactive/impulsive type of ADHD.

#### Summary & Recommendations:

Mr. Williams was self-referred for an evaluation to provide diagnostic clarification and treatment recommendations. He reported a long standing history of depression with a history of one manic episode that led to a psychiatric hospitalization. Mr. Williams endorsed current symptoms of depression, with suicidal thoughts, a low frustration tolerance, and irritability. He reported that he has often wondered if he has an autism spectrum disorder due to ongoing trouble socially. Mr. Williams reported that he lacks interest in making friends, prefers to spend time alone pursuing his own interests, and has trouble connecting with others. He described himself as eccentric and odd. Mr. Williams reported that he was a behavioral problem in school despite being bright, and he had some sensory sensitivities to noise and texture. Mr. Williams chose not to involve his mother in this evaluation, and therefore no collateral information about his developmental history was available, which unfortunately does make it difficult to fully understand if Mr. Williams has a neurodevelopmental disorder.

The results from the testing is consistent with symptoms of depression and anxiety, including ongoing suicidal thoughts. Mr. Williams endorsed having a low frustration tolerance and difficulty interpersonally. He is quick to believe that he is being treated inequitably, exhibits little interest in the lives of other people, and has a limited ability to interpret the normal nuances of interpersonal behavior. The results also suggest that Mr. Williams thinks tangentially and often appears to be self-absorbed and ruminative. He has trouble conforming to social conventions and may have difficulty with authority figures.

WILLIAMS, LEONARD CLINTON\*  
 CSN: 6423273569 FAC: H  
 MRN: 0000642066 Adm Date: 5/10/2018  
 DOB: 11/01/1980 (37 yrs) Male  
 Att Phy: 27815 CASTRO, MANUEL A  


Based on the results of this evaluation, Mr. Williams meets DSM-5 diagnostic criteria for the following:

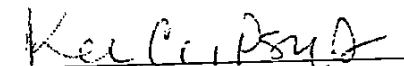
296.51 Bipolar Disorder, Current Episode Depressed, With Anxious Distress  
299.00 Autism Spectrum Disorder, without intellectual impairment


Based on the results of this evaluation, the following recommendations are offered:

1. Continued medication management and psychiatric treatment is recommended to monitor and treat Mr. Williams for depression and anxiety symptoms, as well as the behavioral manifestations of a manic episode. It will be important to monitor his suicidal ideation.
2. Mr. Williams may also benefit from working with a psychotherapist to improve his coping skills, reduce symptoms of depression, and anxiety, and help him improve social skills. Mr. Williams may find it helpful to learn communication skills, increase awareness of his role in relationships, and reach a personal balance between solitary time and interpersonal interaction with others.

It was a pleasure to work with Mr. Williams. I could be reached at 704-458-8188 with any further questions.

Sincerely,

  
Karen Crane, Psy.D.  
Licensed Psychologist

WILLIAMS, LEONARD CLINTON\*  
CSN: 6423273569 FAC: H  
MRN: 0000642066 Adm Date: 5/10/2018  
DOB: 11/01/1980 (37 yrs) Male  
Att Phy: 27815 CASTRO, MANUELA  






**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

### Vitals View

Recorded Date	5/10/2018	
Recorded Time	13:23 EDT	
Recorded By	OWENS ,DACHONNE LPN	
Procedure		Units
Height	181.61	cm
Weight	107.729	kg
BSA	2.33	m2
Body Mass Index	32.66	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Clinical Weight Contributor (lb)	237	lb
Clinical Weight Contributor (oz)	8	oz
Peripheral Pulse Rate	94	BPM
Systolic Blood Pressure	115	mmHg
Diastolic Blood Pressure	81	mmHg
Blood Pressure Location	Right arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	No	

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/10/2018**

**Visit #: 6423273569**

**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 Assessment**

**Patient Assessment**

Recorded Date	5/10/2018
Recorded Time	13:23 EDT
Recorded By	OWENS ,DACHONNE LPN
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/10/2018**

**Visit #: 6423273569**

**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	5/10/2018
	Recorded Time	13:23 EDT
	Recorded By	OWENS ,DACHONNE 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: 5/10/2018**

**Visit #: 6423273569**

**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	5/10/2018	
Recorded Time	13:23 EDT	
Recorded By	OWENS ,DACHONNE LPN	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Preferred Communication Mode	Verbal	
Medication Information Obtained From	Patient/family	
Primary Care Provider	BRADNER , RICHARD L MD	
Medication Status	Medication list updated	
Communication Barriers	None	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

**Provider: CASTRO ,MANUEL A MD****Date of Service:** 5/10/2018**Visit #:** 6423273569**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-**

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**Fax:**

### General Admission History

#### General Admission History

Recorded Date	5/10/2018
Recorded Time	13:23 EDT
Procedure	
Advance Directive Completed	No or does not know
Advance Directive More Info Requested	No
Recent Travel Outside United States MERS	See Below <sup>T1</sup>
Pregnant	N/A

#### Textual Results

T1: 5/10/2018 13:23 EDT (Recent Travel Outside United States MERS)  
No travel/no contact within past 14 days

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/10/2018**

**Visit #: 6423273569**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Fax:**

## Social Habits

### Social Habits

Recorded Date	5/10/2018
Recorded Time	13:23 EDT
Procedure	
Do You Want to Stop Using Tobacco?	N/A

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/10/2018**

**Visit #: 6423273569**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Fax:**

**TB Screen - Latex Sensitive - Skin Testing**

**TB Screen/Latex Sensitivity/Skin Testing**

Recorded Date	5/10/2018
Recorded Time	13:23 EDT
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/10/2018**

**Visit #: 6423273569**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Fax:**

### **Interdisciplinary and Patient Education**

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

Recorded Date	5/10/2018
Recorded Time	13:28 EDT
Recorded By	OWENS ,DACHONNE LPN
Procedure	
Preferred Learning Methods	Discussion, Observing
Barriers to Learning	None evident

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/10/2018**

**Visit #: 6423273569**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**





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**Fax:**

### Behavioral Health

#### Behavioral Health

Recorded Date	5/10/2018	
Recorded Time	13:23 EDT	
Recorded By	OWENS ,DACHONNE LPN	
Procedure		Units
Presenting Problem	See Below <sup>T1</sup>	
Assaultive Ideations	No	
Homicidal Ideations	No	
Does Patient Have a Plan	No	
Recent Attempt to Harm Others	No	
Access to Firearms/Weapons	No	
History of Danger to others	No	

#### Textual Results

T1: 5/10/2018 13:23 EDT (Presenting Problem)  
follow up and med discussion. sleep issues and appetite is normal.

**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 5/10/2018  
**Visit #:** 6423273569

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



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**Fax:**

### Procedure History

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

**Last Updated**

5/17/2018 05:25 EDT

**Procedure Date**

5/10/2018 23:59 EDT

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/10/2018**

**Visit #: 6423273569**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115767**



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**Fax:**

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**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/24/2018**

**Visit #: 6423581066**

**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: 6423581066  
Age: **37 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 37-year-old male who presents outpatient medication services for evaluation. Patient was seen 2 weeks ago and at that time Depakote was increased to 1500 mg and Zyprexa was increased back to 5 mg at bedtime. Patient was also restarted on Celexa and Adderall. The patient reports he is improved from his last visit. Mood appears to be more stable. He is not having any significant highs or lows. He is not quite as hyper talkative today as at previous visits. He is currently on short-term disability from work. He reports sleep is fair and appetite is adequate. Energy is variable and concentration is well. He plans to return to work on 6/4/18. He states he thinks he will be able to function in the workplace. He states he feels as if his concentration is better and that he will be able to complete his previous job description. He denies any thoughts of harming himself or others or any psychosis. He denies any alcohol or drug use.

**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*

Ambien 10 mg oral tablet: 10 mg, 1 tablet, ORAL, qHS (each night at bedtime), for 30 day(s), 1/2 - 1 tablet at bedtime as needed for sleep, PRN: for sleep, 30 tablet, 0 Refill(s)

Depakote ER 500 mg oral tablet, extended release: See Instructions, 3 tablet in the evening - increased dose, 90 tablet, 0 Refill(s)

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 5/24/2018**Visit #:** 6423581066**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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**Office/Clinic Visit Notes**

ZyPREXA 5 mg oral tablet: 5 mg, 1 tablet, ORAL, qHS (each night at bedtime), 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)

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

Documented Medications

*Documented*

Goodys Extra Strength: See Instructions, 1 packet as needed

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

**Problem list:**

No problem items selected or recorded.

**Histories**

**Past Medical History:**

No active or resolved past medical history items have been selected or recorded.

**Family History:**

HYPERTENSION

GM, Maternal

Cancer

Father

GM, Paternal

GF, Paternal

GM, Maternal

**Procedure history:**

No active procedure history items have been selected or recorded.

**Social History**

**Social & Psychosocial Habits**

**Alcohol**

01/08/2018 **Use:** Denies

**Drug Abuse**

01/08/2018 **Use:** Denies

**Tobacco**

05/10/2018 **Smoking Status:** Never smoker

**# Years Active Cigarette Smoker:** 0

**Avg # Packs Per Day (20 cigs/pack):** 0

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 5/24/2018

**Visit #:** 6423581066

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



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## Office/Clinic Visit Notes

### 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: Rapid, Overproductive, Perseverative.

Thought process: Perseverating.

Mood and affect: Labile, Anxious.

Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts.

Perceptions+: No abnormalities.

Insight: Fair.

Judgment: Fair.

#### VS/Measurements

##### Vital Signs

5/24/2018 11:05 EDT

Peripheral Pulse Rate	91 BPM
Systolic Blood Pressure	131 mmHg
Diastolic Blood Pressure	81 mmHg
Blood Pressure Location	Right arm
BP Instrument	Machine
Blood Pressure Position	Sitting

, Measurements from flowsheet : Measurements - Standard

5/24/2018 11:05 EDT

Height Contributor (ft)	5 ft
Height Contributor (inches)	11.5 inch

### Health Maintenance

#### Health Maintenance

Pending (in the next year)

Provider: CASTRO ,MANUEL A MD

Date of Service: 5/24/2018

Visit #: 6423581066

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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### Office/Clinic Visit Notes

#### OverDue

- Diabetes Care - Hgb A1C due 07/19/16 and every 6 month

#### Due

Diabetes Care - ACE/ARB Med due 05/24/18 One-time only

Diabetes Care - Antiplatelet Medications due 05/24/18 One-time only

Diabetes Care - Foot Exam due 05/24/18 and every 1 year(s)

Diabetes Care - Microalbumin due 05/24/18 and every 1 year(s)

Diabetes Care - Retinal Screening due 05/24/18 and every 2 year(s)

HIV Screening due 05/24/18 One-time only

Healthy Weight Counseling age 18-64 due 05/24/18 and every 1 year(s)

Pneumococcal 23 Vaccine due 05/24/18 and every 3 month

Tdap Vaccine due 05/24/18 One-time only

Tetanus Vaccine due 05/24/18 and every 10 year(s)

#### Due In Future

Influenza Vaccine not due until 08/01/18 and every 8 month

**Satisfied** (in the past 1 year)

There are no satisfied recommendations within the defined date range

### Impression and Plan

#### **Dx/Order Association Plan**

Psychiatric Diagnoses: Bipolar, type I MRE mixed; ADD; cluster A traits

Medical Diagnoses: diabetes, elevated cholesterol and triglycerides

Psychosocial Stressors: work, finances

Summary: Mood is more stable

#### Plan

- 1) Medication: Cont Depakote ER 1500mg QPM. Zyprexa 5mg at HS; resume celexa and adderall (have suggested taper of both).
- 2) Therapy - Patient is seeing a neurologist and plans to have neuropsych testing
- 3) Labwork Ordered - **Need Depakote level- patient agrees to go soon**
- 4) SA Treatment - Not indicated
- 5) RTC in 2 weeks 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.
- 9) Return to work written and given to patient.

### Professional Services

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 5/24/2018

**Visit #:** 6423581066

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



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**Fax:**

**Office/Clinic Visit Notes**

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**

**05/24/2018 01:00 PM**

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

**05/29/18 09:19 AM**

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/24/2018**

**Visit #: 6423581066**

**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:**

**Correspondence & Follow Up**

DOCUMENT NAME:



**Carolinas HealthCare System**

CMC RANDOLPH BHC  
501 BILLINGSLEY ROAD  
CHARLOTTE, NC 28211

LEONARD WILLIAMS



CHARLOTTE NC 28273

May 24, 2018

Mr. Williams is cleared to return to work on 6/4/18. No additional accommodations beyond what was established prior to short term leave.

Regards;

Kathleen Kelly Peniston, NP

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/24/2018**

**Visit #: 6423581066**

**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:**

**Insurance**

---

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/24/2018**

**Visit #: 6423581066**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

11/1/1980

\* Insurance. - Auth (Verified) \*

**Insurance Verification Letter**

Patient Name: Williams, Leonard Clinton III  
Admit Date: No admission date for patient encounter.  
CSN: 6423581066

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

Primary Insurance Name: BCBS BLUECARD ANTHEM  
Secondary Insurance Name: N/A

I understand my signature on this form indicates that I have verified and confirmed the insurance information listed above is accurate. I have also been advised to notify the hospital as soon as possible if there are any changes to the insurance coverage listed above to ensure I am not held financially responsible for services that could be covered by insurance.

Medicaid Be Smart Family Planning Program: \_\_\_\_\_

If you have Medicaid "Be Smart" Family Planning coverage, your coverage is limited to applicable outpatient services. Inpatient and emergency department services are not covered under the Medicaid "Be Smart" Family Planning Program therefore you will be financially responsible for today's services and billed as self-pay. See "no insurance coverage/self pay" section below for more details.

No Insurance Coverage/Self Pay: \_\_\_\_\_

If you are currently without Medicare, Medicaid, or insurance coverage (uninsured) then you may be eligible to apply and/or be screened for other coverage options and financial insurance coverage and that you will cooperate and participate in the efforts to help you qualify for any applicable coverage (such as Medicaid). Failure to fully participate with these efforts will disqualify you from eligibility for our financial assistance discounts. Information on financial assistance is available on the Carolinas HealthCare System website at [www.carolinashealthcare.org](http://www.carolinashealthcare.org).

I attest the information above is accurate to the best of my knowledge and reflects my current insurance coverage or my confirmation that I have no coverage (Insurance, Medicare, or Medicaid) for these services. I understand that failure to disclose insurance coverage may result in the responsible party having to pay for services that would have been paid by insurance if the hospital is unable to bill the insurer within their billing deadlines.

E-Signature



Signature: Signature captured with Topaz SigToolESIDevice by Williams, Leonard Clinton III at 5/24/2018 10:56:04 AM

Relationship to Patient:



039



11/1/1980

\* Insurance. - Auth (Verified) \*

**Insurance Verification Letter**

Patient Name: Williams, Leonard Clinton III  
Admit Date: No admission date for patient encounter.  
CSN: 6423581066

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

Primary Insurance Name: BCBS BLUECARD ANTHEM  
Secondary Insurance Name: N/A

I understand my signature on this form indicates that I have verified and confirmed the insurance information listed above is accurate. I have also been advised to notify the hospital as soon as possible if there are any changes to the insurance coverage listed above to ensure I am not held financially responsible for services that could be covered by insurance.

Medicaid Be Smart Family Planning Program: \_\_\_\_\_

If you have Medicaid "Be Smart" Family Planning coverage, your coverage is limited to applicable outpatient services. Inpatient and emergency department services are not covered under the Medicaid "Be Smart" Family Planning Program therefore you will be financially responsible for today's services and billed as self-pay. See "no insurance coverage/self pay" section below for more details.

No Insurance Coverage/Self Pay: \_\_\_\_\_

If you are currently without Medicare, Medicaid, or insurance coverage (uninsured) then you may be eligible to apply and/or be screened for other coverage options and financial insurance coverage and that you will cooperate and participate in the efforts to help you qualify for any applicable coverage (such as Medicaid). Failure to fully participate with these efforts will disqualify you from eligibility for our financial assistance discounts. Information on financial assistance is available on the Carolinas HealthCare System website at [www.carolinashealthcare.org](http://www.carolinashealthcare.org).

I attest the information above is accurate to the best of my knowledge and reflects my current insurance coverage or my confirmation that I have no coverage (Insurance, Medicare, or Medicaid) for these services. I understand that failure to disclose insurance coverage may result in the responsible party having to pay for services that would have been paid by insurance if the hospital is unable to bill the insurer within their billing deadlines.

E-Signature



Signature: Signature captured with Topaz SigToolESIDevice by Williams, Leonard Clinton III at 5/24/2018 10:56:04 AM

Relationship to Patient:



039



**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: <b>Est OV Level 4 -99214</b>		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: 5/24/18 11:38:00 AM EDT, Bipolar disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 5/24/2018 11:38 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider: CASTRO ,MANUEL A MD	
Order Details: 05/24/18 11:38:00 EDT, Bipolar disorder		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

**Provider: CASTRO ,MANUEL A MD****Date of Service:** 5/24/2018**Visit #:** 6423581066**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:

**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:** 05/24/2018**Phone:** (828) [REDACTED]**Age:** 37 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 regular doctor is:** CASTRO, MANUEL A MD**Your doctor or location today:** PENISTON, KATHLEEN KELLY NP**Reason for Visit:****Today's Diagnosis:** Bipolar disorder**Today's Clinical Information:****Height:** 5 ft 11.5 inch**Weight:** 107.502 kg**BMI:** 32.59 kg/m2**Blood Pressure:** 131 mmHg / 81 mmHg**Additional Information:****Allergies:****Provider:** CASTRO, MANUEL A MD**Date of Service:** 5/24/2018**Visit #:** 6423581066**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**

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 05/24/2018 visit)

No Laboratory and Radiology documented

**Medication Information:**

	<b>New Medicines to take at Home</b>	<b>Prescription</b>	<b>Next Dose Due</b>
1.	<b>citalopram (citalopram 20 mg oral tablet)</b> 1 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	
2.	<b>dextroamphetamine-amphetamine (dextroamphetamine-amphetamine 20 mg oral capsule, extended release)</b> 1 capsule by mouth two times a day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	
3.	<b>divalproex sodium (Depakote ER 500 mg oral tablet, extended release)</b> See Instructions 3 tablet in the evening - increased dose	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 5/24/2018**Visit #:** 6423581066**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:

**Discharge Information - Patient Education**

4.	<b>OLANzapine (ZyPREXA 5 mg oral tablet)</b> 1 tablet by mouth each night at bedtime	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	
----	---	---	--

	<b>Continue Taking These Medicines at Home</b>	<b>Next Dose Due</b>
1.	<b>APAP/ASA/caffeine (Goodys Extra Strength)</b> See Instructions 1 packet as needed	
2.	<b>metFORMIN (metFORMIN)</b> See Instructions ORAL	
3.	<b>zolpidem (Ambien 10 mg oral tablet)</b> 1 tablet by mouth each night at bedtime as needed for sleep 1/2 - 1 tablet at bedtime as needed for sleep	

\*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: CASTRO ,MANUEL A MD****Date of Service: 5/24/2018****Visit #: 6423581066****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**

**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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**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/24/2018**

**Visit #: 6423581066**

**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:** 5/24/2018 11:00:00

**FIN:** 6423581066

**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:** 5/24/2018

**Visit #:** 6423581066

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:30 EST

**Print ID:** 350115766



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Discharge Information - Patient Education**

**DOCUMENT NAME:**

**Ambulatory Depart Form - Text**

**Ambulatory Depart Form Entered On: 5/24/2018 11:09 EDT**

**Performed On: 5/24/2018 11:09 EDT by LACY , SARAH LPN**

**Ambulatory Educational Assessment**

*Identified Learning Needs :* Medications

*Preferred Learning Methods :* Discussion, Observing

*Barriers to Learning :* None evident

**LACY , SARAH LPN - 5/24/2018 11:09 EDT**

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/24/2018**

**Visit #: 6423581066**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115766**



**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: 5/24/2018 11:37 EDT**

**Performed On: 5/24/2018 11:37 EDT by PENISTON , KATHLEEN KELLY NP**

**Response to Education**

*Response to Teaching :* Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 5/24/2018 11:37 EDT

