

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 11/23/2022
 AGE AT DOS 42 yrs
 Electronically signed by Walter Credle
 Physician Assistant at 11/23/2022 02:54
 pm

Chief complaint

\$60 selfpay/ss

consent needed to send invoice -hkp

Session #12101766

Called to collect copay, lvm. 11/23/22/KGG (Appt time: 11/23/2022 2:30:00 PM) (Arrival time: 2:24 PM)

Vitals for this encounter

No vitals recorded

SUBJECTIVE

CPT: 99214 (30 minutes)

Leonard Williams is a 42 YOM who presents to this office for medication f/u. His current medications/diagnoses are listed below. He is compliant w/his medications. LOV wellbutrin was initiated.

The patient reports doing well. He reports improvement in his mood with wellbutrin. He reports improvement in his mood and improved "clarity." He reports continued issues with "shell shock" and PTSD symptoms. He reports difficulty with being easily overwhelmed. He reports that his PTSD will cause "incredible hostility" and impulsivity. He reports being easily set off when people look down at him or others yelling at him. He reports getting his disability back pay which is a significant stress reduction. He reports some stress do to no AC in his house. The patient reports intermittent SI **without a concrete plan** and states that he feels "pulverized." He reports improvement in SI with current medications. 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 improvement in fatigue and energy levels during the day. 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 some difficulty with "cognitive impairment" with olanzapine and would like to consider a slight dose decrease.

The patient reports good sleep. He endorses good appetite. 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
 wellbutrin XL 150mg 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 wellbutrin XL 150mg po daily for depression. Consider a dose increase at next encounter. May consider celexa. Patient reports good response to celexa, but notes low libido.
- Continue propranolol 20mg BID.
- Decrease olanzapine to 7.5mg po daily. Patient reports that this medication is causing "cognitive impairment." Reduced dose may help with these symptoms. Continue to evaluate for symptoms of mania.
- 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.

Medications attached to this encounter:

OLANZapine 7.5 MG Oral Tablet 1 tablet (7.5 mg) orally daily