

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 07/29/2022
AGE AT DOS 41 yrs
Electronically signed by Walter Credle
Physician Assistant at 07/29/2022 04:08 pm

Chief complaint

\$60 selfpay/ks

consent needed to send invoice -hkp

*Session #11222981

Called @10:38am to collect copay, lvm. 07/29/22/KGG (Appt time: 7/29/2022 3:45:00 PM) (Arrival time: 1:49 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 propranolol was initiated.

The patient reports doing well. The patient reports that propranolol has been helpful with reducing pacing. He reports it has reduced pacing by about 25%. He reports some worsening in daytime somnolence with propranolol, but states that this is manageable. He reports intermittent intrusive thoughts and "shell shock" but states that he has less symptoms of these over the past month. The patient reports difficulty with shaving and showering that he attributes to clutter in his house and that his "brain is broken."

The patient reports that adderall has made a significant improvement in focus and concentration, but states that he would like further improvement with this symptom. He reports that Adderall helps with initiating and finishing tasks. He reports improvement in sitting still for longer periods of time. He reports being less distracted.

He reports a significant reductions in thoughts of self harm since beginning Adderall and getting disability. 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 good sleep at about 7-10 hours per night. 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
Adderall XR 20mg po daily
propranolol 20mg BID

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 propranolol 20mg BID.
- Continue olanzapine 10mg po daily.
- Increase adderall XR to 30mg po daily. PMP aware reviewed without concern. Prescription to cannon pharmacy.
- 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 30 MG Oral Capsule Extended Release 24 Hour 1 capsule (30 mg) orally daily in the morning