

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 SOAP Note
 SEEN BY Walter Credle
 Physician Assistant
 DATE 07/01/2022
 AGE AT DOS 41 yrs
 Electronically signed by Walter Credle
 Physician Assistant at 07/01/2022 02:56
 pm

Chief complaint

\$60 selfpay/ks

Call 423-213-3176 Angela (mom) for payment
 consent needed to send invoice -hkp

*Session #11019329

Called @8:22am to collect copay, lvm. 07/01/22/KGG (Appt time: 2:30 PM) (Arrival time: 1:12 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 Adderall XR was initiated.

The patient reports doing well but reports problems with feeling "shell shocked." He reports that his intrusive thoughts of past traumas have improved, but he still gets physical symptoms of past traumas. He reports some of this is accompanied as "hyperarousal." The patient reports that these physical symptoms of past traumas seem to be more intense since beginning adderall, but notes that these symptoms are not more frequent.

The patient reports a "massive improvement" in function since beginning aderail. The patient reports being able to program 10-12 days over the past month, which is a significant improvement since his last encounter. He reports a significant improvement in focus and concentration. He reports a significant improvement in pacing. The patient reports getting disability approved which has a significant relief in stress. He reports a significant reductions in thoughts of self harm. He reports still having fleeting thoughts of self harm 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.

The patient reports improved sleep and states that he doesn't over sleep as frequently. He endorses good appetite. No further questions or concerns were voiced at todays encounter.

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
 Adderail XR 20mg po daily

Current Diagnoses:

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

OBJECTIVE

MSE:

Orientation/Consciousness: A&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 fleeting SI without a 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 4 weeks or sooner prn.
- Continue olanzapine 10mg po daily. Consider propranolol at next encounter for restlessness associated with this medication.
- Continue adderall XR 20mg po daily. PMP aware reviewed without concern. prescription to cannon pharmacy cancelled and resent to walmart in boone.
- 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.