

## 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****SEEN BY****DATE****AGE AT DOS**

SOAP Note  
 Walter Credle  
 Physician Assistant  
 12/21/2022  
 42 yrs  
 Electronically signed by Walter Credle  
 Physician Assistant at 12/21/2022 02:28  
 pm

**Chief complaint**

\$60 selfpay/md  
 Session #12304719

consent needed to send invoice -hkp (Appt time: 12/21/2022 1:45:00 PM) (Arrival time: 1:11 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 olanzapine was reduced to 7.5mg po daily.

The patient reports improvement in cognitive impairment since reducing olanzapine to 7.5mg po daily. He reports still having difficulty with "despair" and helplessness. He reports having trouble with shaving and bathing due to PTSD symptoms. He reports having problems with "distress" when other people are around. The patient reports having difficulty with being easily agitated. He reports improvement in his mood with wellbutrin. He reports continued issues with "shell shock" and ptsd symptoms. He reports difficulty with being easily overwhelmed.

The patient reports intermittent SI **without a concrete plan**. 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 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:**

olanzapine 7.5mg 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.
- Continue olanzapine to 7.5mg 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.