

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 08/26/2022
 AGE AT DOS 41 yrs
 Electronically signed by Walter Credle
 Physician Assistant at 08/26/2022 02:48
 pm

Chief complaint

\$60 selfpay/ks

consent needed to send invoice -hkp

*Session #11417504

Called @ 12:57pm to collect copay, lvm. 08/26/22/KGG (Appt time: 8/26/2022 2:15:00 PM) (Arrival time: 1:55 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 increased to 30mg po daily.

The patient reports doing well. The patient reports continued difficulty with "vitiimization" and is interested in sharing his story with new york times. The patient reports victimization through wells fargo. The patient reports a significant improvement in his ADHD with increased adderall. He reports intermittent symptoms of depression that he attributes to situational stressors such as when other deny his traumatic story. He notes "shell shock" and intrusive memories about the victimization. He reports a significant improvement with daytime fatigue. 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. 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. 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 30mg 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.
- Continue adderall XR 30mg po daily. PMP aware reviewed without concern. Prescription sent
- 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.