Patient: 431798 - Johnson, Nathan Ross
DOB: 09/12/1960
SSN:

Date: 05/06/2026 10:45
Provider: Ericson, Christian MD
Encounter: Est Patient

CHIEF COMPLAINT
• prostate cancer

HISTORY OF PRESENT ILLNESS
• Allergy list reviewed • Problem list reviewed • Medication list reviewed

Patient is a 65-year-old male here for follow-up. Patient has high-volume metastatic castrate naïve prostate cancer. He is self treating with THC and has refused NCCN guideline recommended treatments on multiple appointments

He was originally diagnosed with prostate cancer years ago but did not have an MRI. Patient diagnosed with 2022 high-volume high risk prostate cancer grade group 3 with a PSA of 20. He was recommended for radiation and chose not to do this. He used to take Flomax but stopped as he did not want to put any chemicals in his body.

Prostate MRI on 3/11/2025 showed PI-RADS 5 nodule with large confluent mass in the peripheral zone of the prostate from apex to base. 2.1 cm right pelvic wall lymph node concerning for metastatic disease. No extracapsular extension or bony metastasis noted.

PSMA PET on 5/6/2025 showed positive for widespread lymph nodes and skeletal metastasis. Skeletal metastasis included the left pelvis, right sacrum, and T11 vertebral body.

PSA October 2024 32.22
10/28/2025 49.93
04/2026 71.2

He reports growing his own cannabis medically and when he was doing this he had no issues. He states that he previously grew multiple strains of cannabis. Patient states that his PSA was downtrending at 1 point in time when he was using the correct type of edible cannabis. He states that now that the government has not allowed him to groom his own cannabis his PSA is rising because he is not able to treat himself appropriately.

We have previously had extensive conversation about treatment recommendations. He has declined radiation previously multiple times. He has refused hormone therapy with preference to self medicate with THC.

Patient provided a binder today with all of the information regarding his multiple comorbidities and prostate cancer. Was previously on multiple medications which he has stopped altogether.

PAST MEDICAL/SURGICAL HISTORY
Reported:
Medical: Deep venous thrombosis.

Patient: 431798 - Johnson, Nathan Ross
DOB: 09/12/1960
SSN:

Date: 05/06/2026 10:45
Provider: Ericson, Christian MD
Encounter: Est Patient

Diagnoses:
Hyperlipidemia.
Diabetes mellitus.
Depressive disorder.
Prostate cancer

SOCIAL HISTORY
Caffeine: No caffeine use.
Tobacco use and exposure: Current every day smoker, cigarette smoking smoking cigarettes per day 20, and Current Tobacco User Current Tobacco User.
Alcohol: Not using alcohol. Never drank alcohol.
Drug Use: Not using drugs.
Habits: A typical day includes no exercising.
Marital: Divorced.
no social history [use for free text].

FAMILY HISTORY
Maternal:
Heart disease
Fraternal:
Prostate cancer

ALLERGIES
- No Known Allergies

CURRENT MEDICATION
- buPROPion HCl ER (SR) 150 MG Oral Tablet Extended Release 12 Hour 1 once a day 0 days, 0 refills
- Eliquis 5 MG Oral Tablet 1 twice a day 0 days, 0 refills
- Folic Acid 1 MG Oral Tablet 1 once a day 0 days, 0 refills
- glipiZIDE 10 MG Oral Tablet 1 twice a day 0 days, 0 refills
- Jardiance 10 MG Oral Tablet 0 days, 0 refills
- Ozempic (0.25 or 0.5 MG/DOSE) 2 MG/1.5ML Subcutaneous Solution Pen-injector 0 days, 0 refills
- Vitamin B12 100 MCG Oral Tablet 1 once a day 0 days, 0 refills
- Vitamin D (Cholecalciferol) 25 MCG (1000 UT) Oral Capsule 1 once a day 0 days, 0 refills

REVIEW OF SYSTEMS
All systems not mentioned in the History of Present Illness have been reviewed and are negative, noncontributory, or not pertinent.

difficulties have affected ability to obtain cannabis and pay bills. Patient provided all of his recent bills and Social Security information to review with me today.
- As extensively discussed with the patient on multiple appointments that THC is not a approved treatment for his prostate cancer and that we have evidence that his prostate cancer is progressing. He states that this is because he is not able to adequately use cannabis due to the government restrictions.
- Patient states that he is currently performing a study with regard to cannabis and his treatment of his medical conditions. This is a self performed study.

