

**03/26/2021 - Telemedicine in Novant Health Neurology And Sleep (Randolph) (continued)****Medication List (continued)****diphenhydramine (BANOPHEN) 25 mg tablet**

Instructions: Take 25 mg by mouth every 6 (six) hours as needed for Itching.

Entered by: Lindsay E Lindsey, CMA

Entered on: 3/26/2021

**Stopped in Visit****paliperidone (INVEGA) 6 MG 24 hr tablet**

Discontinued by: Meredith Snapp, MD

Discontinued on: 3/26/2021

Reason for discontinuation: Therapy completed

**Clinical Notes Amb****Progress Notes****Meredith Snapp, MD at 3/26/2021 1114**

Author: Meredith Snapp, MD

Service: —

Author Type: Physician

Filed: 3/26/2021 8:04 PM

Encounter Date: 3/26/2021

Status: Addendum

Editor: Meredith Snapp, MD (Physician)

\*\*Sensitive Note\*\*

**Video Visit Note**

I performed this clinical encounter by utilizing a real time telehealth video connection between my location and the patient's location. The patient's location was confirmed during this visit. I obtained verbal consent from the patient to perform this clinical encounter utilizing video and prepared the patient by answering any questions they had about the telehealth interaction.

This was a video visit performed during the COVID-19 pandemic.

**NOVANT HEALTH NEUROLOGY AND SLEEP SPECIALISTS****1918 Randolph Rd Suite 400 Charlotte NC 28207****Impression**

**1. Cognitive/mood complaints in the setting of multiple active psychiatric disorders including Bipolar disorder, PTSD, ADD, Delusional Disorder, Autism. Differential includes schizophrenia, Adderall induced psychosis.**

**Plan**

- Brain MRI with and without contrast. He requests brain imaging to document "traumatic brain damage" related to PTSD (no prior traumatic brain injury). I advised that brain imaging abnormalities are not required nor expected for PTSD diagnosis, but it is reasonable as a test to rule out organic brain disease, such as brain tumor or inflammatory/demyelinating disease, in setting of psychiatric instability.
- If Brain MRI is normal, then no further neuro work up is needed at this time.
- Encouraged that he continue to close work with psychiatry and psychology for diagnosis and treatment.

We discussed the potential side effects, risks and benefits of these and other evaluation/treatment options, and the patient/family expressed understanding. The patient/family will contact us with any questions regarding side effects or other concerns, and seek emergent attention for any acute medical or neurological decline.

**Documentation for time-based billing:** Total time spent of date of service was 60 minutes. Patient care activities included preparing to see the patient such as reviewing the patient record, obtaining and/or reviewing separately obtained history, performing a medically appropriate history and physical examination, counseling and educating the

**03/26/2021 - Telemedicine in Novant Health Neurology And Sleep (Randolph) (continued)****Clinical Notes Amb (continued)**

patient, family, and/or caregiver, ordering prescription medications, tests, or procedures, referring and communicating with other health care providers when not separately reported during the visit, documenting clinical information in the electronic or other health record and independently interpreting results when not separately reported.

**Orders Placed This Encounter****Procedures**

- MRI Head WO W IV Contrast

**Subjective**

Leonard Williams is a 40 y.o. (DOB 11/1/1980) male who was self-referred for neurology consultation.

**Chief Complaint**

Patient presents with

- Traumatic Brain Injury  
*Has terrible PTSD.*

**HPI:**

03/26/2021: See extensive patient documentation sent via MyChart before our visit of his symptoms and life events. He reports PTSD onset in August 2019 after "massive criminal activity against me and I was kidnapped under the guise of civil commitment" in April of 2019. He discusses leaving the mountains to live in Charlotte in 2011, because there were terrible rumors about his mental health, people there wanted to kill him, and he had to escape there. At his first job at Wells Fargo, he reports employees there looked into his past. He reports being in severe emotional pain about privacy violations, and endorsed suicidal ideation to a woman. A police officer then showed up at his home and he was handcuffed and committed to Billingsley Behavioral Health for suicidal plans and paranoid delusions, which he denies. He reports this process was traumatic and he has severe mistrust against Atrium and health care workers who are out to get him.

Records also show involuntary commitment to behavioral health Sept 2020 for Bipolar d/o and amphetamine delusional disorder.

He has episodes of sudden waves of feelings of hostility, and references within his documents are examples of hostile conversations with coworkers.

He reports that he tells stories in excessive detail due to h/o autism. He reports conduct disorder in childhood.