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/24/2018**

**Visit #: 6423581066**

**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: 5/24/2018**

**Visit #: 6423581066**

**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

237

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

- ☒ Well  
☐ Fairly well  
☐ Poorly - explain: \_\_\_\_\_

2. At today's appointment, I want:

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

3. I am having medication side effects.

- ☐ Yes - explain: \_\_\_\_\_  
☒ No

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

- ☐ Yes - explain: \_\_\_\_\_  
☒ No

5. I have been taking my medications as prescribed.

- ☒ Yes  
☐ No - explain: \_\_\_\_\_

6. Questions or concerns I want to discuss today.

Going back to work

Signature of Person Completing Form: \_\_\_\_\_

Date: 5/24/2018

\*If other than patient, give relationship: \_\_\_\_\_

For Staff Only:

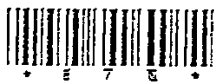
Form reviewed by: \_\_\_\_\_

Date: 5/24/18

Time: 1100

Date: \_\_\_\_\_

Time: \_\_\_\_\_



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



Rev. 08 21 09

WILLIAMS, LEONARD CLINTON\*

CSN: 6423581066 FAC: H

MRN: 0000642066 Adm Date: 5/24/2018

DOB: 11/01/1980 (37 yrs) Male

Att Phy: 27815 CASTRO, MANUEL A



**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

**BH Clinical Documentation**

DOCUMENT NAME:

**Outpatient Medication Clinic Initial - BH Entered On: 5/24/2018 11:09 EDT**  
**Performed On: 5/24/2018 11:05 EDT by LACY , SARAH LPN**

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

LACY , SARAH LPN - 5/24/2018 11:05 EDT

**Allergies**

(As Of: 5/24/2018 11:09:47 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:* 5/24/2018  
11:05 EDT

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

LACY , SARAH LPN - 5/24/2018 11:05 EDT

**Med List***Confirmation of Medication Reconciliation :* Yes

LACY , SARAH LPN - 5/24/2018 11:05 EDT

Medication List

(As Of: 5/24/2018 11:09:47 EDT)

*Prescription/Discharge Order*

divalproex sodium

*:* divalproex sodium ; *Status:* Prescribed ; *Ordered As*  
*Mnemonic:* Depakote ER 500 mg oral tablet, extended release  
*; Simple Display Line:* See Instructions, 3 tablet in the evening -  
increased dose, 90 tablet, 0 Refill(s) ; *Ordering Provider:*  
PENISTON , KATHLEEN KELLY NP; *Catalog Code:* divalproex  
sodium ; *Order Dt/Tm:* 5/10/2018 14:01:18

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 5/24/2018**Visit #:** 6423581066**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:

**BH Clinical Documentation**

dextroamphetamine-amphetamine : dextroamphetamine-amphetamine ; *Status:* Prescribed ; *Ordered As Mnemonic:* dextroamphetamine-amphetamine 20 mg oral capsule, extended release ; *Simple Display Line:* 20 mg, 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:* 5/10/2018 14:04:16

OLANzapine : OLANzapine ; *Status:* Prescribed ; *Ordered As Mnemonic:* ZyPREXA 5 mg oral tablet ; *Simple Display Line:* 5 mg, 1 tablet, ORAL, qHS (each night at bedtime), for 30 day(s), 30 tablet, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP ; *Catalog Code:* OLANzapine ; *Order Dt/Tm:* 5/10/2018 14:02:51

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:* 5/10/2018 13:59:28

zolpidem : zolpidem ; *Status:* Prescribed ; *Ordered As Mnemonic:* Ambien 10 mg oral tablet ; *Simple Display Line:* 10 mg, 1 tablet, ORAL, qHS (each night at bedtime), for 30 day(s), 1/2 - 1 tablet at bedtime as needed for sleep, PRN: for sleep, 30 tablet, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP ; *Catalog Code:* zolpidem ; *Order Dt/Tm:* 5/2/2018 10:34:12

*Home Meds*  
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

**Provider: CASTRO ,MANUEL A MD****Date of Service:** 5/24/2018**Visit #:** 6423581066**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**

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

**General Admission Information***Legal Guardian :* No*Information Given By :* Patient*Presenting Problem :* Medication management. "I am trying to go back to work."

LACY , SARAH LPN - 5/24/2018 11:05 EDT

**Communication***Preferred Communication Mode :* Verbal*Communication Barriers :* None*Preferred Language for Healthcare :* English

LACY , SARAH LPN - 5/24/2018 11:05 EDT

**Advance Directives***Advance Directive Documents in EMR RTF :* No Advance Directive documents available.*Advance Directive Completed :* No or does not know*Reason No Living Will or POA :* Unable/did not wish to provide advance directive*Advance Directive More Info Requested :* No

LACY , SARAH LPN - 5/24/2018 11:05 EDT

**Risk for Harm to Others***Assaultive Ideations :* No*Homicidal Ideations :* No*Does Patient Have a Plan :* No*Recent Attempt to Harm Others :* No*Access to Firearms/Weapons :* No*History of Danger to others :* No

LACY , SARAH LPN - 5/24/2018 11:05 EDT

**CSSRS Short Version - Reassessment***CSSRS Reassess Able to Assess :* Yes1. *Have you wished you were dead or wished you could go to sleep and not wake up? (ref) :* Since last visit, no2. *Have you actually had any thoughts of killing yourself? (ref) :* Since last visit, no6. *Have you done anything, started to do anything, or prepared to do anything to end your life? (ref) :* Since last visit, no

LACY , SARAH LPN - 5/24/2018 11:05 EDT

**Social History****Provider:** CASTRO ,MANUEL A MD**Date of Service:** 5/24/2018**Visit #:** 6423581066**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**Social History

(As Of: 5/24/2018 11:09:47 EDT)

## Tobacco:

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day:. (Last  
Updated: 5/10/2018 13:25:07 EDT by OWENS , DACHONNE  
LPN)

## Alcohol:

Denies (Last Updated: 1/8/2018 14:56:56 EST by OWENS ,  
DACHONNE LPN)

## Drug Abuse:

Denies (Last Updated: 1/8/2018 14:56:58 EST by OWENS ,  
DACHONNE LPN)

*Social History Categories Addressed :* Tobacco, Alcohol, Drug abuse

LACY , SARAH LPN - 5/24/2018 11:05 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 Practice 2 : Psychiatrist

Provider of Record 3 : None

Provider Practice 3 : Therapist none

Provider Comment 3 : not interested at this time 04/17/18

LACY , SARAH LPN - 5/24/2018 11:05 EDT

**Vitals**

Height Actual or Stated? : Stated/Estimated

Height Documented in (UOM) : feet/inches

Height : 181.61 cm

Height Contributor (ft) : 5 ft

Height Contributor (inches) : 11.5 inch

Clinical Weight Contributor (kg) : 107.502 kg

**Provider: CASTRO ,MANUEL A MD****Date of Service: 5/24/2018****Visit #: 6423581066****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

Weight Actual or Stated? : Actual  
Clinical Weight Documented in (UOM) : kg  
Weight : 107.502 kg  
Body Mass Index : 32.59 kg/m2  
Body Surface Area : 2.33 m2  
Peripheral Pulse Rate : 91 BPM  
Systolic Blood Pressure : 131 mmHg  
Diastolic Blood Pressure : 81 mmHg  
Blood Pressure Location : Right arm  
Blood Pressure Position : Sitting  
BP Instrument : Machine  
Weight (lbs.) : 237 lb  
Height (ft.) : 5.96 ft

#### Pain History

Pain Present : No

LACY , SARAH LPN - 5/24/2018 11:05 EDT

LACY , SARAH LPN - 5/24/2018 11:05 EDT

Provider: CASTRO ,MANUEL A MD  
Date of Service: 5/24/2018  
Visit #: 6423581066

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	5/24/2018	
Recorded Time	11:05 EDT	
Recorded By	LACY ,SARAH LPN	
Procedure		Units
Height	181.61	cm
Weight	107.502	kg
BSA	2.33	m2
Body Mass Index	32.59	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Peripheral Pulse Rate	91	BPM
Systolic Blood Pressure	131	mmHg
Diastolic Blood Pressure	81	mmHg
Blood Pressure Location	Right arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	No	

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/24/2018**

**Visit #: 6423581066**

**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 Assessment**

**Patient Assessment**

Recorded Date	5/24/2018
Recorded Time	11:05 EDT
Recorded By	LACY ,SARAH LPN
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/24/2018**

**Visit #: 6423581066**

**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:**

## Psychosocial

### Psychosocial

	Recorded Date	5/24/2018
	Recorded Time	11:05 EDT
	Recorded By	LACY ,SARAH 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:** 5/24/2018

**Visit #:** 6423581066

**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	5/24/2018	
Recorded Time	11:05 EDT	
Recorded By	LACY ,SARAH LPN	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Preferred Communication Mode	Verbal	
Primary Care Provider	BRADNER , RICHARD L MD	
Communication Barriers	None	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/24/2018**

**Visit #: 6423581066**

**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	5/24/2018
Recorded Time	11:05 EDT
Procedure	
Advance Directive Completed	No or does not know
Advance Directive More Info Requested	No
Recent Travel Outside United States MERS	See Below <sup>T1</sup>
Pregnant	N/A

#### Textual Results

T1: 5/24/2018 11:05 EDT (Recent Travel Outside United States MERS)  
No travel/no contact within past 14 days

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/24/2018**

**Visit #: 6423581066**

**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	5/24/2018
Recorded Time	11:05 EDT
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/24/2018**

**Visit #: 6423581066**

**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	5/24/2018
Recorded Time	11:09 EDT
Recorded By	LACY ,SARAH LPN
Procedure	
Preferred Learning Methods	Discussion, Observing
Barriers to Learning	None evident

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/24/2018**

**Visit #: 6423581066**

**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	5/24/2018	
Recorded Time	11:05 EDT	
Recorded By	LACY ,SARAH LPN	
Procedure		Units
Presenting Problem	See Below <sup>T1</sup>	
Assaultive Ideations	No	
Homicidal Ideations	No	
Does Patient Have a Plan	No	
Recent Attempt to Harm Others	No	
Access to Firearms/Weapons	No	
History of Danger to others	No	

### Textual Results

T1: 5/24/2018 11:05 EDT (Presenting Problem)  
Medication management. "I am trying to go back to work."

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 5/24/2018

**Visit #:** 6423581066

**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:**

### Procedure History

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

**Last Updated**

5/30/2018 05:26 EDT

**Procedure Date**

5/24/2018 23:59 EDT

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 5/24/2018**

**Visit #: 6423581066**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:30 EST**

**Print ID: 350115766**



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Admit Date: 5/29/2018 09:40 EDT  
Disch Date: 5/29/2018 23:59 EDT  
Admitting:  
Attending: PENISTON ,KATHLEEN KELLY NP  
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 3714274 Acct#: 6424149363  
DOB: 11/1/1980 Age: 37 years Sex: Male  
Location: CMC Randolph Behavioral Health OMS  
Print ID: 367579482

## Medication Compliance Status

### Admission Medication Reconciliation

#### Med Name

acetaminophen/aspirin/caffeine (Goodys Extra Strength)

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

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

Still taking, as prescribed

OLANzapine (ZyPREXA 5 mg oral tablet)

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

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

citalopram (citalopram 20 mg oral tablet)

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

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

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

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

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

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

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

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

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

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

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

metFORMIN (metFORMIN)

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

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

Still taking, as prescribed

Admit Date: 5/29/2018 09:40 EDT  
Disch Date: 5/29/2018 23:59 EDT  
Admitting:  
Attending: PENISTON ,KATHLEEN KELLY NP  
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 3714274 Acct#: 6424149363  
DOB: 11/1/1980 Age: 37 years Sex: Male  
Location: CMC Randolph Behavioral Health OMS  
Print ID: 367579482

## Correspondence - Follow Up

DOCUMENT NAME:



Carolinas HealthCare System

CMC RANDOLPH BHC  
501 BILLINGSLEY ROAD  
CHARLOTTE, NC 28211

LEONARD WILLIAMS

CHARLOTTE NC 28273

June 08, 2018

Leonard;

Your Depakote level remains in the therapeutic range. No changes recommended today.

See you soon;

Kathy Peniston, NP

Result Name	Current Result	Reference Range
Valproic Acid Level (ug/mL)	<b>88.5</b> 5/29/2018	50.0 - 100.0

Admit Date: 5/29/2018 09:40 EDT  
Disch Date: 5/29/2018 23:59 EDT  
Admitting:  
Attending: PENISTON ,KATHLEEN KELLY NP  
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 3714274 Acct#: 6424149363  
DOB: 11/1/1980 Age: 37 years Sex: Male  
Location: CMC Randolph Behavioral Health OMS  
Print ID: 367579482

## Chemistry

**Accession Number:** T10193982

<b>Orderable Name:</b> Valproic Acid Level (Depakote Level)	<b>Collected Date/Time:</b> 5/29/2018 09:38 EDT	<b>Result Date/Time:</b> 5/29/2018 14:51 EDT
--	--	---

Procedure	Result	Units	Reference Range
Valproic Acid Level	88.5 *1	ug/mL	[50.0-100.0]

### 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-

Admit Date: 5/29/2018 09:40 EDT  
Disch Date: 5/29/2018 23:59 EDT  
Admitting:  
Attending: PENISTON ,KATHLEEN KELLY NP  
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 3714274 Acct#: 6424149363  
DOB: 11/1/1980 Age: 37 years Sex: Male  
Location: CMC Randolph Behavioral Health OMS  
Print ID: 367579482



## Electronic Orders

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

<b>Order: Valproic Acid Level (Depakote Level)</b>		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: Blood, 5/29/18 9:38:00 AM EDT, Routine collect, Once, Stop date 5/29/18 2:51:37 PM EDT, Bipolar disorder, mixed		
Order Comment:		
Action Type: Order	Action Date/Time: 5/10/2018 14:07 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider: CASTRO ,MANUEL A MD	
Order Details: Blood, 05/10/18 14:06:00 EDT, Routine collect, Once, Stop date 05/10/18 14:06:00 EDT, Bipolar disorder, mixed		
Review Information:		
Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 6/4/2018 22:58 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Activate	Action Date/Time: 5/29/2018 09:38 EDT	Entered By: FREGOZO ,GINA
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:	
Order Details: Blood, 05/29/18 9:38:00 EDT, Routine collect, Once, Stop date 05/29/18 9:38:00 EDT, Bipolar disorder, mixed		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/29/2018 14:23 EDT	Entered By: CONTRIBUTOR_SYSTEM, MISYS
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:	
Order Details: Blood, 05/29/18 9:38:00 EDT, Routine collect, Once, Stop date 05/29/18 9:38:00 EDT, Bipolar disorder, mixed		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Complete	Action Date/Time: 5/29/2018 14:51 EDT	Entered By: SYSTEM
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider:	
Order Details: Blood, 05/29/18 9:38:00 EDT, Routine collect, Once, Stop date 05/29/18 9:38:00 EDT, Bipolar disorder, mixed		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Admit Date: 5/29/2018 09:40 EDT  
 Disch Date: 5/29/2018 23:59 EDT  
 Admitting:  
 Attending: PENISTON ,KATHLEEN KELLY NP  
 Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON  
 MRN: 3714274 Acct#: 6424149363  
 DOB: 11/1/1980 Age: 37 years Sex: Male  
 Location: CMC Randolph Behavioral Health OMS  
 Print ID: 367579482

## Allergy History

Substance **No known allergies**

Recorded Date/Time

11/3/2011 16:19 EDT

**Allergy Type** Allergy; **Recorded On Behalf Of** FERRARO,NICHOLAS P RN; **Reaction Status** Active; **Reviewed Date/Time** 2/4/2020 14:15 EST; **Reviewed By** ELMORE , SHANELLE LPN;

Admit Date: 5/29/2018 09:40 EDT  
Disch Date: 5/29/2018 23:59 EDT  
Admitting:  
Attending: PENISTON ,KATHLEEN KELLY NP  
Printed: 4/10/2020 10:30 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 3714274 Acct#: 6424149363  
DOB: 11/1/1980 Age: 37 years Sex: Male  
Location: CMC Randolph Behavioral Health OMS  
Print ID: 367579482



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

---

**Provider:** HASAN ,RABIYA MD  
**Date of Service:** 7/2/2018  
**Visit #:** 6425768366

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



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### Office/Clinic Visit Notes

DOCUMENT NAME:

#### PSYCH OMS NP WITH NURSE

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 6425768366  
Age: **37 years** Sex: **Male** DOB: **11/1/1980**  
Associated Diagnoses: **None**  
Author: **PENISTON , KATHLEEN KELLY NP**

#### Visit Information

Visit type  
Accompanied by  
History limitation

#### History of Present Illness

Nursing assessment reviewed.

- Last seen 6 weeks ago. On Depakote, Zyprexa, Celexa, Adderall. Only taking Depakote 1000mg instead of 1500mg due to side effects (headaches, cognitive issues). Last Depakote level 5/29: 88.5
- Quit job 2 weeks ago. Has been frustrated in work setting and quit abruptly. Now, working as web developer on his own.
- Mood - overall ok. Some sadness. Thoughts of being better off dead. Less frequent. NO plan or intent.
- Sleep fine / 8-10 hours per night. Appetite more. Energy better. Concentration fair. Only taking 1 tablet of adderall daily.
- Denies increase in irritability and agitation. Patient reports that he does believe Adderall can lead to increase in anxiety. May cause low frustration tolerance as well. Patient has tried to come off but has a difficult time functioning without it.
- No alcohol or illicit substances.
- No thoughts of harming others.
- No AH/VH

#### 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

Provider: **HASAN ,RABIYA MD**

Date of Service: 7/2/2018

Visit #: 6425768366

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

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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**Office/Clinic Visit Notes**

*Prescribed*

Depakote ER 500 mg oral tablet, extended release: See Instructions, 3 tablet in the evening - increased dose, 90 tablet, 0 Refill(s)  
ZyPREXA 5 mg oral tablet: 5 mg, 1 tablet, ORAL, qHS (each night at bedtime), 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)  
dextroamphetamine-amphetamine 20 mg oral capsule, extended release: 20 mg, 1 capsule, ORAL, BID (2 times a day), for 30 day(s), 60 capsule, 0 Refill(s)

Documented Medications

*Documented*

Goodys Extra Strength: See Instructions, 1 packet as needed  
Med List Status - Updated: A.Bizzell,RN, 0 Refill(s)  
metFORMIN: See Instructions, ORAL, 0 Refill(s)

**Problem list:**

All Problems

Obesity / SNOMED CT 2535065012 / Confirmed  
This Problem was set by a rule (CHS\_EKS\_BMI\_PROB).

**Histories**

**Past Medical History:**

No active or resolved past medical history items have been selected or recorded.

**Family History:**

HYPERTENSION  
GM, Maternal  
Cancer  
Father  
GM, Paternal  
GF, Paternal  
GM, Maternal

**Procedure history:**

No active procedure history items have been selected or recorded.

**Social History**

Social & Psychosocial Habits

**Alcohol**

01/08/2018 **Use:** Denies

**Provider:** HASAN ,RABIYA MD

**Date of Service:** 7/2/2018

**Visit #:** 6425768366

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

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Fax:

**Office/Clinic Visit Notes****Drug Abuse**01/08/2018 **Use:** Denies**Tobacco**05/10/2018 **Smoking Status:** Never smoker

# Years Active Cigarette Smoker: 0

Avg # Packs Per Day (20 cigs/pack): 0

**Physical Examination****Mental Status Examination:**

General appearance: Appropriately dressed and groomed.

Gait &amp; station: Normal.

Strength &amp; tone: Not tested.

Attention &amp; concentration: Normal.

Orientation: Oriented X4.

Language: Normal.

Level of consciousness: Alert.

Fund of Knowledge: Average.

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

Speech: Rapid, Overproductive, Perseverative.

Thought process: Perseverating.

Mood and affect: Labile, Anxious.

Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts.

Perceptions+: No abnormalities.

Insight: Fair.

Judgment: Fair.