Metastatic prostate cancer
- Noted metastatic prostate cancer involving bones and lymphatic system with aggressive disease course and rising PSA, most recent value 71.
- Discussed that the disease could lead to paralysis, multi-organ failure, and fractures due to bone involvement.
- Recommended PET scan due to interval since last imaging.
- Discussed initiation of triplet therapy with ADT plus Taxol (docetaxel), with novel anti-androgen as standard of care for high volume metastatic prostate cancer.
- Patient declined triplet therapy after discussion of risks and benefits. Elects to continue to observe and treat with THC
- Continued observation as patient elected to defer systemic therapy at this time.
- Patient and his wife verbalized understanding of the risks of not treating metastatic prostate cancer. They understand that there is a high likelihood that this will lead to significant morbidity and death

HEALTH REMINDERS

- Document List of Current Medications satisfied 05/06/2026.
- Document Tobacco Status & Provide Cessation if Needed satisfied 05/06/2026.

Christian Ericson MD
Electronically signed by: Christian Ericson Date: 05/06/2026 11:43

Electronically approved by: Christian Ericson Date: 05/06/26 11:43

Patient: 431798 - Johnson, Nathan Ross
DOB: 09/12/1960
SSN:

Date: 05/06/2026 10:45
Provider: Ericson, Christian MD
Encounter: Est Patient

PHYSICAL EXAM

General Appearance:

° Well developed. ° Well nourished.

TESTS

URINALYSIS

GLUCOSE: neg
BILI: neg
KETONES: neg
SG: 1.025
BLOOD: neg
pH: 6.5
PROTEIN: trace
NITRITE: neg
LEUKOCYTE ESTERASE: neg
URO 0.2

ACTIVE PROBLEMS & CONDITIONS

- C61 - Prostate Cancer

ASSESSMENT

- C61 - Malignant neoplasm of prostate

PLAN

- **Malignant neoplasm of prostate**
  MIPS/Tobacco Cessation: Tobacco Cessation Counseling Provided
  MIPS/Medications: Current Medications Documented and Reviewed
  POC/.UA: UA w/out micro
  FU Appt: 6 months
  Lab: PSA Serum (84153)

Cannabis use:
- Uses cannabis, including edibles and smoked forms, to manage comorbidities and inflammation. Describes detailed preparation of cannabis edibles, including clarifying butter and decarboxylating cannabis to ensure safety and potency, and notes concern about mold and quality. States that cannabis use, especially edibles, is central to managing health conditions and believes interruptions in cannabis access negatively affected health outcomes. Reports financial

Athens Area Urology, P.C.
1150 Golden Way • Watkinsville, GA 30677

ATLANTA GA RPDC 302
1 NOV 2025 PM 3 L

PITNEY BOWES
$0.74 0
US POSTAGE
FIRST-CLASS
028W0002312048
2000064595
ZIP 30606
OCT 30 2025

Nathan Johnson
137 Lanier Dr.
Hartwell GA. 30643

30643-702537

Athens Area Urology, P.C.

1150 Golden Way
Watkinsville, GA 30677-7712
(706) 612-9401

Oct 29, 2025 11:22 am

prior to 4/26 appt.

Order Requisition Report

Name: **Nathan Ross Johnson** (431798)
Address: 137 Lanier Dr
Hartwell, GA 30643-7025

DOB: 09/12/1960 (65)
Sex: Male
Home # (706) 371-9812
Cell # (706) 371-0812

Primary Insurance: VA CCN Optum
ID: 1017643032V826321
Subscriber: Nathan Ross Johnson
Group #

Secondary Insurance:
ID: 1017643032V826321
Subscriber:
Group #

ORDER: PSA Serum (84153)

Reason for Order: C61 Malignant neoplasm of prostate
Additional Diagnoses: • C61 - Malignant neoplasm of prostate

Instructions: 6 month pre-clinic

Electronically ordered and signed by: Kellie B. Thaxton NP (NPI: 1669218350)

Supervising Physician: Christian Ericson MD (NPI 1669218350)

Please fax results to (706) 612-9420.

Athens Area Urology, P.C.
1150 Golden Way • Watkinsville, GA 30677

ATLANTA GA RPDC 302
4 NOV 2025 PM 2 L

PITNEY BOWES
$0.74 0
US POSTAGE
FIRST-CLASS
028W0002310943
2000064595
ZIP 30606
OCT 31 2025

Nathan Ross Johnson
137 Lanier Drive
Hartwell, GA 30643

30643-702537

Athens Area Urology, P.C.

1150 Golden Way
Watkinsville, GA 30677-7712
(706) 612-9401

Patient: 431798 - Nathan Ross Johnson (65 year)
Date of Birth: 09/12/1960

Date: 10/29/2025
Provider: Kellie B. Thaxton NP
Encounter: Est Patient
Location: Chase Street
Referring Provider: Brook Goodgame

Chief Complaint
• Prostate Cancer

History of Present Illness
• Allergy list reviewed • Problem list reviewed • Medication list reviewed

Patient is a 64-year-old male here for follow-up.

