

Electronically signed by Christopher A Gardner, MD at 06/24/2021 12:06 AM EDT

06/23/2021 Travel
06/08/2021 Travel
03/26/2021 Telemedicine

Snapp, Meredith, MD

Cognitive complaints
(Primary Dx);
PTSD (post-traumatic stress
disorder);
Bipolar affective disorder,
remission status unspecified
(*);
Delusional disorder (*)

Novant Health Neurology And Sleep 03/26/2021

Progress Notes - Snapp, Meredith, MD - 03/26/2021 11:14 AM EDT

Formatting of this note might be different from the original.

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 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 |

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/m²

Exam is limited to what is visible by video.

Nose Mouth Eyes

Normal: ☒ ☒ ☒

Abnormal: ☐ ☐ ☐

Comment:

☐ congestion ☐ large tongue

☐ dev septum ☐ dental issue

Mallampati:

Respiratory Skin Constitutional

Normal: ☒ ☒ ☐

Abnormal: ☐ ☐ ☒

Comment: No visible or audible respiratory distress

☐ Overweight

☒ Obese

Psych Neuro

Attention Affect Lang/devel CN's

Normal: ☐ ☐ ☒ ☒

Abnormal: ☒ ☒ ☐ ☐

Comment: Tangential flight of ideas, pressured speech Agitated,

No eye contact Intermittent stuttering

Muscle

Tone Strength Movement

Normal: ☐ ☐ ☒

Abnormal: ☐ ☐ ☐

Comment:

Ancillary Studies:

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