**VS/Measurements****Vital Signs**

7/2/2018 13:20 EDT

Peripheral Pulse Rate	96 BPM
BP Cuff Size	Adult
Systolic Blood Pressure	118 mmHg
Diastolic Blood Pressure	83 mmHg
Blood Pressure Location	Left arm
BP Instrument	Machine
Blood Pressure Position	Sitting

, Measurements from flowsheet : Measurements - Standard

7/2/2018 13:20 EDT

Height Contributor (ft)	5 ft
Height Contributor (inches)	11.5 inch

**Provider:** HASAN ,RABIYA MD**Date of Service:** 7/2/2018**Visit #:** 6425768366**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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**Office/Clinic Visit Notes**

Clinical Weight Contributor (lb)	234 lb
Clinical Weight Contributor (oz)	2 oz

**Health Maintenance****Health Maintenance****Pending** (in the next year)OverDue

Diabetes Care - Hgb A1C due 07/19/16 and every 6 month

Due

Diabetes Care - ACE/ARB Med due 07/02/18 One-time only

Diabetes Care - Antiplatelet Medications due 07/02/18 One-time only

Diabetes Care - Foot Exam due 07/02/18 and every 1 year(s)

Diabetes Care - Microalbumin due 07/02/18 and every 1 year(s)

Diabetes Care - Retinal Screening due 07/02/18 and every 2 year(s)

HIV Screening due 07/02/18 One-time only

Healthy Weight Counseling age 18-64 due 07/02/18 and every 1 year(s)

Pneumococcal 23 Vaccine due 07/02/18 and every 3 month

Tdap Vaccine due 07/02/18 One-time only

Tetanus Vaccine due 07/02/18 and every 10 year(s)

Due In Future

Influenza Vaccine not due until 08/01/18 and every 8 month

**Satisfied** (in the past 1 year)

There are no satisfied recommendations within the defined date range

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

Psychiatric Diagnoses: Bipolar, type I MRE mixed; ADD; cluster A traits

Medical Diagnoses: diabetes, elevated cholesterol and triglycerides

Psychosocial Stressors: work, finances

Summary: Mood is fair. Left job abruptly. Working from home doing web design.

## Plan

1) Medication: Cont Depakote ER 1000mg QPM. Zyprexa 5mg at HS; Celexa 20mg daily. Adderall - decrease to 20mg most days.

**Provider:** HASAN ,RABIYA MD**Date of Service:** 7/2/2018**Visit #:** 6425768366**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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### Office/Clinic Visit Notes

- 2) Therapy - Patient is seeing a neurologist and plans to have neuropsych testing
- 3) Labwork Ordered - **Reviewed 5/29 Depakote level.**
- 4) SA Treatment - Not indicated
- 5) RTC in 4-6 weeks 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.
- 9) Return to work written and given to patient.

#### 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**

**07/02/2018 02:30 PM**

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

**07/03/18 02:20 PM**

**Provider: HASAN ,RABIYA MD**

**Date of Service: 7/2/2018**

**Visit #: 6425768366**

**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:**

**Insurance**

**Provider:** HASAN ,RABIYA MD  
**Date of Service:** 7/2/2018  
**Visit #:** 6425768366

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

11/1/1980

\* Insurance. - Auth (Verified) \*

**Insurance Verification Letter**

Patient Name: Williams, Leonard Clinton III  
Admit Date: No admission date for patient encounter.  
CSN: 6425768366

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

Primary Insurance Name: BCBS BLUECARD ANTHEM  
Secondary Insurance Name: N/A

I understand my signature on this form indicates that I have verified and confirmed the insurance information listed above is accurate. I have also been advised to notify the hospital as soon as possible if there are any changes to the insurance coverage listed above to ensure I am not held financially responsible for services that could be covered by insurance.

Medicaid Be Smart Family Planning Program: \_\_\_\_\_

If you have Medicaid "Be Smart" Family Planning coverage, your coverage is limited to applicable outpatient services. Inpatient and emergency department services are not covered under the Medicaid "Be Smart" Family Planning Program therefore you will be financially responsible for today's services and billed as self-pay. See "no insurance coverage/self pay" section below for more details.

No Insurance Coverage/Self Pay: \_\_\_\_\_

If you are currently without Medicare, Medicaid, or insurance coverage (uninsured) then you may be eligible to apply and/or be screened for other coverage options and financial insurance coverage and that you will cooperate and participate in the efforts to help you qualify for any applicable coverage (such as Medicaid). Failure to fully participate with these efforts will disqualify you from eligibility for our financial assistance discounts. Information on financial assistance is available on the Carolinas HealthCare System website at [www.carolinashealthcare.org](http://www.carolinashealthcare.org).

I attest the information above is accurate to the best of my knowledge and reflects my current insurance coverage or my confirmation that I have no coverage (Insurance, Medicare, or Medicaid) for these services. I understand that failure to disclose insurance coverage may result in the responsible party having to pay for services that would have been paid by insurance if the hospital is unable to bill the insurer within their billing deadlines.

E-Signature



Signature: Signature captured with Topaz SigToolESIDevice by Williams, Leonard Clinton III at 7/2/2018 1:00:34 PM

Relationship to Patient: Self



039



**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: Dietary Room Service Participation**

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 7/2/18 1:23:53 PM EDT Yes

Order Comment: Placed by rule chs\_diet\_room\_service

Action Type: Order | Action Date/Time: 7/2/2018 13:23 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 07/02/18 13:23:53 EDT Yes

Review Information:

Nurse Review: No Longer Needing Review, EPACT ,UPDATE on 7/3/2018 23:25 EDT

Doctor Cosign: Not Required

Order Comment: Placed by rule chs\_diet\_room\_service

Action Type: Discontinue | Action Date/Time: 7/3/2018 11:12 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 07/02/18 13:23:53 EDT Yes

Review Information:

Doctor Cosign: Not Required

Order Comment:

**Order: Est OV Level 3 -99213**

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

Electronically Signed By: PENISTON ,KATHLEEN KELLY NP

Order Details: 7/2/18 2:30:00 PM EDT, Bipolar disorder

Order Comment:

Action Type: Order | Action Date/Time: 7/2/2018 14:30 EDT | Entered By: PENISTON ,KATHLEEN KELLY NP

Ordering Provider: PENISTON ,KATHLEEN KELLY NP | Supervising Provider: CASTRO ,MANUEL A MD

Order Details: 07/02/18 14:30:00 EDT, Bipolar disorder

Review Information:

Doctor Cosign: Not Required

Order Comment:

**Provider: HASAN ,RABIYA MD****Date of Service: 7/2/2018****Visit #: 6425768366****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:

### 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:** (980) [REDACTED]

**MRN:** 0000642066

**Age:** 37 Years

**DOB:** 11/01/1980

**Sex:** Male

**Visit Date:** 07/02/2018

**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 regular doctor is:** HASAN, RABIYA MD

**Your doctor or location today:** PENISTON, KATHLEEN KELLY NP

**Reason for Visit:**

**Today's Diagnosis:** Bipolar disorder

#### Today's Clinical Information:

**Height:** 5 ft 11.5 inch

**Weight:** 234 lb 2 oz

**BMI:** 32.2 kg/m2

**Blood Pressure:** 118 mmHg / 83 mmHg

**Additional Information:**

**Allergies:**

**Provider:** HASAN, RABIYA MD

**Date of Service:** 7/2/2018

**Visit #:** 6425768366

**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:

**Discharge Information - Patient Education**

No known allergies

**Problem List:**

Obesity

**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 07/02/2018 visit)

No Laboratory and Radiology documented

**Medication Information:**

	<b>New Medicines to take at Home</b>	<b>Prescription</b>	<b>Next Dose Due</b>
1.	<b>citalopram (citalopram 20 mg oral tablet)</b> 1 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	
2.	<b>dextroamphetamine-amphetamine (dextroamphetamine-amphetamine 20 mg oral capsule, extended release)</b> 1 capsule by mouth two times a day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	
3.	<b>divalproex sodium (Depakote ER 500 mg oral tablet, extended release)</b> 2 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	

**Provider:** HASAN ,RABIYA MD**Date of Service:** 7/2/2018**Visit #:** 6425768366**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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**Discharge Information - Patient Education**

4.	<b>OLANzapine (ZyPREXA 5 mg oral tablet)</b> 1 tablet by mouth each night at bedtime	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	
----	---	---	--

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

***These Medicines have been Changed or Stopped***

Medicine has changed. See #3 in New Medications above.  
**divalproex sodium (Depakote ER 500 mg oral tablet, extended release)**  
See Instructions 3 tablet in the evening - increased dose

\*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.

**Provider: HASAN ,RABIYA MD****Date of Service: 7/2/2018****Visit #: 6425768366****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**

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: HASAN ,RABIYA MD**

**Date of Service: 7/2/2018**

**Visit #: 6425768366**

**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:** 7/2/2018 13:40:00

**FIN:** 6425768366

**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:** HASAN ,RABIYA MD

**Date of Service:** 7/2/2018

**Visit #:** 6425768366

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:29 EST

**Print ID:** 350115765





**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Discharge Information - Patient Education**

**DOCUMENT NAME:**

**Ambulatory Depart Form - Text**

**Ambulatory Depart Form Entered On: 7/2/2018 13:25 EDT**  
**Performed On: 7/2/2018 13:25 EDT by BIZZELL , ASHLEY LPN**

**Ambulatory Educational Assessment**

*Identified Learning Needs :* Medications

*Preferred Learning Methods :* Discussion, Observing

*Barriers to Learning :* None evident

**BIZZELL , ASHLEY LPN - 7/2/2018 13:25 EDT**

**Provider: HASAN ,RABIYA MD**

**Date of Service: 7/2/2018**

**Visit #: 6425768366**

**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: 7/2/2018 14:29 EDT**

**Performed On: 7/2/2018 14:29 EDT by PENISTON , KATHLEEN KELLY NP**

**Response to Education**

*Response to Teaching :* Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 7/2/2018 14:29 EDT

**Provider: HASAN ,RABIYA MD**

**Date of Service: 7/2/2018**

**Visit #: 6425768366**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:29 EST**

**Print ID: 350115765**



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Patient Questionnaires**

---

**Provider:** HASAN ,RABIYA MD  
**Date of Service:** 7/2/2018  
**Visit #:** 6425768366

**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: headaches, cognitive issues☐ 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: 1600 mg Depakote vs 1500 mg6. Questions or concerns I want to discuss today. Saphro patient assistanceSignature of Person Completing Form: [Signature]Date: 7/2/2018

\*If other than patient, give relationship: \_\_\_\_\_

For Staff Only:

Form reviewed by: [Signature]Date: 7/2/18 Time: 1322Date: 7/2/18 Time: 1349

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



Rev. 08/21/09

WILLIAMS, LEONARD CLINTON\*  
CSN: 6425768366 FAC: H  
MRN: 0000642066 Adm Date: 7/2/2018  
DOB: 11/01/1980 (37 yrs) Male  
Att Phy: 75403 HASAN, RABIYA K



ifier

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

**BH Clinical Documentation**

DOCUMENT NAME:

**Outpatient Medication Clinic Initial - BH Entered On: 7/2/2018 13:23 EDT**  
**Performed On: 7/2/2018 13:20 EDT by BIZZELL , ASHLEY LPN**

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

BIZZELL , ASHLEY LPN - 7/2/2018 13:20 EDT

**Allergies**

(As Of: 7/2/2018 13:23:52 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:* 7/2/2018  
13:20 EDT

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

BIZZELL , ASHLEY LPN - 7/2/2018 13:20 EDT

**Med List***Medication Information Obtained From :* Patient/family*Medication Disposition :* No meds brought to hospital*Medication Status :* Medication list updated*Confirmation of Medication Reconciliation :* Yes

BIZZELL , ASHLEY LPN - 7/2/2018 13:20 EDT

Medication List

(As Of: 7/2/2018 13:23:52 EDT)

*Prescription/Discharge Order*

OLANzapine

*:* OLANzapine ; *Status:* Prescribed ; *Ordered As Mnemonic:*  
ZyPREXA 5 mg oral tablet ; *Simple Display Line:* 5 mg, 1  
tablet, ORAL, qHS (each night at bedtime), for 30 day(s), 30  
tablet, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN

**Provider:** HASAN ,RABIYA MD**Date of Service:** 7/2/2018**Visit #:** 6425768366**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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**BH Clinical Documentation**

KELLY NP; *Catalog Code:* OLANZapine ; *Order Dt/Tm:*  
5/24/2018 11:36:25

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:* 5/24/2018 11:34:40

divalproex sodium : divalproex sodium ; *Status:* Prescribed ; *Ordered As*  
*Mnemonic:* Depakote ER 500 mg oral tablet, extended release  
; *Simple Display Line:* See Instructions, 3 tablet in the evening -  
increased dose, 90 tablet, 0 Refill(s) ; *Ordering Provider:*  
PENISTON , KATHLEEN KELLY NP; *Catalog Code:* divalproex  
sodium ; *Order Dt/Tm:* 5/24/2018 11:34:36

dextroamphetamine-  
amphetamine : dextroamphetamine-amphetamine ; *Status:* Prescribed ;  
*Ordered As Mnemonic:* dextroamphetamine-amphetamine 20  
mg oral capsule, extended release ; *Simple Display Line:* 20  
mg, 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:* 5/24/2018  
11:34:33

**Home Meds**

Med List Status - Updated : Med List Status - Updated ; *Status:* Documented ; *Ordered*  
*As Mnemonic:* Med List Status - Updated ; *Simple Display*  
*Line:* A.Bizzell,RN, 0 Refill(s) ; *Catalog Code:* Med List Status  
- Updated ; *Order Dt/Tm:* 7/2/2018 13:20:19

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

**Provider:** HASAN ,RABIYA MD**Date of Service:** 7/2/2018**Visit #:** 6425768366**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Fax:

**BH Clinical Documentation**

APAP/ASA/caffeine : APAP/ASA/caffeine ; *Status:* Documented ; *Ordered As*  
*Mnemonic:* Goodys Extra Strength ; *Simple Display Line:* See  
Instructions, 1 packet as needed ; *Catalog Code:*  
acetaminophen/aspirin/caffeine ; *Order Dt/Tm:* 11/3/2011  
16:02:16

**General Admission Information***Legal Guardian :* No*Information Given By :* Patient*Cultural/Spiritual Practices Impact Tx :* No*Presenting Problem :* Pt. reports he is taking 1000 mg of Depakote since having lab work. Pt. reports when taking 1500 mg of Depakote "tension in his head, slowed cognition and feeling sluggish.

BIZZELL , ASHLEY LPN - 7/2/2018 13:20 EDT

**Communication***Preferred Communication Mode :* Verbal*Communication Barriers :* None*Preferred Language for Healthcare :* English

BIZZELL , ASHLEY LPN - 7/2/2018 13:20 EDT

**Advance Directives***Advance Directive Documents in EMR RTF :* No Advance Directive documents available.*Advance Directive Completed :* No or does not know*Reason No Living Will or POA :* Unable/did not wish to provide advance directive*Advance Directive More Info Requested :* No

BIZZELL , ASHLEY LPN - 7/2/2018 13:20 EDT

**Risk for Harm to Others***Assaultive Ideations :* No*Homicidal Ideations :* No*Does Patient Have a Plan :* No*Recent Attempt to Harm Others :* No*Access to Firearms/Weapons :* No*History of Danger to others :* No

BIZZELL , ASHLEY LPN - 7/2/2018 13:20 EDT

**CSSRS Short Version - Reassessment***CSSRS Reassess Able to Assess :* Yes1. *Have you wished you were dead or wished you could go to sleep and not wake up? (ref) :* Since last visit, yes2. *Have you actually had any thoughts of killing yourself? (ref) :* Since last visit, no**Provider:** HASAN ,RABIYA MD**Date of Service:** 7/2/2018**Visit #:** 6425768366**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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**BH Clinical Documentation**

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 - 7/2/2018 13:20 EDT

**Social History**Social History

(As Of: 7/2/2018 13:23:52 EDT)

## Tobacco:

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day:. (Last  
Updated: 5/10/2018 13:25:07 EDT by OWENS , DACHONNE  
LPN)

## Alcohol:

Denies (Last Updated: 1/8/2018 14:56:56 EST by OWENS ,  
DACHONNE LPN)

## Drug Abuse:

Denies (Last Updated: 1/8/2018 14:56:58 EST by OWENS ,  
DACHONNE LPN)

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

Social History Categories Addressed : Tobacco, Alcohol, Drug abuse

BIZZELL , ASHLEY LPN - 7/2/2018 13:20 EDT

**Communications - Acute**

NS Room Service : Yes

Primary Care Provider : BRADNER , RICHARD L MD

Cell Phone Number : 828-██████████

Leave Voicemail : Yes

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

Provider of Record 1 : BRADNER , RICHARD L MD

Provider Practice 1 : PCP

Provider of Record 2 : PENISTON , KATHLEEN KELLY NP

Provider Practice 2 : Psychiatrist

Provider of Record 3 : None

Provider Practice 3 : Therapist none

Provider Comment 3 : not interested at this time 04/17/18

BIZZELL , ASHLEY LPN - 7/2/2018 13:20 EDT

**Communications - BH****Provider:** HASAN ,RABIYA MD**Date of Service:** 7/2/2018**Visit #:** 6425768366**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**

*Patient Agreement Comm BH* : The patient gives oral or written consent for CHS to verbally share his/her health information with the individuals listed below [this includes, but is not limited to, diagnosis, prognosis, medications (dosage and side effects, if any) and progress].

*BH Comm Share Info with others* : Denies

*OC Reviewed Contact List* : 7/2/2018 13:20 EDT

*Consent Valid BH* : This consent will be valid for one year unless revoked prior to expiration. Enter "End Date" for all BH encounters one year after "Date Identified".

