

## PATIENT

**Leonard Williams III**

DOB 11/01/1980  
 AGE 42 yrs  
 SEX Male  
 PRN WL11756

## FACILITY

**Boone-CEH**

T (704) 237-4240  
 F (704) 341-3889  
 717 Greenway Rd.  
 Suite C  
 Boone, NC 28607

## ENCOUNTER

**Office Visit****NOTE TYPE****SEEN BY****DATE****AGE AT DOS**

SOAP Note  
 Walter Credle  
 Physician Assistant  
 06/03/2022  
 41 yrs  
 Electronically signed by Walter Credle  
 Physician Assistant at 06/03/2022 03:05  
 pm

**Chief complaint**

\$60 selfpay/ks

consent needed to send invoice -hkp

Called @10:12am to collect copay, lvm. 06/03/22/KGG

\*Session #10809444

(Appt time: 2:45 PM) (Arrival time: 2:40 PM)

**Vitals for this encounter**

No vitals recorded

**SUBJECTIVE**

CPT: 99214 (30 minutes)

Leonard Williams is a 41 YOM who presents to this office for medication f/u. His current medications/diagnoses are listed below. He is compliant w/his medications. LOV the patient reports beginning strattera.

The patient reports doing well. The patient reports that the first day that he took strattera he noticed some improvement in focus and concentration. On the second day of taking strattera, the patient reports having "uncomfortable rapid thoughts" and speaking fast. The patient reports concerns that this medication was activating his bipolar disorder. The patient reports that he discontinued strattera on the third day of taking it due to concerns of bipolar activation.

The patient reports that he lives in torment every day because he doesn't have his Adderall. He reports constantly pacing the floors because this helps calm his mind. The patient reports being in a significant amount of financial distress, which is causing difficulty with Adderall. He reports intrusive thoughts related to his PTSD. Denies nightmares. The patient reports intermittent SI **without a concrete plan**. He endorses adequate mood stability and denies symptoms of mania or hypomania. The patient reports a manic episode in may of 2018.

He reports some difficulty with sleep initiation but notes sleeping 10-14 hours per night. He endorses good appetite.

All other neuro, psych and constitutional sx were negative. Pt. denies any HI/psychosis. There has been no medical changes since last office visit. Chart has been reviewed.

**Current Medications:**

olanzipine 10mg po daily

**Current Diagnoses:**

- (F31.9) Bipolar disorder, unspecified
- (F90.2) Attention-deficit hyperactivity disorder, combined type

**OBJECTIVE**

MSE:

Orientation/Consciousness: A&amp;Ox4

Appearance/Behavior: Pt is casually dressed and fairly groomed. Appears stated age. Good eye contact. Pleasant and cooperative.

Motor: No AIMS. Non-agitated.

Speech: Nonpressured. Clear and coherent. Normal tone and volume.

Mood: Fair.

Affect: With full range and congruent to mood.

Thoughts: Well organized and logical. HI/SIB. Endorses SI but denies concrete plan.

Psychosis: No AVH. No delusions. No paranoia

Insight: Fair

Judgment: Fair.

#### ASSESSMENT

Diagnoses attached to this encounter:

Bipolar disorder [ICD-10: F31.9], [ICD-9: 296.80], [SNOMED: 13746004]

ADHD combined [ICD-10: F90.2], [ICD-9: 314.01], [SNOMED: 31177006]

#### PLAN

- Follow up in 2-4 weeks or sooner prn.
- Continue olanzapine 10mg po daily.
- Discontinue strattera 40mg po daily for ADHD.
- Begin adderall XR 20mg po daily. PMP aware reviewed without concern. patient is to come to the boone office to obtain vitals and a UDS. if vitals WNL and negative UDS, okay to sent prescription to pharmacy on file.
- Discussed possible adverse effects of stimulants such as anxiety, tremors, tachycardia, headaches, chest pain/heart palpitations, insomnia, irritability, or anger outbursts. Pt aware and acknowledge potential for increased cardiovascular risk, dependency, and abuse and verbalized mandatory UDT screenings.
- Discussed risk of antipsychotics adverse effects of TD, akathisia, metabolics, abnormal movements and other side effects. Patient aware and verbalized understanding.
- The risks and benefits of medication were discussed, as well as the interaction of medications with alcohol and other drugs. Discussed TD, metabolics, abnormal movements and other side effects. Patient verbally understood.
- Patient was advised to seek emergency attention if signs of severe allergic reaction occur.
- Pt. agrees to contact CEH/ER/911 for any SI or homicidal thoughts or plans, or deterioration of mental state.

Walter Credle, PA-C

Supervising Physician, Dr. Jonathan Stoudmire, M.D.

Medications attached to this encounter:

Adderall XR 20 MG Oral Capsule Extended Release 24 Hour 1 capsule (20 mg) orally daily in the morning

