

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 03/20/2023
 AGE AT DOS 42 yrs
 Electronically signed by Walter Credle
 Physician Assistant at 03/20/2023 11:51
 am

Chief complaint

\$60 selfpay/shs
 *Session #12958226
 consent needed to send invoice hkp
 Called @814 to collect copay, lvm/KGG (Appt time: 3/20/2023 11:15:00 AM) (Arrival time: 11:26 AM)

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 no medicaiton changes were made.

The patient reports doing well. He reports having his first appointment with a psychologist and enjoyed this. He reports getting a girlfriend in the Philippines. The patient reports being "unable to read" and relates this back to when he initiated Wellbutrin. He reports having some concerns that wellbutrin is causing "mental paralysis." He reports a significant improvement in ADHD with stimulant. He denies depression but endorses hopelessness and reports recurring thoughts of SI without a concrete plan, but notes improvement in these symptoms from baseline. He reports adequate 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 his last 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:

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. patient is to come to office to provide uds/vitals prior to next encounter. Patient verbalized understanding of instruction.
- Discontinue wellbutrin XL 150mg po daily.
- 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.