BIZZELL , ASHLEY LPN - 7/2/2018 13:20 EDT

**Vitals**

*Height Actual or Stated?* : Stated/Estimated

*Height Documented in (UOM)* : feet/inches

*Height* : 181.61 cm

*Height Contributor (ft)* : 5 ft

*Height Contributor (inches)* : 11.5 inch

*Weight Actual or Stated?* : Actual

*Clinical Weight Documented in (UOM)* : lbs/oz

*Weight* : 106.198 kg

*Clinical Weight Contributor (lb)* : 234 lb

*Clinical Weight Contributor (oz)* : 2 oz

*Body Mass Index* : 32.2 kg/m2

*Body Surface Area* : 2.31 m2

*Peripheral Pulse Rate* : 96 BPM

*Systolic Blood Pressure* : 118 mmHg

*Diastolic Blood Pressure* : 83 mmHg

*Blood Pressure Location* : Left arm

*Blood Pressure Position* : Sitting

*BP Instrument* : Machine

*BP Cuff Size* : Adult

*Weight (lbs.)* : 234.13 lb

*Height (ft.)* : 5.96 ft

BIZZELL , ASHLEY LPN - 7/2/2018 13:20 EDT

**Pain History**

*Pain Present* : No

BIZZELL , ASHLEY LPN - 7/2/2018 13:20 EDT

**Provider:** HASAN ,RABIYA MD**Date of Service:** 7/2/2018**Visit #:** 6425768366**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:

### Vitals View

Recorded Date	7/2/2018	
Recorded Time	13:20 EDT	
Recorded By	BIZZELL ,ASHLEY LPN	
Procedure		Units
Height	181.61	cm
Weight	106.198	kg
BSA	2.31	m2
Body Mass Index	32.2	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Clinical Weight Contributor (lb)	234	lb
Clinical Weight Contributor (oz)	2	oz
Peripheral Pulse Rate	96	BPM
BP Cuff Size	Adult	
Systolic Blood Pressure	118	mmHg
Diastolic Blood Pressure	83	mmHg
Blood Pressure Location	Left arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	No	

Provider: HASAN ,RABIYA MD

Date of Service: 7/2/2018

Visit #: 6425768366

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:29 EST

Print ID: 350115765



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**Phone:**

**Fax:**

**Patient Assessment**

**Patient Assessment**

Recorded Date	7/2/2018
Recorded Time	13:20 EDT
Recorded By	BIZZELL ,ASHLEY LPN
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

**Provider:** HASAN ,RABIYA MD  
**Date of Service:** 7/2/2018  
**Visit #:** 6425768366

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



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**Fax:**

## Psychosocial

### Psychosocial

	Recorded Date	7/2/2018
	Recorded Time	13:20 EDT
	Recorded By	BIZZELL ,ASHLEY LPN
Procedure	Units	
CSSRS Reassess Able to Assess		Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, yes
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no

**Provider:** HASAN ,RABIYA MD

**Date of Service:** 7/2/2018

**Visit #:** 6425768366

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**AH BH Charlotte OMS Medication**

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**Visit Information****Visit Information**

Recorded Date	7/2/2018	
Recorded Time	13:20 EDT	
Recorded By	BIZZELL ,ASHLEY LPN	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Preferred Communication Mode	Verbal	
Medication Information Obtained From	Patient/family	
Medication Disposition	No meds brought to hospital	
Primary Care Provider	BRADNER , RICHARD L MD	
Medication Status	Medication list updated	
Communication Barriers	None	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

**Provider:** HASAN ,RABIYA MD**Date of Service:** 7/2/2018**Visit #:** 6425768366**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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**Phone:**

**Fax:**

### General Admission History

#### General Admission History

Recorded Date	7/2/2018
Recorded Time	13:20 EDT
Procedure	
Advance Directive Completed	No or does not know
Advance Directive More Info Requested	No
Recent Travel Outside United States MERS	See Below <sup>T1</sup>
Pregnant	N/A

#### Textual Results

T1: 7/2/2018 13:20 EDT (Recent Travel Outside United States MERS)  
No travel/no contact within past 14 days

**Provider:** HASAN ,RABIYA MD

**Date of Service:** 7/2/2018

**Visit #:** 6425768366

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



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**Phone:**

**Fax:**

## **Social Habits**

### **Social Habits**

Recorded Date	7/2/2018
Recorded Time	13:20 EDT
Procedure	
Do You Want to Stop Using Tobacco?	N/A

**Provider:** HASAN ,RABIYA MD

**Date of Service:** 7/2/2018

**Visit #:** 6425768366

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



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**Phone:**

**Fax:**

**TB Screen - Latex Sensitive - Skin Testing**

**TB Screen/Latex Sensitivity/Skin Testing**

Recorded Date	7/2/2018
Recorded Time	13:20 EDT
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

**Provider:** HASAN ,RABIYA MD

**Date of Service:** 7/2/2018

**Visit #:** 6425768366

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male





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**Charlotte, NC 28211-**

**Phone:**

**Fax:**

### **Interdisciplinary and Patient Education**

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

Recorded Date	7/2/2018
Recorded Time	13:25 EDT
Recorded By	BIZZELL ,ASHLEY LPN
Procedure	
Preferred Learning Methods	Discussion, Observing
Barriers to Learning	None evident

**Provider:** HASAN ,RABIYA MD  
**Date of Service:** 7/2/2018  
**Visit #:** 6425768366

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



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Charlotte, NC 28211-

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Fax:

## Behavioral Health

### Behavioral Health

Recorded Date	7/2/2018
Recorded Time	13:20 EDT
Recorded By	BIZZELL ,ASHLEY LPN
Procedure	Units
Presenting Problem	See Below <sup>T1</sup>
Cultural/Spiritual Practices Impact Tx	No
Assaultive Ideations	No
Homicidal Ideations	No
Does Patient Have a Plan	No
Recent Attempt to Harm Others	No
Access to Firearms/Weapons	No
History of Danger to others	No

### Textual Results

T1: 7/2/2018 13:20 EDT (Presenting Problem)

Pt. reports he is taking 1000 mg of Depakote since having lab work. Pt. reports when taking 1500 mg of Depakote "tension in his head, slowed cognition and feeling sluggish.

Provider: HASAN ,RABIYA MD

Date of Service: 7/2/2018

Visit #: 6425768366

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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### Procedure History

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

**Last Updated**

7/6/2018 05:25 EDT

**Procedure Date**

7/2/2018 23:59 EDT

**Provider:** HASAN ,RABIYA MD

**Date of Service:** 7/2/2018

**Visit #:** 6425768366

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:29 EST

**Print ID:** 350115765



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

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**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 7/31/2018  
**Visit #:** 6426529663

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



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**Office/Clinic Visit Notes**

DOCUMENT NAME:

**PSYCH OMS NP WITH NURSE**

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 6426529663  
Age: **37 years** Sex: **Male** DOB: **11/1/1980**  
Associated Diagnoses: **None**  
Author: **PENISTON , KATHLEEN KELLY NP**

**Visit Information**

**Visit type**

**Accompanied by**

**History limitation**

**History of Present Illness**

Nursing assessment reviewed.

- Last seen 4 weeks ago. On Depakote, Zyprexa, Celexa, Adderall. Last Depakote level 5/29: 88.5
- Work doing well - contractor developing websites. Works on his own.
- Mood - overall ok. 3 depressed days. No SI.
- Sleep fair / 8-10 hours per night. Appetite increased. Energy good (working out regularly x 1 wk). Concentration variable.
- Taking Adderall 1-2 caps daily. Interested in considering 10mg capsule so he can try an in between dose.
- No alcohol or illicit substances.
- No thoughts of harming others.
- No AH/VH
- Is feeling much better since quitting previous job. Has been more social.

**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*

Depakote ER 500 mg oral tablet, extended release: 1,000 mg, 2 tablet, ORAL, Daily, for 30 day(s), 60 tablet, 1 Refill(s)

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 7/31/2018

**Visit #:** 6426529663

**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**

ZyPREXA 5 mg oral tablet: 5 mg, 1 tablet, ORAL, qHS (each night at bedtime), for 30 day(s), 30 tablet, 1 Refill(s)  
citalopram 20 mg oral tablet: 20 mg, 1 tablet, ORAL, Daily, for 30 day(s), 30 tablet, 1 Refill(s)  
dextroamphetamine-amphetamine 20 mg oral capsule, extended release: 20 mg, 1 capsule, ORAL, BID (2 times a day), for 30 day(s), 60 capsule, 0 Refill(s)

Documented Medications

*Documented*

Ambien 10 mg oral tablet: 10 mg, 1 tablet, ORAL, qHS (each night at bedtime), PRN: for sleep, 0 Refill(s)  
Goodys Extra Strength: See Instructions, 1 packet as needed  
Med List Status - Updated: KKLPN, 0 Refill(s)  
metFORMIN: 500 mg, daily, 0 Refill(s)

**Problem list:**

All Problems

Obesity / SNOMED CT 2535065012 / Confirmed  
This Problem was set by a rule (CHS\_EKS\_BMI\_PROB).

**Histories**

**Past Medical History:**

No active or resolved past medical history items have been selected or recorded.

**Family History:**

HYPERTENSION

GM, Maternal

Cancer

Father

GM, Paternal

GF, Paternal

GM, Maternal

**Procedure history:**

No active procedure history items have been selected or recorded.

**Social History**

Social & Psychosocial Habits

**Alcohol**

01/08/2018 Use: Denies

**Drug Abuse**

01/08/2018 Use: Denies

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 7/31/2018

**Visit #:** 6426529663

**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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### Office/Clinic Visit Notes

#### Tobacco

05/10/2018 **Smoking Status:** Never smoker

**# Years Active Cigarette Smoker:** 0

**Avg # Packs Per Day (20 cigs/pack):** 0

#### 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: Rapid, Overproductive, Perseverative.

Thought process: Perseverating.

Mood and affect: Labile, Anxious.

Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts.

Perceptions+: No abnormalities.

Insight: Fair.

Judgment: Fair.

##### VS/Measurements

###### Vital Signs

7/31/2018 13:02 EDT

Peripheral Pulse Rate

91 BPM

Systolic Blood Pressure

135 mmHg

**Diastolic Blood Pressure**

**98 mmHg HI**

Blood Pressure Location

Right arm

BP Instrument

Machine

Blood Pressure Position

Sitting

, Measurements from flowsheet : Measurements - Standard

7/31/2018 13:02 EDT

Height Contributor (ft)

5 ft

Height Contributor (inches)

11.5 inch

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 7/31/2018

**Visit #:** 6426529663

**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

### Health Maintenance

#### Health Maintenance

##### Pending (in the next year)

###### OverDue

Diabetes Care - Hgb A1C due 07/19/16 and every 6 month

###### Due

Diabetes Care - ACE/ARB Med due 07/31/18 One-time only

Diabetes Care - Antiplatelet Medications due 07/31/18 One-time only

Diabetes Care - Foot Exam due 07/31/18 and every 1 year(s)

Diabetes Care - Microalbumin due 07/31/18 and every 1 year(s)

Diabetes Care - Retinal Screening due 07/31/18 and every 2 year(s)

HIV Screening due 07/31/18 One-time only

Healthy Weight Counseling age 18-64 due 07/31/18 and every 1 year(s)

Pneumococcal 23 Vaccine due 07/31/18 and every 3 month

Tdap Vaccine due 07/31/18 One-time only

Tetanus Vaccine due 07/31/18 and every 10 year(s)

###### Due In Future

Influenza Vaccine not due until 08/01/18 and every 8 month

##### Satisfied (in the past 1 year)

There are no satisfied recommendations within the defined date range

### Impression and Plan

#### Dx/Order Association Plan

Psychiatric Diagnoses: Bipolar, type I MRE mixed; ADD; cluster A traits

Medical Diagnoses: diabetes, elevated cholesterol and triglycerides

Psychosocial Stressors: work, finances

Summary: Doing fairly well.

#### Plan

- 1) Medication: Cont Depakote ER 1000mg QPM. Zyprexa 5mg 1-2 tab at HS; Celexa 20mg daily. Adderall 10mg QID
- 2) Therapy - Patient is seeing a neurologist and plans to have neuropsych testing
- 3) Labwork Ordered - **Reviewed 5/29 Depakote level.**
- 4) SA Treatment - Not indicated
- 5) RTC in 4-6 weeks 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.

Provider: PENISTON ,KATHLEEN KELLY NP

Date of Service: 7/31/2018

Visit #: 6426529663

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**

- 8) Patient is aware to contact OMS for any needed medication adjustments.
- 9) Return to work written and given to patient.

#### **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**  
**07/31/2018 02:31 PM**

**Electronically Signed By: CASTRO, MANUEL A MD**  
**08/04/18 09:18 AM**

**Provider: PENISTON ,KATHLEEN KELLY NP**  
**Date of Service: 7/31/2018**  
**Visit #: 6426529663**

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



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**Phone:**

**Fax:**

**Insurance**

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 7/31/2018  
**Visit #:** 6426529663

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

11/1/1980

\* Insurance. - Auth (Verified) \*

**Insurance Verification Letter**

Patient Name: Williams, Leonard Clinton III  
Admit Date: No admission date for patient encounter.  
CSN: 6426529663

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

Primary Insurance Name: N/A  
Secondary Insurance Name: N/A

I understand my signature on this form indicates that I have verified and confirmed the insurance information listed above is accurate. I have also been advised to notify the hospital as soon as possible if there are any changes to the insurance coverage listed above to ensure I am not held financially responsible for services that could be covered by insurance.

Medicaid Be Smart Family Planning Program: \_\_\_\_\_

If you have Medicaid "Be Smart" Family Planning coverage, your coverage is limited to applicable outpatient services. Inpatient and emergency department services are not covered under the Medicaid "Be Smart" Family Planning Program therefore you will be financially responsible for today's services and billed as self-pay. See "no insurance coverage/self pay" section below for more details.

No Insurance Coverage/Self Pay: \_\_\_\_\_

If you are currently without Medicare, Medicaid, or insurance coverage (uninsured) then you may be eligible to apply and/or be screened for other coverage options and financial insurance coverage and that you will cooperate and participate in the efforts to help you qualify for any applicable coverage (such as Medicaid). Failure to fully participate with these efforts will disqualify you from eligibility for our financial assistance discounts. Information on financial assistance is available on the Carolinas HealthCare System website at [www.carolinashealthcare.org](http://www.carolinashealthcare.org).

I attest the information above is accurate to the best of my knowledge and reflects my current insurance coverage or my confirmation that I have no coverage (Insurance, Medicare, or Medicaid) for these services. I understand that failure to disclose insurance coverage may result in the responsible party having to pay for services that would have been paid by insurance if the hospital is unable to bill the insurer within their billing deadlines.

E-Signature



Signature: \_\_\_\_\_  
Signature captured with Topaz by Williams, Leonard Clinton III on 11/01/2018 12:55:01 PM

Relationship to Patient:



039



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501 Billingsley Rd

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Phone:

Fax:

**Electronic Orders**

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

Order: <b>Est OV Level 4 -99214</b>		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: 7/31/18 1:32:00 PM EDT, Bipolar disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 7/31/2018 13:32 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider: CASTRO ,MANUEL A MD	
Order Details: 07/31/18 13:32:00 EDT, Bipolar disorder		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 7/31/2018  
**Visit #:** 6426529663

**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:

**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:** 07/31/2018**Phone:** (980) [REDACTED]**Age:** 37 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 regular doctor is:** PENISTON, KATHLEEN KELLY NP**Your doctor or location today:** PENISTON, KATHLEEN KELLY NP**Reason for Visit:****Today's Diagnosis:** Bipolar disorder**Today's Clinical Information:****Height:** 5 ft 11.5 inch**Weight:** 107.2 kg**BMI:** 32.5 kg/m2**Blood Pressure:** 135 mmHg / 98 mmHg**Additional Information:****Allergies:****Provider:** PENISTON, KATHLEEN KELLY NP**Date of Service:** 7/31/2018**Visit #:** 6426529663**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:

**Discharge Information - Patient Education**

No known allergies

**Problem List:**

Obesity

**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 07/31/2018 visit)

No Laboratory and Radiology documented

**Medication Information:**

	<b>New Medicines to take at Home</b>	<b>Prescription</b>	<b>Next Dose Due</b>
1.	<b>citalopram (citalopram 20 mg oral tablet)</b> 1 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	
2.	<b>dextroamphetamine-amphetamine (dextroamphetamine-amphetamine 10 mg oral capsule, extended release)</b> See Instructions up to 2 capsules twice daily.	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	
3.	<b>divalproex sodium (Depakote ER 500 mg oral tablet, extended release)</b> 2 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	

**Provider:** PENISTON ,KATHLEEN KELLY NP**Date of Service:** 7/31/2018**Visit #:** 6426529663**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Fax:

**Discharge Information - Patient Education**

4.	<b>OLANzapine (ZyPREXA 5 mg oral tablet)</b> See Instructions 1-2 tablets at bedtime	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	
5.	<b>zolpidem (Ambien 10 mg oral tablet)</b> 1 tablet by mouth each night at bedtime as needed for sleep	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	

	<b>Continue Taking These Medicines at Home</b>	<b>Next Dose Due</b>
1.	<b>APAP/ASA/caffeine (Goodys Extra Strength)</b> See Instructions 1 packet as needed	
2.	<b>metFORMIN (metFORMIN)</b> 500 mg daily	

***These Medicines have been Changed or Stopped***

**Medicine has changed. See #2 in New Medications above.**  
**dextroamphetamine-amphetamine (dextroamphetamine-amphetamine 20 mg oral capsule, extended release)**  
1 capsule by mouth two times a day

**Medicine has changed. See #2 in Continued Medications above.**  
**metFORMIN (metFORMIN)**  
Free Text Dose: See Instructions changed to mg Special Instructions: ORAL changed to daily

**Medicine has changed. See #4 in New Medications above.**  
**OLANzapine (ZyPREXA 5 mg oral tablet)**  
1 tablet by mouth each night at bedtime

**Medicine has changed. See #5 in New Medications above.**  
**zolpidem (Ambien 10 mg oral tablet)**  
1 tablet by mouth each night at bedtime as needed for sleep

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 7/31/2018  
**Visit #:** 6426529663

**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:

**Discharge Information - Patient Education**

\*This is a list of current information in your Carolinas HealthCare System medical record. It may include information from your visits to other offices or medications you told us were prescribed by other physicians or health care providers. If you have questions about this information, please contact your physician or health care provider.

**Scheduled Appointments:**

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

**Follow Up:****Reminders:**

1. If you have questions about your medicines, please ask your Doctor or a pharmacist.
2. Please bring your medicine list and pill bottles to all Doctor visits, medical testing, or if you are going to the ER or Hospital.
3. Remember to discard old medicine lists and update any records.

**Important Phone Numbers:****Poison Control Center 1-800-222-1222****National Suicide Prevention Lifeline 1-800-273-TALK (8255)****Smoking Cessation 1-800-QUIT NOW (1-800-784-8669)****National Domestic Violence Hotline 1-800-799-SAFE****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: PENISTON ,KATHLEEN KELLY NP****Date of Service: 7/31/2018****Visit #: 6426529663****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:** 7/31/2018 12:40:00

**FIN:** 6426529663

**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:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 7/31/2018

**Visit #:** 6426529663

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:29 EST

**Print ID:** 350115764



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Discharge Information - Patient Education**

**DOCUMENT NAME:**

**Ambulatory Depart Form - Text**

**Ambulatory Depart Form Entered On: 7/31/2018 13:11 EDT**

**Performed On: 7/31/2018 13:11 EDT by KNOWLIN , KIMBERLY B LPN**

**Ambulatory Educational Assessment**

*Identified Learning Needs :* Medications

*Preferred Learning Methods :* Discussion, Observing

*Barriers to Learning :* None evident

**KNOWLIN , KIMBERLY B LPN - 7/31/2018 13:11 EDT**

**Provider: PENISTON ,KATHLEEN KELLY NP**

**Date of Service: 7/31/2018**

**Visit #: 6426529663**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:29 EST**

**Print ID: 350115764**



**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: 7/31/2018 13:31 EDT**

**Performed On: 7/31/2018 13:31 EDT by PENISTON , KATHLEEN KELLY NP**

**Response to Education**

*Response to Teaching :* Attentive and verbalizes understanding

**PENISTON , KATHLEEN KELLY NP - 7/31/2018 13:31 EDT**

**Provider: PENISTON ,KATHLEEN KELLY NP**

**Date of Service: 7/31/2018**

**Visit #: 6426529663**

**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:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 7/31/2018  
**Visit #:** 6426529663

**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

236.8

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: \_\_\_\_\_

up Zyprexa, Adderall change

3. I am having medication side effects.

- ☒ Yes – explain: \_\_\_\_\_  
☒ No

same as always, cognitive impairment

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: \_\_\_\_\_

taking more Zyprexa at times less Adderall

6. Questions or concerns I want to discuss today. \_\_\_\_\_

Signature of Person Completing Form: \_\_\_\_\_

Date: 7/31/2018

\*If other than patient, give relationship: \_\_\_\_\_

For Staff Only:

Form reviewed by: \_\_\_\_\_

Date: 7-31-18

Time: 1300

Date: \_\_\_\_\_

Time: \_\_\_\_\_



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



Rev. 05 21 09

Patient Name: \_\_\_\_\_

WILLIAMS, LEONARD CLINTON\*  
CSN: 6426529663 FAC: H  
MRN: 0000642066 Adm Date: 7/31/2018  
DOB: 11/01/1980 (37 yrs) Male  
Att Phy: 15273 PENISTON CNS, KATHL\*



**AH BH Charlotte OMS Medication**

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Charlotte, NC 28211-

Phone:

Fax:

**BH Clinical Documentation**

DOCUMENT NAME:

**Outpatient Medication Clinic Initial - BH Entered On: 7/31/2018 13:06 EDT**  
**Performed On: 7/31/2018 13:02 EDT by KNOWLIN , KIMBERLY B LPN**

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

KNOWLIN , KIMBERLY B LPN - 7/31/2018 13:02 EDT

**Allergies**

(As Of: 7/31/2018 13:06:57 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:* 7/31/2018  
13:01 EDT

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

KNOWLIN , KIMBERLY B LPN - 7/31/2018 13:02 EDT

**Med List***Medication Information Obtained From :* Patient/family*Medication Status :* Medication list updated*Confirmation of Medication Reconciliation :* Yes

