

## 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

09/23/2022

AGE AT DOS

41 yrs

Electronically signed by Walter Credle  
Physician Assistant at 09/23/2022 02:49  
pm

**Chief complaint**

\$60 Self Pay/MM

\*Session #11627960

Called @8:58am to collect copay, lvm. 09/23/22/KGG

Called @2:28pm to collect copay, LVM 09/23/22 KNP (Appt time: 9/23/2022 2:30:00 PM) (Arrival time: 2:32 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 all medications were continued.

The patient reports doing well. He reports feeling "up and down" this month. He reports needing a lot of time by himself that he attributes to his PTSD. The patient reports that he was forced to spend a lot of time with his mother due to work schedule. The patient reports that his mood has improved over the past 3-4 days since he has been able to spend more time on himself. He reports doing more programming which has been exciting to him. The patient reports intermittent SI **without a concrete plan** and states that he feels "pulverized." The patient reports a significant improvement in SI since beginning his stimulant and feeling more comfortable with his medications. He reports a "95% reduction in SI." The patient reports a significant improvement in his ADHD with adderall. He reports improvement in his attention span. The patient reports being able to sit for longer periods of time. He reports intermittent fatigue during the day but notes improvement from baseline. He reports that Adderall helps with initiating and finishing tasks. He endorses adequate mood stability and denies symptoms of mania or hypomania. The patient reports a manic episode in may of 2018. He reports occasional times where he has pressured speech, but notes that this has decreased from baseline.

The patient reports good sleep. He endorses good appetite. The patient reports being happy with current medications. No further questions or concerns were voiced at today's 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:**

olanzapine 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.