

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 06/12/2023
 AGE AT DOS 42 yrs
 Electronically signed by Walter Credle
 Physician Assistant at 06/12/2023 11:44
 am

Chief complaint

\$60 selfpay/bb

*Session #13536222

no invoices

(Appt time: 6/12/2023 11:15:00 AM) (Arrival time: 8:14 AM)

Vitals for this encounter

No vitals recorded

SUBJECTIVE

CPT: 99214 (30 minutes)

Leonard Williams is a 42 YOM who presents via telepsych 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 that depression and bipolar symptoms have been well controlled. The patient reports continued issues with PTSD symptoms and feels that he is still "impaired." He reports feeling symptoms of "despair" related to PTSD. He reports stress related to relationship difficulties. The patient denies symptoms of mania or hypomania. The patient reports improvement in ADHD with current stimulant. The patient reports still having difficulty with task initiation. He reports that his "working memory and attention is impaired."

He reports some improvement in energy levels. He reports some difficulty with hypervigilance. 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

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 to 7.5mg po daily.
- Continue adderali XR 30mg po daily. PMP aware reviewed without concern. Prescription sent. Consider a dose increase at next encounter.
- 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.