KNOWLIN , KIMBERLY B LPN - 7/31/2018 13:02 EDT

Medication List

(As Of: 7/31/2018 13:06:57 EDT)

*Prescription/Discharge Order*dextroamphetamine-  
amphetamine

*:* dextroamphetamine-amphetamine ; *Status:* Prescribed ;  
*Ordered As Mnemonic:* dextroamphetamine-amphetamine 20  
mg oral capsule, extended release ; *Simple Display Line:* 20  
mg, 1 capsule, ORAL, BID (2 times a day), for 30 day(s), 60  
capsule, 0 Refill(s) ; *Ordering Provider:* PENISTON ,

**Provider:** PENISTON ,KATHLEEN KELLY NP**Date of Service:** 7/31/2018**Visit #:** 6426529663**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**

KATHLEEN KELLY NP; *Catalog Code:*  
dextroamphetamine-amphetamine ; *Order Dt/Tm:* 7/2/2018  
14:25:03

OLANZapine : OLANZapine ; *Status:* Prescribed ; *Ordered As Mnemonic:*  
ZyPREXA 5 mg oral tablet ; *Simple Display Line:* 5 mg, 1  
tablet, ORAL, qHS (each night at bedtime), for 30 day(s), 30  
tablet, 1 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN  
KELLY NP; *Catalog Code:* OLANZapine ; *Order Dt/Tm:*  
7/2/2018 14:25:05

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, 1 Refill(s) ; *Ordering  
Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:*  
citalopram ; *Order Dt/Tm:* 7/2/2018 14:25:00

divalproex sodium : divalproex sodium ; *Status:* Prescribed ; *Ordered As  
Mnemonic:* Depakote ER 500 mg oral tablet, extended release  
; *Simple Display Line:* 1,000 mg, 2 tablet, ORAL, Daily, for 30  
day(s), 60 tablet, 1 Refill(s) ; *Ordering Provider:* PENISTON ,  
KATHLEEN KELLY NP; *Catalog Code:* divalproex sodium ;  
*Order Dt/Tm:* 7/2/2018 14:23:50

**Home Meds**

zolpidem : zolpidem ; *Status:* Documented ; *Ordered As Mnemonic:*  
Ambien 10 mg oral tablet ; *Simple Display Line:* 10 mg, 1  
tablet, ORAL, qHS (each night at bedtime), PRN: for sleep, 0  
Refill(s) ; *Catalog Code:* zolpidem ; *Order Dt/Tm:* 7/31/2018  
13:02:05

Med List Status - Updated : Med List Status - Updated ; *Status:* Documented ; *Ordered  
As Mnemonic:* Med List Status - Updated ; *Simple Display  
Line:* KKLPN, 0 Refill(s) ; *Catalog Code:* Med List Status -  
Updated ; *Order Dt/Tm:* 7/31/2018 13:01:52

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 7/31/2018  
**Visit #:** 6426529663

**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**

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

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:* A.Bizzell,RN, 0 Refill(s) ; *Ordering Provider:* SYSTEM; *Catalog Code:* Med List Status - Updated ; *Order Dt/Tm:* 7/2/2018 13:20:19

**General Admission Information***Legal Guardian :* No*Information Given By :* Patient*Presenting Problem :* Med discussion for Zyprexa and Adderall

KNOWLIN , KIMBERLY B LPN - 7/31/2018 13:02 EDT

**Communication***Preferred Communication Mode :* Verbal*Communication Barriers :* None*Preferred Language for Healthcare :* English

KNOWLIN , KIMBERLY B LPN - 7/31/2018 13:02 EDT

**Advance Directives***Advance Directive Documents in EMR RTF :* No Advance Directive documents available.*Advance Directive Completed :* No or does not know*Reason No Living Will or POA :* Unable/did not wish to name surrogate decision maker, Unable/did not wish to provide advance directive*Advance Directive More Info Requested :* No

KNOWLIN , KIMBERLY B LPN - 7/31/2018 13:02 EDT

**Risk for Harm to Others***Assaultive Ideations :* No**Provider:** PENISTON ,KATHLEEN KELLY NP**Date of Service:** 7/31/2018**Visit #:** 6426529663**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:

**BH Clinical Documentation**

Homicidal Ideations : No  
Does Patient Have a Plan : No  
Recent Attempt to Harm Others : No  
Access to Firearms/Weapons : No  
History of Danger to others : No

KNOWLIN , KIMBERLY B LPN - 7/31/2018 13:02 EDT

**CSSRS Short Version - Reassessment**

CSSRS Reassess Able to Assess : Yes

1. Have you wished you were dead or wished you could go to sleep and not wake up? (ref) : Since last visit, yes

CSSRS Screen Wish to be Dead ReAsses Details : " Just overwhelmed at times with life".

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

KNOWLIN , KIMBERLY B LPN - 7/31/2018 13:02 EDT

**Social History**

Social History

(As Of: 7/31/2018 13:06:57 EDT)

Tobacco:

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day:. (Last  
Updated: 5/10/2018 13:25:07 EDT by OWENS , DACHONNE  
LPN)

Alcohol:

Denies (Last Updated: 1/8/2018 14:56:56 EST by OWENS ,  
DACHONNE LPN)

Drug Abuse:

Denies (Last Updated: 1/8/2018 14:56:58 EST by OWENS ,  
DACHONNE LPN)

Social History Categories Addressed : Tobacco, Alcohol, Drug abuse

KNOWLIN , KIMBERLY B LPN - 7/31/2018 13:02 EDT

**Communications - Acute**

Primary Care Provider : BRADNER , RICHARD L MD

Cell Phone Number : 980 [REDACTED] \*\*\*

Leave Voicemail : Yes

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

Provider of Record 1 : BRADNER , RICHARD L MD

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 7/31/2018

**Visit #:** 6426529663

**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

Provider Practice 1 : PCP  
Provider of Record 2 : PENISTON , KATHLEEN KELLY NP  
Provider Practice 2 : Psychiatrist  
Provider of Record 3 : None  
Provider Practice 3 : Therapist none  
Provider Comment 3 : not interested at this time 04/17/18

KNOWLIN , KIMBERLY B LPN - 7/31/2018 13:02 EDT

#### Vitals

Height Actual or Stated? : Stated/Estimated  
Height Documented in (UOM) : feet/inches  
Height : 181.61 cm  
Height Contributor (ft) : 5 ft  
Height Contributor (inches) : 11.5 inch  
Clinical Weight Contributor (kg) : 107.2 kg  
Weight Actual or Stated? : Actual  
Clinical Weight Documented in (UOM) : kg  
Weight : 107.2 kg  
Body Mass Index : 32.5 kg/m2  
Body Surface Area : 2.33 m2  
Peripheral Pulse Rate : 91 BPM  
Systolic Blood Pressure : 135 mmHg  
Diastolic Blood Pressure : 98 mmHg (HI)  
Blood Pressure Location : Right arm  
Blood Pressure Position : Sitting  
BP Instrument : Machine  
Weight (lbs.) : 236.34 lb  
Height (ft.) : 5.96 ft

KNOWLIN , KIMBERLY B LPN - 7/31/2018 13:02 EDT

#### Pain History

Pain Present : No

KNOWLIN , KIMBERLY B LPN - 7/31/2018 13:02 EDT

Provider: PENISTON ,KATHLEEN KELLY NP  
Date of Service: 7/31/2018  
Visit #: 6426529663

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	7/31/2018	
Recorded Time	13:02 EDT	
Recorded By	KNOWLIN ,KIMBERLY B LPN	
Procedure		Units
Height	181.61	cm
Weight	107.2	kg
BSA	2.33	m2
Body Mass Index	32.5	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Peripheral Pulse Rate	91	BPM
Systolic Blood Pressure	135	mmHg
Diastolic Blood Pressure	98 <sup>H</sup>	mmHg
Blood Pressure Location	Right arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	No	

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 7/31/2018

**Visit #:** 6426529663

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



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**Phone:**

**Fax:**

**Patient Assessment**

**Patient Assessment**

Recorded Date	7/31/2018
Recorded Time	13:02 EDT
Recorded By	KNOWLIN ,KIMBERLY B LPN
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 7/31/2018  
**Visit #:** 6426529663

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



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**Fax:**

## Psychosocial

### Psychosocial

	Recorded Date	7/31/2018
	Recorded Time	13:02 EDT
	Recorded By	KNOWLIN ,KIMBERLY B LPN
Procedure	Units	
CSSRS Reassess Able to Assess		Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, yes
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 7/31/2018

**Visit #:** 6426529663

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



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**Fax:**

### Visit Information

#### Visit Information

Recorded Date	7/31/2018	
Recorded Time	13:02 EDT	
Recorded By	KNOWLIN ,KIMBERLY B LPN	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Preferred Communication Mode	Verbal	
Medication Information Obtained From	Patient/family	
Primary Care Provider	BRADNER , RICHARD L MD	
Medication Status	Medication list updated	
Communication Barriers	None	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 7/31/2018

**Visit #:** 6426529663

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



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**Fax:**

### General Admission History

#### General Admission History

Recorded Date	7/31/2018
Recorded Time	13:02 EDT
Procedure	
Advance Directive Completed	No or does not know
Advance Directive More Info Requested	No
Recent Travel Outside United States MERS	See Below <sup>T1</sup>
Pregnant	N/A

#### Textual Results

T1: 7/31/2018 13:02 EDT (Recent Travel Outside United States MERS)  
No travel/no contact within past 14 days

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 7/31/2018  
**Visit #:** 6426529663

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



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**Fax:**

**TB Screen - Latex Sensitive - Skin Testing**

**TB Screen/Latex Sensitivity/Skin Testing**

Recorded Date	7/31/2018
Recorded Time	13:02 EDT
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 7/31/2018  
**Visit #:** 6426529663

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





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**Fax:**

### **Interdisciplinary and Patient Education**

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

Recorded Date	7/31/2018
Recorded Time	13:11 EDT
Recorded By	KNOWLIN ,KIMBERLY B LPN
Procedure	
Preferred Learning Methods	Discussion, Observing
Barriers to Learning	None evident

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 7/31/2018  
**Visit #:** 6426529663

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



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**Fax:**

### Behavioral Health

#### Behavioral Health

Recorded Date	7/31/2018	
Recorded Time	13:02 EDT	
Recorded By	KNOWLIN ,KIMBERLY B LPN	
Procedure		Units
Presenting Problem	See Below <sup>T1</sup>	
Assaultive Ideations	No	
Homicidal Ideations	No	
Does Patient Have a Plan	No	
Recent Attempt to Harm Others	No	
Access to Firearms/Weapons	No	
History of Danger to others	No	

#### Textual Results

T1: 7/31/2018 13:02 EDT (Presenting Problem)  
Med discussion for Zyprexa and Adderall

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 7/31/2018  
**Visit #:** 6426529663

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



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### Procedure History

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

**Last Updated**

8/4/2018 05:23 EDT

**Procedure Date**

7/31/2018 23:59 EDT

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 7/31/2018

**Visit #:** 6426529663

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:29 EST

**Print ID:** 350115764



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**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 8/28/2018  
**Visit #:** 6426889584

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



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**Office/Clinic Visit Notes**

DOCUMENT NAME:

**PSYCH OMS NP WITH NURSE**

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 6426889584  
Age: **37 years** Sex: **Male** DOB: **11/1/1980**  
Associated Diagnoses: **None**  
Author: **PENISTON , KATHLEEN KELLY NP**

**Visit Information**

**Visit type**

**Accompanied by**

**History limitation**

**History of Present Illness**

Nursing assessment reviewed.

- Last seen 4 weeks ago. On Depakote, Zyprexa, Celexa, Adderall. Last Depakote level 5/29: 88.5
- Work doing well - contractor developing websites. Works on his own. Concerned in staying busy enough to pay all his bills.
- Mood - overall ok. No SI.
- Sleep fair / 8-10 hours per night. Appetite good.
- Energy good - exercising daily. Concentration variable.
- Taking Adderall 20mg BID
- No alcohol or illicit substances.
- No thoughts of harming others.
- No AH/VH
- Is feeling much better since quitting previous job. Has been more social.

**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:** CASTRO ,MANUEL A MD

**Date of Service:** 8/28/2018

**Visit #:** 6426889584

**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**

Ambien 10 mg oral tablet: 10 mg, 1 tablet, ORAL, qHS (each night at bedtime), for 30 day(s), PRN: for sleep, 30 tablet, 0 Refill(s)

Depakote ER 500 mg oral tablet, extended release: 1,000 mg, 2 tablet, ORAL, Daily, for 30 day(s), 60 tablet, 1 Refill(s)

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

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

dextroamphetamine-amphetamine 10 mg oral capsule, extended release: See Instructions, up to 2 capsules twice daily., 120 capsule, 0 Refill(s)

Documented Medications

*Documented*

Goodys Extra Strength: See Instructions, 1 packet as needed

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

metFORMIN: 500 mg, daily, 0 Refill(s)

**Problem list:**

All Problems

Obesity / SNOMED CT 2535065012 / Confirmed

This Problem was set by a rule (CHS\_EKS\_BMI\_PROB).

**Histories**

**Past Medical History:**

No active or resolved past medical history items have been selected or recorded.

**Family History:**

HYPERTENSION

GM, Maternal

Cancer

Father

GM, Paternal

GF, Paternal

GM, Maternal

**Procedure history:**

No active procedure history items have been selected or recorded.

**Social History**

Social & Psychosocial Habits

**Alcohol**

01/08/2018 Use: Denies

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 8/28/2018

**Visit #:** 6426889584

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



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### Office/Clinic Visit Notes

#### Drug Abuse

01/08/2018 **Use:** Denies

#### Tobacco

08/28/2018 **Smoking Status:** Never smoker

**# Years Active Cigarette Smoker:** 0

**Avg # Packs Per Day (20 cigs/pack):** 0

#### 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: Rapid, Overproductive, Perseverative.

Thought process: Perseverating.

Mood and affect: Labile, Anxious.

Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts.

Perceptions+: No abnormalities.

Insight: Fair.

Judgment: Fair.

##### VS/Measurements

###### Vital Signs

8/28/2018 13:27 EDT

###### Peripheral Pulse Rate

**108 BPM HI**

Systolic Blood Pressure

119 mmHg

Diastolic Blood Pressure

79 mmHg

Blood Pressure Location

Right arm

BP Instrument

Machine

Blood Pressure Position

Sitting

, Measurements from flowsheet : Measurements - Standard

8/28/2018 13:27 EDT

Height Contributor (ft)

5 ft

Height Contributor (inches)

11.5 inch

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 8/28/2018

**Visit #:** 6426889584

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



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Fax:

## Office/Clinic Visit Notes

### Health Maintenance

#### Health Maintenance

**Pending** (in the next year)

##### OverDue

- Diabetes Care - Hgb A1C due 07/19/16 and every 6 month

##### Due

- Influenza Vaccine due 08/01/18 and every 8 month
- Diabetes Care - ACE/ARB Med due 08/28/18 One-time only
- Diabetes Care - Antiplatelet Medications due 08/28/18 One-time only
- Diabetes Care - Foot Exam due 08/28/18 and every 1 year(s)
- Diabetes Care - Microalbumin due 08/28/18 and every 1 year(s)
- Diabetes Care - Retinal Screening due 08/28/18 and every 2 year(s)
- HIV Screening due 08/28/18 One-time only
- Healthy Weight Counseling age 18-64 due 08/28/18 and every 1 year(s)
- Pneumococcal 23 Vaccine due 08/28/18 and every 3 month
- Tdap Vaccine due 08/28/18 One-time only
- Tetanus Vaccine due 08/28/18 and every 10 year(s)

**Satisfied** (in the past 1 year)

There are no satisfied recommendations within the defined date range

### Impression and Plan

#### Dx/Order Association Plan

Psychiatric Diagnoses: Bipolar, type I MRE mixed; ADD; cluster A traits

Medical Diagnoses: diabetes, elevated cholesterol and triglycerides

Psychosocial Stressors: work, finances

Summary: Doing fairly well.

#### Plan

- 1) Medication: Cont Depakote ER 1000mg QPM. Zyprexa 5mg 1-2 tab at HS; Celexa 20mg daily. Adderall XR 20 BID. Ambien prn
- 2) Therapy - Patient is seeing a neurologist and plans to have neuropsych testing
- 3) Labwork Ordered - **Reviewed 5/29 Depakote level.**
- 4) SA Treatment - Not indicated
- 5) RTC in 2 months for further evaluation of medication.
- 6) Patient was provided with education regarding medication and treatment plan.

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 8/28/2018

**Visit #:** 6426889584

**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 to contact OMS for any needed medication adjustments.
- 9) Return to work written and given to patient.

#### **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**

**08/28/2018 02:17 PM**

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

**08/29/18 12:41 PM**

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 8/28/2018**

**Visit #: 6426889584**

**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:**

**Insurance**

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 8/28/2018**

**Visit #: 6426889584**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

11/1/1980

\* Insurance. - Auth (Verified) \*

**Insurance Verification Letter**

Patient Name: Williams, Leonard Clinton III  
Admit Date: No admission date for patient encounter.  
CSN: 6426889584

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

Primary Insurance Name: N/A  
Secondary Insurance Name: N/A

I understand my signature on this form indicates that I have verified and confirmed the insurance information listed above is accurate. I have also been advised to notify the hospital as soon as possible if there are any changes to the insurance coverage listed above to ensure I am not held financially responsible for services that could be covered by insurance.

Medicaid Be Smart Family Planning Program: \_\_\_\_\_

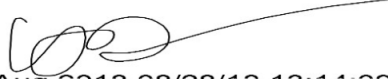
If you have Medicaid "Be Smart" Family Planning coverage, your coverage is limited to applicable outpatient services. Inpatient and emergency department services are not covered under the Medicaid "Be Smart" Family Planning Program therefore you will be financially responsible for today's services and billed as self-pay. See "no insurance coverage/self pay" section below for more details.

No Insurance Coverage/Self Pay: \_\_\_\_\_

If you are currently without Medicare, Medicaid, or insurance coverage (uninsured) then you may be eligible to apply and/or be screened for other coverage options and financial insurance coverage and that you will cooperate and participate in the efforts to help you qualify for any applicable coverage (such as Medicaid). Failure to fully participate with these efforts will disqualify you from eligibility for our financial assistance discounts. Information on financial assistance is available on the Carolinas HealthCare System website at [www.carolinashealthcare.org](http://www.carolinashealthcare.org).

I attest the information above is accurate to the best of my knowledge and reflects my current insurance coverage or my confirmation that I have no coverage (Insurance, Medicare, or Medicaid) for these services. I understand that failure to disclose insurance coverage may result in the responsible party having to pay for services that would have been paid by insurance if the hospital is unable to bill the insurer within their billing deadlines.