He works with Atrium Health psychiatry. In last visit Feb 2021 with Dr Phillip Murray, he was treated for diagnoses of bipolar disorder, ADD, PTSD. He continued Adderall, discontinued citalopram, and olanzapine was increased to 5mg bid. He reports Dr Murray just left, so he is working with a new doctor. He notes that Adderall helps his PTSD symptoms so much that he regularly asks for increased dose or self-escalates dose, and rejects doctors' concerns of side effects on his mood.

He notes short term memory loss, poor attention/focus. He recalls cognitive impairment onset in late 20's, worsened by start of olanzapine in 2018 after which he underwent neurology evaluation with Dr Mandel at Metrolina, completed MRI brain, EEG, neuropsych testing which he recalls was normal.

No prior traumatic brain injury, outside of hit head on bed post at age 7. He requests brain imaging to evaluate for brain damage from PTSD.

He was denied disability once due to late application, but continues to seek SSI disability.

Reviewed and updated this visit by provider:

Tobacco | Allergies | Meds | Problems | Med Hx | Surg Hx | Fam Hx |

## 03/26/2021 - Telemedicine in Novant Health Neurology And Sleep (Randolph) (continued)

### Clinical Notes Amb (continued)

**Review of Systems** is complete and negative except as noted in HPI

### Past Medical History

#### Past Medical History:

##### Diagnosis

Date

- Diabetes mellitus (\*)  
type 2
- Nonpsychotic mental disorder  
ptsd, adhd, spectrum

### Past Surgical History

has no past surgical history on file.

### Family History

family history is not on file.

### Social History

reports that he has never smoked. He has never used smokeless tobacco. He reports current alcohol use of about 1.0 standard drinks of alcohol per week. He reports that he does not use drugs.

### Current Medications

#### Current Medications

Medication	Sig
amphetamine-dextroamphetamine (ADDERALL) 20 MG tablet	Take 40 mg by mouth daily.
diphenhydramine (BANOPHEN) 25 mg tablet	Take 25 mg by mouth every 6 (six) hours as needed for itching.
OLANzapine (ZYPREXA) 5 mg tablet	5 mg per 1 tablet, ORAL, BID (2 times a day), 60 tablet, 0 Refill(s), Pharmacy: Atrium Health Pharmacy Billingsley, Height, 181.61, cm, 04/29/20 9:24:00 EDT, Weight, 98.6, kg, 04/29/20 9:24:00 EDT
traZODone (DESYREL) 50 MG tablet	Take 50 mg by mouth at bedtime.

### Objective

Ht 5' 11.5" (1.816 m) | Wt 222 lb (100.7 kg) | BMI 30.53 kg/m<sup>2</sup>

Exam is limited to what is visible by video.

	Nose	Mouth	Eyes
Normal:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Abnormal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
	<input type="checkbox"/> congestion	<input type="checkbox"/> large tongue	

## 03/26/2021 - Telemedicine in Novant Health Neurology And Sleep (Randolph) (continued)

### Clinical Notes Amb (continued)

<input type="checkbox"/> dev septum	<input type="checkbox"/> dental issue	
	Mallampati:	

	Respiratory	Skin	Constitutional
Normal:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Abnormal:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comment:	No visible or audible respiratory distress		
			<input type="checkbox"/> Overweight
			<input checked="" type="checkbox"/> Obese

	Psych			Neuro
	Attention	Affect	Lang/devel	CN's
Normal:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Abnormal:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:	Tangential flight of ideas, pressured speech	Agitated, No eye contact	Intermittent stuttering	

	Muscle		
	Tone	Strength	Movement
Normal:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Abnormal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			

### Ancillary Studies:

Reviewed in Epic all pertinent records including labs, study results, and office/hospital visit notes.

Electronically signed by Meredith Snapp, MD at 3/26/2021 8:04 PM

### Imaging

#### Imaging

#### MRI Head WO W IV Contrast (Active)

Electronically signed by: **Meredith Snapp, MD on 03/26/21 1151**

Status: **Active**

Ordering user: Meredith Snapp, MD 03/26/21 1151

Authorized by: Meredith Snapp, MD

Ordering mode: Standard

Frequency: Routine 03/26/21 -

Class: External

Quantity: 1

Indications comment: cognitive complaints, mood destabilization

Diagnoses

Cognitive complaints [R41.9]

Delusional disorder (\*) [F22]

Bipolar affective disorder, remission status unspecified (\*) [F31.9]