E-Signature



Signature: \_\_\_\_\_  
Signature captured with Topaz by Williams, Leonard Clinton III Pat 8/28/2018 15:00 PM

Relationship to Patient:



039



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**Electronic Orders**

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

Order: <b>Est OV Level 3 -99213</b>		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: 8/28/18 1:59:00 PM EDT, ADD (attention deficit disorder)   Bipolar disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 8/28/2018 13:59 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP		Supervising Provider: CASTRO ,MANUEL A MD
Order Details: 08/28/18 13:59:00 EDT, Bipolar disorder   ADD (attention deficit disorder)		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 8/28/2018  
**Visit #:** 6426889584

**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:** 08/28/2018**Phone:** (980) [REDACTED]**Age:** 37 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 regular doctor is:** PENISTON, KATHLEEN KELLY NP**Your doctor or location today:** PENISTON, KATHLEEN KELLY NP**Reason for Visit:****Today's Diagnosis:** ADD (attention deficit disorder); Bipolar disorder**Today's Clinical Information:****Height:** 5 ft 11.5 inch**Weight:** 108.2 kg**BMI:** 32.81 kg/m2**Blood Pressure:** 119 mmHg / 79 mmHg**Additional Information:****Allergies:****Provider:** CASTRO, MANUEL A MD**Date of Service:** 8/28/2018**Visit #:** 6426889584**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:**

Obesity

**Recorded at this visit:****Procedures**

No Procedures documented

**Immunizations**

No Immunizations documented this visit

**Completed Results:****Laboratory and Radiology this Visit** (last charted value for your 08/28/2018 visit)

No Laboratory and Radiology documented

**Medication Information:**

	<b>New Medicines to take at Home</b>	<b>Prescription</b>	<b>Next Dose Due</b>
1.	<b>citalopram (citalopram 20 mg oral tablet)</b> 1 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	
2.	<b>dextroamphetamine-amphetamine (dextroamphetamine-amphetamine 20 mg oral capsule, extended release)</b> 1 capsule by mouth every morning	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	
3.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> 1 capsule by mouth two times a day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 8/28/2018**Visit #:** 6426889584**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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**Discharge Information - Patient Education**

4.	<b>divalproex sodium (Depakote ER 500 mg oral tablet, extended release)</b> 2 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	
5.	<b>OLANzapine (ZyPREXA 5 mg oral tablet)</b> See Instructions 1-2 tablets at bedtime	Sent to CMC RANDOLPH PHARMACY 501 BILLINGSLEY RD CHARLOTTE, NC, 2-8211 Phone: (704)358-2909	

	<b>Continue Taking These Medicines at Home</b>	<b>Next Dose Due</b>
1.	<b>APAP/ASA/caffeine (Goodys Extra Strength)</b> See Instructions 1 packet as needed	
2.	<b>metFORMIN (metFORMIN)</b> 500 mg daily	
3.	<b>zolpidem (Ambien 10 mg oral tablet)</b> 1 tablet by mouth each night at bedtime as needed for sleep	

***These Medicines have been Changed or Stopped*****Medicine has changed. See #2 in New Medications above.****dextroamphetamine-amphetamine (dextroamphetamine-amphetamine 10 mg oral capsule, extended release)**

See Instructions up to 2 capsules twice daily.

\*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: 8/28/2018****Visit #: 6426889584****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**.

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**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 8/28/2018**

**Visit #: 6426889584**

**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:** 8/28/2018 13:20:00

**FIN:** 6426889584

**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:** 8/28/2018

**Visit #:** 6426889584

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:29 EST

**Print ID:** 350115763



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**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Discharge Information - Patient Education**

**DOCUMENT NAME:**

**Ambulatory Depart Form - Text**

**Ambulatory Depart Form Entered On: 8/28/2018 13:32 EDT**

**Performed On: 8/28/2018 13:31 EDT by OWENS , DACHONNE LPN**

**Ambulatory Educational Assessment**

*Identified Learning Needs :* Medications

(Comment: zyprexa,depakote,citalopram,ambien,dextroamphetamine-amphetamine [OWENS , DACHONNE LPN - 8/28/2018 13:31 EDT] )

*Preferred Learning Methods :* Discussion, Observing

*Barriers to Learning :* None evident

**OWENS , DACHONNE LPN - 8/28/2018 13:31 EDT**

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 8/28/2018**

**Visit #: 6426889584**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Discharge Information - Patient Education**

**DOCUMENT NAME:**

**Education/Pt. Response Form - Text**

**Education/Pt. Response Entered On: 8/28/2018 13:59 EDT**

**Performed On: 8/28/2018 13:59 EDT by PENISTON , KATHLEEN KELLY NP**

**Response to Education**

*Response to Teaching :* Attentive and verbalizes understanding

**PENISTON , KATHLEEN KELLY NP - 8/28/2018 13:59 EDT**

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 8/28/2018**

**Visit #: 6426889584**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Phone:**

**Fax:**

**Patient Questionnaires**

---

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 8/28/2018**

**Visit #: 6426889584**

**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

108.2

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. try saph. in maybe  
2nd month

Signature of Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

\*If other than patient, give relationship: \_\_\_\_\_

For Staff Only:

Form reviewed by: KK Pennington Date: 8/28/18 Time: 1:14  
8/28/18/1341 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
8/28/18 1:25

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



Rev. 08/21/09

WILLIAMS, LEONARD CLINTON\*  
CSN: 6426889584 FAC: H  
MRN: 0000642066 Adm Date: 8/28/2018  
DOB: 11/01/1980 (37 yrs) Male  
Att Phy: 15273 PENISTON CNS, KATHL\*

Ter

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**BH Clinical Documentation**

DOCUMENT NAME:

**Outpatient Medication Clinic Initial - BH Entered On: 8/28/2018 13:30 EDT**  
**Performed On: 8/28/2018 13:27 EDT by OWENS , DACHONNE LPN**

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

OWENS , DACHONNE LPN - 8/28/2018 13:27 EDT

**Allergies**

(As Of: 8/28/2018 13:30:55 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:* 8/28/2018  
13:27 EDT

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

OWENS , DACHONNE LPN - 8/28/2018 13:27 EDT

**Med List***Medication Information Obtained From :* Patient/family*Medication Status :* Medication list updated*Confirmation of Medication Reconciliation :* Yes

OWENS , DACHONNE LPN - 8/28/2018 13:27 EDT

Medication List

(As Of: 8/28/2018 13:30:55 EDT)

*Prescription/Discharge Order*

OLANzapine

*:* OLANzapine ; *Status:* Prescribed ; *Ordered As Mnemonic:*  
ZyPREXA 5 mg oral tablet ; *Simple Display Line:* See  
Instructions, 1-2 tablets at bedtime, 60 tablet, 1 Refill(s) ;  
*Ordering Provider:* PENISTON , KATHLEEN KELLY NP;  
*Catalog Code:* OLANzapine ; *Order Dt/Tm:* 7/31/2018

**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 8/28/2018**Visit #:** 6426889584**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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**BH Clinical Documentation**

13:25:12

divalproex sodium : divalproex sodium ; *Status:* Prescribed ; *Ordered As Mnemonic:* Depakote ER 500 mg oral tablet, extended release ; *Simple Display Line:* 1,000 mg, 2 tablet, ORAL, Daily, for 30 day(s), 60 tablet, 1 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP ; *Catalog Code:* divalproex sodium ; *Order Dt/Tm:* 7/31/2018 13:25:36

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, 1 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP ; *Catalog Code:* citalopram ; *Order Dt/Tm:* 7/31/2018 13:25:47

zolpidem : zolpidem ; *Status:* Prescribed ; *Ordered As Mnemonic:* Ambien 10 mg oral tablet ; *Simple Display Line:* 10 mg, 1 tablet, ORAL, qHS (each night at bedtime), for 30 day(s), PRN: for sleep, 30 tablet, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP ; *Catalog Code:* zolpidem ; *Order Dt/Tm:* 7/31/2018 13:28:30

dextroamphetamine-amphetamine : dextroamphetamine-amphetamine ; *Status:* Prescribed ; *Ordered As Mnemonic:* dextroamphetamine-amphetamine 10 mg oral capsule, extended release ; *Simple Display Line:* See Instructions, up to 2 capsules twice daily., 120 capsule, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP ; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 7/31/2018 13:35:52

**Home Meds**

APAP/ASA/caffeine : APAP/ASA/caffeine ; *Status:* Documented ; *Ordered As Mnemonic:* Goodys Extra Strength ; *Simple Display Line:* See Instructions, 1 packet as needed ; *Catalog Code:* acetaminophen/aspirin/caffeine ; *Order Dt/Tm:* 11/3/2011 16:02:16

**Provider: CASTRO ,MANUEL A MD****Date of Service:** 8/28/2018**Visit #:** 6426889584**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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**BH Clinical Documentation**

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

Med List Status - Updated : Med List Status - Updated ; *Status:* Documented ; *Ordered*  
*As Mnemonic:* Med List Status - Updated ; *Simple Display*  
*Line:* KKLPN, 0 Refill(s) ; *Catalog Code:* Med List Status -  
Updated ; *Order Dt/Tm:* 7/31/2018 13:01:52

**General Admission Information***Legal Guardian :* No*Information Given By :* Patient*Presenting Problem :* follow up and med refill. sleep and appetite are normal.

OWENS , DACHONNE LPN - 8/28/2018 13:27 EDT

**Communication***Preferred Communication Mode :* Verbal*Communication Barriers :* None*Preferred Language for Healthcare :* English

OWENS , DACHONNE LPN - 8/28/2018 13:27 EDT

**Advance Directives***Advance Directive Documents in EMR RTF :* No Advance Directive documents available.*Advance Directive Completed :* No or does not know*Reason No Living Will or POA :* Unable/did not wish to name surrogate decision maker, Unable/did not wish to provide  
advance directive*Advance Directive More Info Requested :* No

OWENS , DACHONNE LPN - 8/28/2018 13:27 EDT

**Risk for Harm to Others***Assaultive Ideations :* No*Homicidal Ideations :* No*Does Patient Have a Plan :* No*Recent Attempt to Harm Others :* No*Access to Firearms/Weapons :* No*History of Danger to others :* No

OWENS , DACHONNE LPN - 8/28/2018 13:27 EDT

**CSSRS Short Version - Reassessment***CSSRS Reassess Able to Assess :* Yes**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 8/28/2018**Visit #:** 6426889584**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male





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**BH Clinical Documentation**

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  
OWENS , DACHONNE LPN - 8/28/2018 13:27 EDT

**Past Psychiatric and Substance Abuse Tx**

Past Psych/Substance Tx

1. Facility/Outpatient Therapist : Broughton 1999

Psychiatric Visit Type : Inpatient

Dates of Treatment : 1999 for 72 days

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

OWENS , DACHONNE LPN - 8/28/2018 13:27 EDT

2. Facility/Outpatient Therapist : Woodridge Hospital in Tennessee

Psychiatric Visit Type : Inpatient

Dates of Treatment : 4 days

OWENS , DACHONNE LPN - 8/28/2018 13:27 EDT

**Social History**

Social History

(As Of: 8/28/2018 13:30:55 EDT)

Tobacco:

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day:. (Last Updated: 8/28/2018 13:28:45 EDT by OWENS , DACHONNE LPN)

Alcohol:

Denies (Last Updated: 1/8/2018 14:56:56 EST by OWENS , DACHONNE LPN)

Drug Abuse:

Denies (Last Updated: 1/8/2018 14:56:58 EST by OWENS , DACHONNE LPN)

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

Social History Categories Addressed : Tobacco, Alcohol, Drug abuse

OWENS , DACHONNE LPN - 8/28/2018 13:27 EDT

**Communications - Acute**

Primary Care Provider : BRADNER , RICHARD L MD

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 8/28/2018**

**Visit #: 6426889584**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

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Fax:

**BH Clinical Documentation**

Cell Phone Number : 980-  
Leave Voicemail : Yes  
Phone Number Availability : Phone will be off at work. Please leave message  
Provider of Record 1 : BRADNER , RICHARD L MD  
Provider Practice 1 : PCP  
Provider of Record 2 : PENISTON , KATHLEEN KELLY NP  
Provider Practice 2 : Psychiatrist  
Provider of Record 3 : None  
Provider Practice 3 : Therapist none  
Provider Comment 3 : not interested at this time 04/17/18

OWENS , DACHONNE LPN - 8/28/2018 13:27 EDT

**Communications - BH**

Patient Agreement Comm BH : The patient gives oral or written consent for CHS to verbally share his/her health information with the individuals listed below [this includes, but is not limited to, diagnosis, prognosis, medications (dosage and side effects, if any) and progress].

OC Reviewed Contact List : 8/28/2018 13:27 EDT

Consent Valid BH : This consent will be valid for one year unless revoked prior to expiration. Enter "End Date" for all BH encounters one year after "Date Identified".

OWENS , DACHONNE LPN - 8/28/2018 13:27 EDT

**Vitals**

Height Actual or Stated? : Stated/Estimated  
Height Documented in (UOM) : feet/inches  
Height : 181.61 cm  
Height Contributor (ft) : 5 ft  
Height Contributor (inches) : 11.5 inch  
Clinical Weight Contributor (kg) : 108.2 kg  
Weight Actual or Stated? : Actual  
Clinical Weight Documented in (UOM) : kg  
Weight : 108.2 kg  
Body Mass Index : 32.81 kg/m2  
Body Surface Area : 2.34 m2  
Peripheral Pulse Rate : 108 BPM (HI)  
Systolic Blood Pressure : 119 mmHg  
Diastolic Blood Pressure : 79 mmHg  
Blood Pressure Location : Right arm  
Blood Pressure Position : Sitting  
BP Instrument : Machine  
Weight (lbs.) : 238.54 lb  
Height (ft.) : 5.96 ft

**Provider: CASTRO ,MANUEL A MD****Date of Service: 8/28/2018****Visit #: 6426889584****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**

**Pain History**

*Pain Present :* No

OWENS , DACHONNE LPN - 8/28/2018 13:27 EDT

OWENS , DACHONNE LPN - 8/28/2018 13:27 EDT

**Provider:** CASTRO ,MANUEL A MD

**Date of Service:** 8/28/2018

**Visit #:** 6426889584

**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:

### Vitals View

Recorded Date	8/28/2018	
Recorded Time	13:27 EDT	
Recorded By	OWENS ,DACHONNE LPN	
Procedure		Units
Height	181.61	cm
Weight	108.2	kg
BSA	2.34	m2
Body Mass Index	32.81	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Peripheral Pulse Rate	<b>108</b> <sup>H</sup>	BPM
Systolic Blood Pressure	119	mmHg
Diastolic Blood Pressure	79	mmHg
Blood Pressure Location	Right arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	No	

Provider: CASTRO ,MANUEL A MD

Date of Service: 8/28/2018

Visit #: 6426889584

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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**Phone:**

**Fax:**

**Patient Assessment**

**Patient Assessment**

Recorded Date	8/28/2018
Recorded Time	13:27 EDT
Recorded By	OWENS ,DACHONNE LPN
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 8/28/2018**

**Visit #: 6426889584**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Fax:**

## Psychosocial

### Psychosocial

	Recorded Date	8/28/2018
	Recorded Time	13:27 EDT
	Recorded By	OWENS ,DACHONNE 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: 8/28/2018**

**Visit #: 6426889584**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Fax:**

### Visit Information

#### Visit Information

Recorded Date	8/28/2018	
Recorded Time	13:27 EDT	
Recorded By	OWENS ,DACHONNE LPN	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Preferred Communication Mode	Verbal	
Medication Information Obtained From	Patient/family	
Primary Care Provider	BRADNER , RICHARD L MD	
Medication Status	Medication list updated	
Communication Barriers	None	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 8/28/2018**

**Visit #: 6426889584**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Fax:**

### General Admission History

#### General Admission History

Recorded Date	8/28/2018
Recorded Time	13:27 EDT
Procedure	
Advance Directive Completed	No or does not know
Advance Directive More Info Requested	No
Recent Travel Outside United States MERS	See Below <sup>T1</sup>
Pregnant	N/A

#### Textual Results

T1: 8/28/2018 13:27 EDT (Recent Travel Outside United States MERS)  
No travel/no contact within past 14 days

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 8/28/2018**

**Visit #: 6426889584**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**





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**Fax:**

## **Social Habits**

### **Social Habits**

	Recorded Date	8/28/2018
	Recorded Time	13:27 EDT
Procedure		
Do You Want to Stop Using Tobacco?		N/A

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 8/28/2018**

**Visit #: 6426889584**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



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**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**TB Screen - Latex Sensitive - Skin Testing**

**TB Screen/Latex Sensitivity/Skin Testing**

Recorded Date	8/28/2018
Recorded Time	13:27 EDT
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 8/28/2018**

**Visit #: 6426889584**

**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-**

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**Fax:**

### Interdisciplinary and Patient Education

#### Interdisciplinary and Patient Education

Recorded Date	8/28/2018
Recorded Time	13:31 EDT
Recorded By	OWENS ,DACHONNE LPN
Procedure	
Preferred Learning Methods	Discussion, Observing
Barriers to Learning	None evident

**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 8/28/2018  
**Visit #:** 6426889584

**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-**

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**Fax:**

### Behavioral Health

#### Behavioral Health

Recorded Date	8/28/2018	
Recorded Time	13:27 EDT	
Recorded By	OWENS ,DACHONNE LPN	
Procedure		Units
Presenting Problem	See Below <sup>T1</sup>	
Assaultive Ideations	No	
Homicidal Ideations	No	
Does Patient Have a Plan	No	
Recent Attempt to Harm Others	No	
Access to Firearms/Weapons	No	
History of Danger to others	No	

#### Textual Results

T1: 8/28/2018 13:27 EDT (Presenting Problem)  
follow up and med refill. sleep and appetite are normal.

**Provider:** CASTRO ,MANUEL A MD  
**Date of Service:** 8/28/2018  
**Visit #:** 6426889584

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



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**Fax:**

### Procedure History

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

**Last Updated**

9/1/2018 05:24 EDT

**Procedure Date**

8/28/2018 23:59 EDT

**Provider: CASTRO ,MANUEL A MD**

**Date of Service: 8/28/2018**

**Visit #: 6426889584**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:29 EST**

**Print ID: 350115763**



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**Charlotte, NC 28211-**

**Phone:**

**Fax:**

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**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 11/15/2018  
**Visit #:** 6430495358

**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**

DOCUMENT NAME:

**PSYCH OMS NP WITH NURSE**

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 6430495358  
Age: **38 years** Sex: **Male** DOB: **11/1/1980**  
Associated Diagnoses: **None**  
Author: **PENISTON , KATHLEEN KELLY NP**

**Visit Information**

**Visit type**

**Accompanied by**

**History limitation**

**History of Present Illness**

Nursing assessment reviewed.

- Last seen 4 weeks ago. On Depakote, Zyprexa, Celexa, Adderall. Last Depakote level 5/29: 88.5
- Working for self - this has caused some financial issues. Looking for FT work.
- Mood - fairly well with periods of dysphoria
- Sleep fair / 8-10 hours per night. Appetite increased recently
- Energy good - exercising daily. Concentration variable.
- Taking Adderall 20mg BID
- No alcohol or illicit substances.
- No thoughts of harming others.
- No AH/VH
- Interested in changing Zyprexa to Saphris.

**Review of Systems**

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

**Health Status**

**Allergies:**

Allergic Reactions (All)

No known allergies

**Current medications:** (Selected)

Prescriptions

*Prescribed*

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

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 11/15/2018

**Visit #:** 6430495358

**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**

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

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

Depakote ER 500 mg oral tablet, extended release: 1,000 mg, 2 tablet, ORAL, Daily, for 30 day(s), 60 tablet, 1 Refill(s)

Saphris Black Cherry 5 mg sublingual tablet: 5 mg, 1 tablet, SUBLINGUAL, Daily (Clinical), for 30 day(s), 30 tablet, 0 Refill(s)

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

citalopram 20 mg oral tablet: 20 mg, 1 tablet, ORAL, Daily, for 30 day(s), 30 tablet, 2 Refill(s)

Documented Medications

*Documented*

Goodys Extra Strength: See Instructions, 1 packet as needed

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

metFORMIN: 500 mg, daily, 0 Refill(s)

**Problem list:**

All Problems

Obesity / SNOMED CT 2535065012 / Confirmed

This Problem was set by a rule (CHS\_EKS\_BMI\_PROB).

**Histories**

**Past Medical History:**

No active or resolved past medical history items have been selected or recorded.

**Family History:**

HYPERTENSION

GM, Maternal

Cancer

Father

GM, Paternal

GF, Paternal

GM, Maternal

**Procedure history:**

No active procedure history items have been selected or recorded.

**Social History**

Social & Psychosocial Habits

Alcohol

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 11/15/2018

**Visit #:** 6430495358

**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

01/08/2018 **Use:** Denies

**Drug Abuse**

01/08/2018 **Use:** Denies

**Tobacco**

11/15/2018 **Smoking Status:** Never smoker

**# Years Active Cigarette Smoker:** 0

**Avg # Packs Per Day (20 cigs/pack):** 0.

### 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: Rapid, Overproductive, Perserverative.

Thought process: Perseverating.

Mood and affect: Labile, Anxious.

Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts.

Perceptions+: No abnormalities.

Insight: Fair.

Judgment: Fair.

**VS/Measurements**

**Vital Signs**

11/15/2018 9:25 EST

**Peripheral Pulse Rate**

**108 BPM HI**

Systolic Blood Pressure

120 mmHg

Diastolic Blood Pressure

81 mmHg

Blood Pressure Location

Right arm

BP Instrument

Machine

Blood Pressure Position

Sitting

, Measurements from flowsheet : Measurements - Standard

11/15/2018 9:25 EST

Height Contributor (ft)

5 ft

Height Contributor (inches)

11.5 inch

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 11/15/2018

**Visit #:** 6430495358

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



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## Office/Clinic Visit Notes

### Health Maintenance

#### Health Maintenance

**Pending** (in the next year)

OverDue

Pneumococcal Vaccine due One-time only

Due

Body Mass Index Follow-Up Plan due 11/15/18 and every

HIV Screening due 11/15/18 One-time only

Influenza Vaccination due 11/15/18 and every

Tdap Vaccine due 11/15/18 One-time only

Tetanus Vaccine due 11/15/18 and every 10 year(s)

Due In Future

Body Mass Index not due until 08/28/19 and every 1 year(s)

**Satisfied** (in the past 1 year)

Satisfied

Diabetes Screening on 04/28/18. Satisfied by POWELL, CAROLYN B RTR

### Impression and Plan

#### Dx/Order Association Plan

Psychiatric Diagnoses: Bipolar, type I MRE mixed; ADD; cluster A traits

Medical Diagnoses: diabetes, elevated cholesterol and triglycerides

Psychosocial Stressors: work, finances

Summary: Doing fairly well. Wants to try and switch to Saphris.

#### Plan

- 1) Medication: Cont Depakote ER 1000mg QPM. Zyprexa 5mg 1-2 tab at HS; Celexa 20mg daily. Adderall XR 20 BID. Ambien prn. **(Trial of Saphris if able to afford - and taper off Zyprexa at that time)**
- 2) Therapy - Patient is seeing a neurologist and plans to have neuropsych testing
- 3) Labwork Ordered - **Reviewed 5/29 Depakote level.**
- 4) SA Treatment - Not indicated
- 5) RTC in 1 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.
- 9) Return to work written and given to patient.

### Professional Services

Provider: PENISTON, KATHLEEN KELLY NP

Date of Service: 11/15/2018

Visit #: 6430495358

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**

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**

**11/15/2018 04:32 PM**

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

**11/20/18 08:20 AM**

**Provider: PENISTON ,KATHLEEN KELLY NP**

**Date of Service: 11/15/2018**

**Visit #: 6430495358**

**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

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

Order: <b>Est OV Level 3 -99213</b>		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: 11/15/18 10:14:00 AM EST, ADD (attention deficit disorder)   Bipolar 1 disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 11/15/2018 10:14 EST	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP		Supervising Provider: CASTRO ,MANUEL A MD
Order Details: 11/15/18 10:14:00 EST, Bipolar 1 disorder   ADD (attention deficit disorder)		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 11/15/2018  
**Visit #:** 6430495358

**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

DOCUMENT NAME:

Amb Depart Summary

Amb Depart Summary



CMC Randolph OMS Medication Clinic

501 Billingsley Rd

Charlotte, NC 28211

### Patient Visit Summary

<b>Name:</b> WILLIAMS III, LEONARD CLINTON	<b>MRN:</b> 0000642066	<b>DOB:</b> 11/1/1980
<b>Phone:</b> (980) [REDACTED]	<b>Age:</b> 38 Years	<b>Gender:</b> Male
<b>Primary Care Provider:</b> BRADNER , RICHARD L MD	<b>Race:</b> Caucasian	<b>Ethnicity:</b> Non-Hispanic
<b>Preferred Language:</b> English	<b>Allergies:</b> No known allergies	<b>Visit Date:</b> 11/15/2018

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

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 11/15/2018  
**Visit #:** 6430495358

**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

*all aspects of the electronic medical record. Should you have any questions or concerns regarding your visit, please contact your physician or healthcare provider at your convenience.*

**Your regular doctor is:**CASTRO , MANUEL A MD

**Your doctor or location today:**PENISTON , KATHLEEN KELLY NP

**Reason for Visit:**

**Today's Diagnosis:**ADD (attention deficit disorder); Bipolar 1 disorder

**Today's Clinical Information:**

**Height:**5 ft 11.5 inch

**Weight:** 105.6 kg

**BMI:** 32.02 kg/m2

**Blood Pressure:** 120 mmHg / 81 mmHg

### [Additional Information:](#)

### Problem List:

Obesity

### Recorded at this visit:

### Procedures

No Procedures documented

### Medications and Immunizations Administered During This Visit

No medication administered during this visit

### Orders this Visit

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 11/15/2018

**Visit #:** 6430495358

**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:

**Discharge Information - Patient Education**

No visit orders documented

**Completed Information:****Laboratory and Radiology this Visit** (last charted value for your 11/15/2018 visit)

No Laboratory and Radiology documented

**My Medicine List**

	<b>New Medicines to take at Home</b>	<b>Prescription</b>	<b>Next Dose Due</b>
1.	<b>citalopram (citalopram 20 mg oral tablet)</b> 1 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
2.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> See Instructions 2 capsules each am	Sent to CMC RANDOLPH PHARMACY 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
3.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> See Instructions 2 capsules each am	Sent to CMC RANDOLPH PHARMACY 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
4.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> See Instructions 2 capsules each am	Sent to CMC RANDOLPH PHARMACY 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
5.	<b>divalproex sodium (Depakote ER 500 mg oral tablet, extended release)</b> 2 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 Billingsley Rd	

**Provider:** PENISTON ,KATHLEEN KELLY NP**Date of Service:** 11/15/2018**Visit #:** 6430495358**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**

		Charlotte, NC, 28211-1009 Phone: (704)358-2860	
6.	<b>OLANzapine (ZyPREXA 5 mg oral tablet)</b> See Instructions 1-2 tablets at bedtime	Sent to CMC RANDOLPH PHARMACY 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
	<b>Continue Taking These Medicines at Home</b>		<b>Next Dose Due</b>
1.	<b>APAP/ASA/cafeine (Goodys Extra Strength)</b> See Instructions 1 packet as needed		
2.	<b>metFORMIN (metFORMIN)</b> 500 mg daily		
<b><i>These Medicines have been Changed or Stopped</i></b>			
<b>Medicine has changed. See #2 in New Medications above.</b> <b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> 1 capsule by mouth two times a day			
<b>Medicine has changed. See #2 in New Medications above.</b> <b>dextroamphetamine-amphetamine (dextroamphetamine-amphetamine 20 mg oral capsule, extended release)</b> 1 capsule by mouth every morning			

\*This is a list of current information in your Atrium Health medical record. It may include information from your visits to other offices or medications you told us were prescribed by other physicians or health care providers. If you have questions about this information, please contact your physician or health care provider.

**Reminders:**

1. If you have questions about your medicines, please ask your Doctor or a pharmacist.
2. Please bring your medicine list and pill bottles to **all** Doctor visits, medical testing, or if you are going to the ER or Hospital.
3. Remember to discard old medicine lists and update any records.

**Provider: PENISTON ,KATHLEEN KELLY NP****Date of Service: 11/15/2018****Visit #: 6430495358****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

#### Appointments You Need to Make

#### Appointments You Already Have

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

Date	Time	Location	Provider	Phone Number
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### Patient Safety Information

#### Call 911 for All Emergencies

**Quit Smoking or Tobacco Use** For more information, call **1-800-784-8669**

**Suicide Information** National Suicide Prevention 24-Hour Call Center at **1-800-273-8255**.

**Poison Control Center** A poison can be anything if it is used in the wrong way, amount, or by the wrong person. Poisons can include household cleaning products, plants, and medicines. Snake and spider bites are also poisons. Nurses, pharmacists, or doctors answer your questions. For help, call the poison control center at **1-800-222-1222**.

### MyCarolinas Patient Online Access

Atrium Health now offers MyCarolinas. It provides easy and 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. For more information and to get started, visit <https://my.carolinashealthcare.org> Choose **Enroll Online**.

### Non-Discrimination Policy Statement

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 11/15/2018

**Visit #:** 6430495358

**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**

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

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

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

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 11/15/2018  
**Visit #:** 6430495358

**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



## Patient Education Materials

**MRN:** 0000642066

**Name:** WILLIAMS III, LEONARD CLINTON

**Visit Date:** 11/15/2018 09:20:00

**FIN:** 6430495358

**DOB:** 11/1/1980

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

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 11/15/2018

**Visit #:** 6430495358

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:29 EST

**Print ID:** 350115762



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Discharge Information - Patient Education**

**DOCUMENT NAME:**

**Ambulatory Depart Form - Text**

**Ambulatory Depart Form Entered On: 11/15/2018 9:32 EST**

**Performed On: 11/15/2018 9:31 EST by OWENS , DACHONNE LPN**

**Ambulatory Educational Assessment**

*Identified Learning Needs :* Medications, Pain management

(Comment: depakote, adderall, citalopram, zyprexa [OWENS , DACHONNE LPN - 11/15/2018 9:31 EST] )

*Preferred Learning Methods :* Discussion, Observing

*Barriers to Learning :* None evident

**OWENS , DACHONNE LPN - 11/15/2018 9:31 EST**

**Provider: PENISTON ,KATHLEEN KELLY NP**

**Date of Service: 11/15/2018**

**Visit #: 6430495358**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:29 EST**

**Print ID: 350115762**



**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: 11/15/2018 10:13 EST**

**Performed On: 11/15/2018 10:13 EST by PENISTON , KATHLEEN KELLY NP**

**Response to Education**

*Response to Teaching :* Attentive and verbalizes understanding

**PENISTON , KATHLEEN KELLY NP - 11/15/2018 10:13 EST**

**Provider: PENISTON ,KATHLEEN KELLY NP**

**Date of Service: 11/15/2018**

**Visit #: 6430495358**

**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:

**Outpatient Medication Clinic Initial - BH Entered On: 11/15/2018 9:31 EST**  
**Performed On: 11/15/2018 9:25 EST by OWENS , DACHONNE LPN**

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

OWENS , DACHONNE LPN - 11/15/2018 9:25 EST

**Allergies**

(As Of: 11/15/2018 09:31:18 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:* 11/15/2018  
9:26 EST

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

OWENS , DACHONNE LPN - 11/15/2018 9:25 EST

**Med List***Medication Information Obtained From :* Patient/family*Medication Status :* Medication list updated*Confirmation of Medication Reconciliation :* Yes

OWENS , DACHONNE LPN - 11/15/2018 9:25 EST

Medication List

(As Of: 11/15/2018 09:31:18 EST)

*Prescription/Discharge Order*dextroamphetamine-  
amphetamine

*:* dextroamphetamine-amphetamine ; *Status:* Prescribed ;  
*Ordered As Mnemonic:* dextroamphetamine-amphetamine 20  
mg oral capsule, extended release ; *Simple Display Line:* 20  
mg, 1 capsule, ORAL, qAM (every morning), for 30 day(s), 30  
capsule, 0 Refill(s) ; *Ordering Provider:* PENISTON ,

**Provider:** PENISTON ,KATHLEEN KELLY NP**Date of Service:** 11/15/2018**Visit #:** 6430495358**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**

KATHLEEN KELLY NP; *Catalog Code:*  
dextroamphetamine-amphetamine ; *Order Dt/Tm:* 8/28/2018  
13:53:14

OLANZapine : OLANZapine ; *Status:* Prescribed ; *Ordered As Mnemonic:*  
ZyPREXA 5 mg oral tablet ; *Simple Display Line:* See  
Instructions, 1-2 tablets at bedtime, 60 tablet, 1 Refill(s) ;  
*Ordering Provider:* PENISTON , KATHLEEN KELLY NP ;  
*Catalog Code:* OLANZapine ; *Order Dt/Tm:* 8/28/2018  
13:56:55

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, 1 Refill(s) ; *Ordering  
Provider:* PENISTON , KATHLEEN KELLY NP ; *Catalog Code:*  
citalopram ; *Order Dt/Tm:* 8/28/2018 13:57:32

divalproex sodium : divalproex sodium ; *Status:* Prescribed ; *Ordered As  
Mnemonic:* Depakote ER 500 mg oral tablet, extended release  
; *Simple Display Line:* 1,000 mg, 2 tablet, ORAL, Daily, for 30  
day(s), 60 tablet, 1 Refill(s) ; *Ordering Provider:* PENISTON ,  
KATHLEEN KELLY NP ; *Catalog Code:* divalproex sodium ;  
*Order Dt/Tm:* 8/28/2018 13:58:01

dextroamphetamine-  
amphetamine : dextroamphetamine-amphetamine ; *Status:* Prescribed ;  
*Ordered As Mnemonic:* Adderall XR 20 mg oral capsule,  
extended release ; *Simple Display Line:* 20 mg, 1 capsule,  
ORAL, BID (2 times a day), 60 capsule, 0 Refill(s) ; *Ordering  
Provider:* PENISTON , KATHLEEN KELLY NP ; *Catalog Code:*  
dextroamphetamine-amphetamine ; *Order Dt/Tm:* 8/28/2018  
13:55:32

*Home Meds*

APAP/ASA/caffeine : APAP/ASA/caffeine ; *Status:* Documented ; *Ordered As  
Mnemonic:* Goodys Extra Strength ; *Simple Display Line:* See  
Instructions, 1 packet as needed ; *Catalog Code:*  
acetaminophen/aspirin/caffeine ; *Order Dt/Tm:* 11/3/2011

**Provider:** PENISTON ,KATHLEEN KELLY NP**Date of Service:** 11/15/2018**Visit #:** 6430495358**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**

16:02:16

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

Med List Status - Updated : Med List Status - Updated ; *Status:* Documented ; *Ordered*  
*As Mnemonic:* Med List Status - Updated ; *Simple Display*  
*Line:* KKLPN, 0 Refill(s) ; *Catalog Code:* Med List Status -  
Updated ; *Order Dt/Tm:* 7/31/2018 13:01:52

**General Admission Information***Legal Guardian :* No*Information Given By :* Patient*Presenting Problem :* follow up and med refill.

OWENS , DACHONNE LPN - 11/15/2018 9:25 EST

**Communication***Preferred Communication Mode :* Verbal*Communication Barriers :* None*Preferred Language for Healthcare :* English

OWENS , DACHONNE LPN - 11/15/2018 9:25 EST

**Advance Directives***Advance Directive Documents in EMR RTF :* No Advance Directive documents available.*Advance Directive Completed :* No or does not know*Reason No Living Will or POA :* Unable/Did not wish to name surrogate decision maker, Unable/Did not wish to provide  
advance directive*Advance Directive More Info Requested :* No

OWENS , DACHONNE LPN - 11/15/2018 9:25 EST

**Risk for Harm to Others***Assaultive Ideations :* No*Homicidal Ideations :* No*Access to Firearms/Weapons :* No

OWENS , DACHONNE LPN - 11/15/2018 9:25 EST

**CSSRS Short Version - Reassessment***CSSRS Reassess Able to Assess :* Yes**Provider:** PENISTON ,KATHLEEN KELLY NP**Date of Service:** 11/15/2018**Visit #:** 6430495358**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**

1. Have you wished you were dead or wished you could go to sleep and not wake up? (ref) : Since last visit, yes  
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  
OWENS , DACHONNE LPN - 11/15/2018 9:25 EST

**Social History**

Social History

(As Of: 11/15/2018 09:31:18 EST)

Tobacco:

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day:. (Last Updated: 11/15/2018 09:26:46 EST by OWENS , DACHONNE LPN)

Alcohol:

Denies (Last Updated: 1/8/2018 14:56:56 EST by OWENS , DACHONNE LPN)

Drug Abuse:

Denies (Last Updated: 1/8/2018 14:56:58 EST by OWENS , DACHONNE LPN)

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

Social History Categories Addressed : Tobacco, Alcohol, Drug abuse

OWENS , DACHONNE LPN - 11/15/2018 9:25 EST

**Communications - Acute**

Primary Care Provider : BRADNER , RICHARD L MD

Cell Phone Number : 980- [REDACTED]

Leave Voicemail : Yes

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

Provider of Record 1 : BRADNER , RICHARD L MD

Provider Practice 1 : PCP

Provider of Record 2 : PENISTON , KATHLEEN KELLY NP

Provider Practice 2 : Psychiatrist

Provider of Record 3 : None

Provider Practice 3 : Therapist none

Provider Comment 3 : not interested at this time 04/17/18

OWENS , DACHONNE LPN - 11/15/2018 9:25 EST

**Communications - BH**

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 11/15/2018

**Visit #:** 6430495358

**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**

*Patient Agreement Comm BH* : The patient gives oral or written consent for CHS to verbally share his/her health information with the individuals listed below [this includes, but is not limited to, diagnosis, prognosis, medications (dosage and side effects, if any) and progress].

*BH Comm Share Info with others* : Denies

*OC Reviewed Contact List* : 11/15/2018 9:26 EST

*Consent Valid BH* : This consent will be valid for one year unless revoked prior to expiration. Enter "End Date" for all BH encounters one year after "Date Identified".

OWENS , DACHONNE LPN - 11/15/2018 9:25 EST

**Vitals**

*Height Actual or Stated?* : Stated/Estimated

*Height Documented in (UOM)* : feet/inches

*Height* : 181.61 cm

*Height Contributor (ft)* : 5 ft

*Height Contributor (inches)* : 11.5 inch

*Clinical Weight Contributor (kg)* : 105.6 kg

*Weight Actual or Stated?* : Actual

*Clinical Weight Documented in (UOM)* : kg

*Weight* : 105.6 kg

*Body Mass Index* : 32.02 kg/m2

*Body Surface Area* : 2.31 m2

*Peripheral Pulse Rate* : 108 BPM (HI)

*Systolic Blood Pressure* : 120 mmHg

*Diastolic Blood Pressure* : 81 mmHg

*Blood Pressure Location* : Right arm

*Blood Pressure Position* : Sitting

*BP Instrument* : Machine

*Weight (lbs.)* : 232.81 lb

*Height (ft.)* : 5.96 ft

OWENS , DACHONNE LPN - 11/15/2018 9:25 EST

**Pain History**

*Pain Present* : Yes

*Able to Self Report Pain* : Numeric

*Numerical Rating Scale Used* : Yes

OWENS , DACHONNE LPN - 11/15/2018 9:25 EST

**NRS Pain Scale**

*Pain Location* : Head

*Primary Pain Laterality* : Bilateral

*Numeric Rating Pain Scale* : 4

*Numeric Rating Pain Score* : 4

**Provider:** PENISTON ,KATHLEEN KELLY NP**Date of Service:** 11/15/2018**Visit #:** 6430495358**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**

*Primary Pain Quality :* Aching

OWENS , DACHONNE LPN - 11/15/2018 9:25 EST

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 11/15/2018  
**Visit #:** 6430495358

**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	11/15/2018	
Recorded Time	09:25 EST	
Recorded By	OWENS ,DACHONNE LPN	
Procedure		Units
Height	181.61	cm
Weight	105.6	kg
BSA	2.31	m2
Body Mass Index	32.02	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Peripheral Pulse Rate	<b>108</b> <sup>H</sup>	BPM
Systolic Blood Pressure	120	mmHg
Diastolic Blood Pressure	81	mmHg
Blood Pressure Location	Right arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	Yes	
Numeric Rating Scale Used	Yes	
Primary Pain Location	Head	
Primary Pain Laterality	Bilateral	
Primary Pain Quality	Aching	
Able to Self Report Pain	Numeric	
Numeric Rating Pain Scale	4	
Numeric Rating Pain Score	4	

Provider: PENISTON ,KATHLEEN KELLY NP

Date of Service: 11/15/2018

Visit #: 6430495358

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:29 EST

Print ID: 350115762



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Patient Assessment**

**Patient Assessment**

Recorded Date	11/15/2018
Recorded Time	09:25 EST
Recorded By	OWENS ,DACHONNE LPN
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

**Provider: PENISTON ,KATHLEEN KELLY NP**

**Date of Service: 11/15/2018**

**Visit #: 6430495358**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**

**Printed: 1/31/2020 08:29 EST**

**Print ID: 350115762**



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

## Psychosocial

### Psychosocial

	Recorded Date	11/15/2018
	Recorded Time	09:25 EST
	Recorded By	OWENS ,DACHONNE LPN
Procedure	Units	
CSSRS Reassess Able to Assess		Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, yes
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 11/15/2018

**Visit #:** 6430495358

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

**Visit Information****Visit Information**

Recorded Date	11/15/2018	
Recorded Time	09:25 EST	
Recorded By	OWENS ,DACHONNE LPN	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Preferred Communication Mode	Verbal	
Medication Information Obtained From	Patient/family	
Primary Care Provider	BRADNER , RICHARD L MD	
Medication Status	Medication list updated	
Communication Barriers	None	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

**Provider:** PENISTON ,KATHLEEN KELLY NP**Date of Service:** 11/15/2018**Visit #:** 6430495358**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	11/15/2018
Recorded Time	09:25 EST
Procedure	
Advance Directive Completed	No or does not know
Advance Directive More Info Requested	No
Recent Travel Outside United States MERS	See Below <sup>T1</sup>
Pregnant	N/A

#### Textual Results

T1: 11/15/2018 09:25 EST (Recent Travel Outside United States MERS)  
No travel/no contact within past 14 days

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 11/15/2018  
**Visit #:** 6430495358

**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	11/15/2018
Recorded Time	09:25 EST
Procedure	
Do You Want to Stop Using Tobacco?	N/A

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 11/15/2018

**Visit #:** 6430495358

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:29 EST

**Print ID:** 350115762



**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	11/15/2018
Recorded Time	09:25 EST
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 11/15/2018  
**Visit #:** 6430495358

**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	11/15/2018
Recorded Time	09:31 EST
Recorded By	OWENS ,DACHONNE LPN
Procedure	
Preferred Learning Methods	Discussion, Observing
Barriers to Learning	None evident

**Provider:** PENISTON ,KATHLEEN KELLY NP  
**Date of Service:** 11/15/2018  
**Visit #:** 6430495358

**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	11/15/2018	
Recorded Time	09:25 EST	
Recorded By	OWENS ,DACHONNE LPN	
Procedure		Units
Presenting Problem	See Below <sup>T1</sup>	
Assaultive Ideations	No	
Homicidal Ideations	No	
Access to Firearms/Weapons	No	

### Textual Results

T1: 11/15/2018 09:25 EST (Presenting Problem)  
follow up and med refill.

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 11/15/2018

**Visit #:** 6430495358

**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:**

### Procedure History

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

**Last Updated**

11/21/2018 05:26 EST

**Procedure Date**

11/15/2018 23:59 EST

**Provider:** PENISTON ,KATHLEEN KELLY NP

**Date of Service:** 11/15/2018

**Visit #:** 6430495358

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 1/31/2020 08:29 EST

**Print ID:** 350115762



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

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**Provider:**  
**Date of Service:** 12/28/2018  
**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:

**BH Clinical Documentation**

DOCUMENT NAME:

**BH Telephone Contact Form Entered On: 12/28/2018 14:23 EST**  
**Performed On: 12/28/2018 14:19 EST by HORNE , VERONICA**

**Medicaid Number***Medicaid Coverage :* No

HORNE , VERONICA - 12/28/2018 14:19 EST

**BH Telephone Contact***Caller Name :* Leonard*Relationship to Patient :* Self*Provider :* PENISTON , KATHLEEN KELLY NP*Call Type :* Medical Questions*Cell Phone Number :* 980- [REDACTED]*Leave Voicemail :* Yes

*Reason for call :* FYI - Speak with nurse about Saphris med that was prescribed. Pt states that he has not taking the med due to it is to expensive for him to have filled at the pharmacy. He states that he is still using the previous med and he will not schedule an appt until he can start taking the Saphris.

*Last Visit Date :* 11/15/2018 EST

HORNE , VERONICA - 12/28/2018 14:19 EST

**Communications - BH**

*Patient Agreement Comm BH :* The patient gives oral or written consent for CHS to verbally share his/her health information with the individuals listed below [this includes, but is not limited to, diagnosis, prognosis, medications (dosage and side effects, if any) and progress].

*OC Reviewed Contact List :* 12/28/2018 14:19 EST

*Consent Valid BH :* This consent will be valid for one year unless revoked prior to expiration. Enter "End Date" for all BH encounters one year after "Date Identified".

HORNE , VERONICA - 12/28/2018 14:19 EST

**Follow Up**Phone Msg Communication Grid*1. Communication Date/Time :* 12/31/2018 12:39 EST

*Communication Comment :* Pt says he does not have insurance, with sliding scale at BHC, Saphris is still \$53/month so pt has not picked it up. Pt says he stopped Depakote a week ago due to "causing agitation real easily," says "I'm much better, I'm stable, I'm good" since

FANG , SHANNON RN - 12/31/2018 12:39 EST

**Provider:****Date of Service:** 12/28/2018**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:**

**BH Clinical Documentation**

2. *Communication Comment* : Is taking Celexa, Zyprexa 5mg QHS + Adderall XR. Pt would like to push next OMS appt out a month since he never got Saphris. When asked if pt wanted a different, more affordable med to replace Saphris, pt says he interviews for a job at Bank of America

FANG , SHANNON RN - 12/31/2018 12:39 EST

3. *Communication Comment* : next month so he may be able to afford it soon. Pt says he thinks Depakote caused the need for more Zyprexa in the past this whole time. Will fwd to NP.

FANG , SHANNON RN - 12/31/2018 12:39 EST

4. *Communication Date/Time* : 1/2/2019 14:31 EST

*Communication Comment* : Noted.

PENISTON , KATHLEEN KELLY NP - 1/2/2019 14:31 EST

*Follow-up Appointment* : Past due recall

HORNE , VERONICA - 12/28/2018 14:19 EST

**Provider:**

**Date of Service:** 12/28/2018

**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:**

### Visit Information

#### Visit Information

Recorded Date	12/28/2018	
Recorded Time	14:19 EST	
Recorded By	HORNE ,VERONICA	
Procedure		Units
Provider	PENISTON , KATHLEEN KELLY NP	

**Provider:**  
**Date of Service:** 12/28/2018  
**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**

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**Provider: HENDRA ,JILL L DO**  
**Date of Service: 1/5/2019**  
**Visit #: 6432944046**

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



**AH Behavioral Health Charlotte**

**501 Billingsley Road**

**Charlotte, NC 28211-**

**Phone: 704-358-2990**

**Fax: 704-358-2838**

**ED Documents**

**DOCUMENT NAME:**

**ED Pat Edu**



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

**Emergency Department  
Patient Discharge Instructions**

**Name:**  
WILLIAMS III, LEONARD  
CLINTON

**MRN:**  
0000642066

**FIN:**  
6432944046

**DOB:**  
11/1/1980

**Allergies:**  
No known allergies

**Chief Complaint:**

**Discharge Disposition:** LWT-Left Without Being Triage

**Arrival Date:** 1/5/2019 13:54:00

**Checkout Date/Time:**

**Provider Exam Date/Time:**

**Provider:** HENDRA ,JILL L DO  
**Date of Service:** 1/5/2019  
**Visit #:** 6432944046

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



## AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

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

### ED Documents

Emergency Provider:

### Follow-Up

#### Follow-up Instructions:

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

#### Appointments You Already Have

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

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

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

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

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

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

### Medication Summary

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

Provider: HENDRA ,JILL L DO

Date of Service: 1/5/2019

Visit #: 6432944046

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

**ED Documents**

2.	<b>asenapine (Saphris Black Cherry 5 mg sublingual tablet)</b> 1 tablet under the tongue daily	
3.	<b>citalopram (citalopram 20 mg oral tablet)</b> 1 tablet by mouth every day mood	
4.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> See Instructions 2 capsules each am	
5.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> See Instructions 2 capsules each am	
6.	<b>dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)</b> See Instructions 2 capsules each am	
7.	<b>divalproex sodium (Depakote ER 500 mg oral tablet, extended release)</b> 2 tablet by mouth every day	
8.	<b>metFORMIN (metFORMIN)</b> 500 mg daily	
9.	<b>OLANzapine (ZyPREXA 5 mg oral tablet)</b> See Instructions 1-2 tablets at bedtime	

**Medication Summary Comment:****Medicine Teaching****Patient Education****Patient Safety Information**

**Medicine Information:** For advice about medicine side effects, call your primary doctor. You may report side effects to the FDA at **1-800-332-1088**.

**Call 911 for All Emergencies**

**Quit Smoking or Tobacco Use** For more information, call **1-800-784-8669**

**Suicide Information** National Suicide Prevention 24-Hour Call Center at **1-800-273-8255**.

**Provider:** HENDRA ,JILL L DO**Date of Service:** 1/5/2019**Visit #:** 6432944046**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



## AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

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

### ED Documents

**Poison Control Center** A poison can be anything if it is used in the wrong way, amount, or by the wrong person. Poisons can include household cleaning products, plants, and medicines. Snake and spider bites are also poisons. Nurses, pharmacists, or doctors answer your questions. For help, call the poison control center at **1-800-222-1222**.

### MyCarolinas Patient Online Access

Atrium Health now offers MyCarolinas. It provides easy and 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. For more information and to get started, visit

<https://my.carolinashealthcare.org> Choose **Enroll Online**.

### Non-Discrimination Policy Statement

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

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

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

**Provider:** HENDRA ,JILL L DO

**Date of Service:** 1/5/2019

**Visit #:** 6432944046

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



**AH Behavioral Health Charlotte**

**501 Billingsley Road**

**Charlotte, NC 28211-**

**Phone: 704-358-2990**

**Fax: 704-358-2838**

**ED Documents**

DOCUMENT NAME:

**Depart Summary**

Dear Follow-Up Provider:

This is to notify you that WILLIAMS III, LEONARD CLINTON (DOB: 11/1/1980) was discharged from the following facility

CHS CMC Behavioral Health

Emergency Department

501 Billingsley Road

Charlotte, NC 28211

Phone: (704)358-2700

<p>_____</p> <p>_____</p> <p>WILLIAMS III, LEONARD CLINTON received emergency treatment for <b>medication</b> ; and was given the diagnosis of .</p> <p>The following is a summary of the discharge instructions the patient was given:</p> <p><b><u>Medication Summary</u></b></p> <p><b>New Medicines to take at Home</b></p>	<p><b>Prescription</b></p>	<p><b>Next Dose Due if Given in ED</b></p>
	<p>[ ] Prescription Given</p> <p>[ ] Prescription Not Needed</p>	

**Provider: HENDRA ,JILL L DO**

**Date of Service: 1/5/2019**

**Visit #: 6432944046**

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

**Org MRN#: 0000642066**

**DOB: 11/1/1980**

**Sex: Male**



**AH Behavioral Health Charlotte**

**501 Billingsley Road**

**Charlotte, NC 28211-**

**Phone: 704-358-2990**

**Fax: 704-358-2838**

**ED Documents**

**Patient Education Materials**

**Follow-Up Instructions**

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**Provider: HENDRA ,JILL L DO**

**Date of Service: 1/5/2019**

**Visit #: 6432944046**

**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**

## Consents

**Provider:** HENDRA ,JILL L DO

**Date of Service:** 1/5/2019

**Visit #:** 6432944046

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

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



**HEALTH REQUEST FOR TREATMENT AND AUTHORIZATION FORM**

**REQUEST FOR TREATMENT.** The Charlotte-Mecklenburg Hospital Authority d/b/a Atrium Health ("Atrium Health"), maintains certain providers, personnel and facilities needed in providing me medical care, and I authorize Atrium Health 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 treatment or procedure and any available alternative methods of treatment, together with an explanation of the likely risks and benefits associated with 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 Atrium Health and its personnel are not responsible for providing me this information for non-Atrium Health providers. I consent to receive services by 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 an insurance plan may not cover or continue to cover specific services, including the specific services rendered during the medical treatment.

**ASSIGNMENT OF INSURANCE BENEFITS.** I/we hereby assign all my rights to Atrium Health under any policy of insurance, including but not limited to, major medical insurance, hospital or outpatient 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 medical bill, and hereby authorize direct payment to Atrium Health and/or my providers of all benefits to which I am entitled. This assignment includes payment of hospital, outpatient, surgical, and medical benefits as well as any professional group contracted by Atrium Health for professional services they may perform for me, including but not limited to radiology and imaging, anesthesia and pain services, pathology, radiation oncology, and emergency medicine services. 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 Atrium Health, my providers, and those professional groups or entities included 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 as part of medical treatment. If Atrium Health deems necessary, I authorize Atrium Health to file member grievances on my behalf with my health plan for any denied claims. I appoint representatives of Atrium Health to act as my representative in pursuing such grievances. 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 Atrium Health, my providers, or those professional groups or entities for services in connection with this medical treatment, 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 Atrium Health or any other facility or entity related to Atrium Health, my providers, or other professional groups or entities included in this assignment.

**NOTICE OF INDEPENDENT CONTRACTORS.** I understand that Atrium Health has contracted with certain independent professional groups for such groups to provide exclusively certain medical services at Atrium Health facilities, including but not limited to radiology and imaging, anesthesia and pain services, pathology, radiation oncology, and emergency medicine services. I understand that professional groups providing those services are independent contractors, are not employees or agents of Atrium Health, and are not subject to control or supervision by Atrium Health in their delivery of professional services.

**USE OF MEDICAL INFORMATION.** I understand that Atrium Health and my providers and independent professional groups providing medical services can use my information for treatment, payment, and health care operations, as further outlined in the Atrium Health Notice of Privacy Practices. As clarification, I understand that Atrium Health and my providers may give any medical information relating to my medical treatment to any insurance company, governmental or charitable and social service agencies and their agents, and professional review organizations with whom I may have insurance coverage or who may be assisting in payment of my medical treatment. I also understand that Atrium Health and my providers may release any medical information to any health care provider or medical facility to which I may be referred or transferred for further medical care or support services. I authorize Atrium Health and my provider to take and produce pictures, recordings, and/or videos of me for treatment and health care operation purposes. I can object to, or rescind my permission for, pictures, recordings, and videos being taken or produced for reasons other than treatment and health care operations at any time. In addition, I authorize Atrium Health and my providers to release any medical information necessary to prove Atrium Health's damages in any legal proceeding brought to enforce any unpaid balance on any of my accounts.

**PHONE AND TEXT MESSAGE COMMUNICATIONS.** I authorize Atrium Health and its representatives (including third-party agents) to contact me by phone using pre-recorded messages and/or automated dialing systems at any phone number associated with me or my personal representatives, including wireless numbers, in connection with any matter relating to my treatment, payment, or account, or to advise me of products or services that may be of interest to me. I can only decline to receive further calls or messages by following the reasonable instructions specifically provided by Atrium Health. I understand that I am not required to agree to receive phone calls and messages in order to receive treatment or other Atrium Health services. By providing my email address and cell phone number, I give permission for Atrium Health (including its agents and contractors) to send me information, reminders, and messages using those means of communication. I authorize Atrium Health to send me unencrypted messages using these means of communication, and I understand and accept the risks associated with doing so.

Atrium Health - 10/2018

**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.

**PAYMENT GUARANTY.** I (patient and/or responsible party/ies) agree to pay all charges for services rendered by Atrium Health and my physicians and other providers for my medical treatment. This guaranty includes charges for services not covered by any insurance, regardless of the reason that insurance coverage is denied. I agree to pay the Hospital account I incur in accordance with the rates and terms of the Hospital at the time of my discharge. If I fail to pay all charges and Atrium Health 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 Atrium Health 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 Atrium Health may assign my accounts as it

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

deems necessary for purposes of collecting any amounts I owe, including to collection agencies and attorneys.

**PERSONAL PROPERTY.** I understand that Atrium Health is not responsible for money, valuables and other personal property in my possession and has no liability for their loss.


**APPOINTMENT AND RELEASE FOR FINANCIAL PURPOSES.** I appoint the Financial Counseling staff of Atrium Health 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, including, but not limited to, including Medical Assistance, Aid to Families with Dependent Children, and Special Assistance. 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 Atrium Health, 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 have read the foregoing request and authorization in its entirety and agree to be bound by all terms and conditions herein. 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, the consent will not expire for services, claims processing or collection activities for admissions or visits occurring while this consent was in effect. The undersigned hereby consents to such medical treatment as my provider(s) order and indicate the same by my (our) signature below. Witness my (our) hand(s) and seal(s) below.

**REQUEST FOR TREATMENT AND AUTHORIZATION FORM**

Atrium Health - 10/2018

**Patient Signature:**

  
Signature captured with iOpaz by Williams, Leonard Clinton III at 1/5/2019 1:55:06 PM

(Seal)

**Witness:** "Electronically Signed by" Kathleen A Mauro 1/5/2019 1:54 PM

**Responsible party:**

**Relationship to Patient:** Self

(Seal)

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

**Signature (Patient or Authorized Representative)**

  
Signature captured with iOpaz by Williams, Leonard Clinton III at 1/5/2019 1:55:06 PM

**Relationship to Patient:**

**Reason Patient Unable/Unwilling to sign:**

**Witness:** "Electronically Signed by" Kathleen A Mauro 1/5/2019 1:54 PM



901

**Williams, Leonard Clinton III**

**CSN:** 6432944046

**MRN:** 0000642066





**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

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**Provider:**  
**Date of Service:** 2/1/2019  
**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:

**BH Clinical Documentation**

DOCUMENT NAME:

**BH Telephone Contact Form Entered On: 2/1/2019 12:41 EST**  
**Performed On: 2/1/2019 12:40 EST by CORLEY , JASMINE**

**Medicaid Number**

Medicaid Coverage : No

CORLEY , JASMINE - 2/1/2019 12:40 EST

**BH Telephone Contact**

Caller Name : Leonard

Relationship to Patient : Self

Provider : PENISTON , KATHLEEN KELLY NP

Call Type : Medication Refill

Cell Phone Number : 980 [REDACTED]

Leave Voicemail : Yes

Reason for call : Patient needs a refill for adderall, olanzapine, and celexa, patient uses CMC-Randolph pharmacy.

Last Visit Date : 11/15/2018 EST

CORLEY , JASMINE - 2/1/2019 12:40 EST

**Follow Up**

Phone Msg Communication Grid

1. Communication Date/Time : 2/4/2019 8:16 EST

Communication Comment : Rxs sent as requested. Adderall can be refilled on 2/7/19.

PENISTON , KATHLEEN KELLY NP - 2/4/2019 8:16 EST

2. Communication Date/Time : 2/4/2019 9:10 EST

Communication Comment : spoke with pt and informed him of NP response...will close

WADE , KEISHA RN - 2/4/2019 9:10 EST

Follow-up Appointment : 2/11/19 @ 2:40pm

Appt Provider : PENISTON , KATHLEEN KELLY NP

CORLEY , JASMINE - 2/1/2019 12:40 EST

**Provider:**

**Date of Service:** 2/1/2019

**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:**

### Visit Information

#### Visit Information

Recorded Date	2/1/2019	
Recorded Time	12:40 EST	
Recorded By	CORLEY ,JASMINE	
Procedure		Units
Appt Provider	PENISTON , KATHLEEN KELLY NP	
Provider	PENISTON , KATHLEEN KELLY NP	

**Provider:**  
**Date of Service:** 2/1/2019  
**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:**

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**Provider:**  
**Date of Service:** 2/1/2019  
**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:

**BH Clinical Documentation**

DOCUMENT NAME:

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**Medicaid Number**

Medicaid Coverage : No

CORLEY , JASMINE - 2/1/2019 12:40 EST

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Provider : PENISTON , KATHLEEN KELLY NP

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CORLEY , JASMINE - 2/1/2019 12:40 EST

**Provider:**

**Date of Service:** 2/1/2019

**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:**

**Visit Information**

**Visit Information**

Recorded Date	2/1/2019	
Recorded Time	12:40 EST	
Recorded By	CORLEY ,JASMINE	
Procedure		Units
Appt Provider	PENISTON , KATHLEEN KELLY NP	
Provider	PENISTON , KATHLEEN KELLY NP	

**Provider:**

**Date of Service:** 2/1/2019

**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:**

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**Provider:**  
**Date of Service:** 2/26/2019  
**Visit #:**

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