He was originally diagnosed with prostate cancer reportedly in the hospital but had not had an MRI. He thought his PSA to be around 18 at that time. Reports that prostate cancer was originally diagnosed about 2 years prior at Christus regional hospital in Cordele, GA. He did not know the name of his urologist. He was diagnosed with biopsy-proven prostate cancer but we do not have report of this. He was recommended for radiation and chose not to do this. Declined DRE. He used to take Flomax but stopped as he did not want to put any chemicals in his body.

Prostate MRI on 3/11/2025 showed PI-RADS 5 nodule with large confluent mass in the peripheral zone of the prostate from apex to base. 2.1 cm right pelvic wall lymph node concerning for metastatic disease. No extracapsular extension or bony metastasis noted.

PSMA PET on 5/6/2025 showed positive for widespread lymph nodes and skeletal metastasis. Skeletal metastasis included the left pelvis, right sacrum, and T11 vertebral body.

October PSA of 32.22, recently increased to 49.93 on 10/28/2025.

He reports growing his own cannabis medically and when he was doing this he had no issues. Patient states that he is currently on parole for growing cannabis. He states that he previously grew multiple strains of cannabis including gorilla glue #4.

We have previously had extensive conversation about treatment recommendations. He has opted to self treat with cannabis once the government allows him to do so. He has declined radiation as he is not a "hot pocket ". He has refused hormone therapy with preference to self medicate with THC.

Past Medical/Surgical History
Reported:
Medical: Deep venous thrombosis.

Diagnoses:

Hyperlipidemia.
Diabetes mellitus.
Depressive disorder.
Prostate cancer

Social History

Behavioral: Current every day smoker, cigarette smoking smoking cigarettes per day 20, and Current Tobacco User Current Tobacco User.
Caffeine: No caffeine use.
Alcohol: Not using alcohol. Never drank alcohol.
Drug Use: Not using drugs.
Habits: A typical day includes no exercising.
Marital: Divorced.
no social history [use for free text].

Family History

Maternal:

Heart disease

Fraternal:

Prostate cancer

Allergies

- **No Known Allergies**

Current Medication

- **buPROPion HCl ER (SR) 150 MG Oral Tablet Extended Release 12 Hour 1 once a day 0 days, 0 refills**
- **Eliquis 5 MG Oral Tablet 1 twice a day 0 days, 0 refills**
- **Folic Acid 1 MG Oral Tablet 1 once a day 0 days, 0 refills**
- **glipiZIDE 10 MG Oral Tablet 1 twice a day 0 days, 0 refills**
- **Jardiance 10 MG Oral Tablet 0 days, 0 refills**
- **Ozempic (0.25 or 0.5 MG/DOSE) 2 MG/1.5ML Subcutaneous Solution Pen-injector 0 days, 0 refills**
- **Vitamin B12 100 MCG Oral Tablet 1 once a day 0 days, 0 refills**
- **Vitamin D (Cholecalciferol) 25 MCG (1000 UT) Oral Capsule 1 once a day 0 days, 0 refills**

Review Of Systems

All systems not mentioned in the History of Present Illness have been reviewed and are negative, noncontributory, or not pertinent.

Physical Exam

General Appearance:

° Well developed. ° Well nourished.

Tests

URINALYSIS

GLUCOSE:N
BILI: small

KETONES:N
SG:1.020
BLOOD:N
pH: 7.0
PROTEIN: 30mg/dL
NITRITE:N
LEUKOCYTE ESTERASE:N

Active Problems & Conditions
- **C61 - Prostate Cancer**

Assessment
- C61 - Malignant neoplasm of prostate

Plan
- **Malignant neoplasm of prostate**
  MIPS/Tobacco Cessation: Current Tobacco Non-User
  MIPS/Medications: Current Medications Documented and Reviewed
  POC/.UA: UA w/out micro
  FU Appt: 6 months
  Lab: PSA Serum (84153)
  Instructions: 6 month pre-clinic

We had a discussion today about his PSMA PET positive for metastatic hormone sensitive prostate cancer. PSA has further increased from last year. Based on widespread metastasis, Mayo he is recommended to have triplet therapy.

He declines any therapy at this time. States he is going to continue to self treat with cannabis on that. He reports that the government is not allowing him to treat with a sufficient dose of cannabis at this time. He states that he would "rather die than allow the government to arrest another juvenile for cannabis use". He states that he is "the states being his cannabis advocate."

We discussed his significant metastatic disease with potential impact on his life expectancy. Discussed disease specific prognosis and life expectancy based on known literature.

We again discussed that surgical intervention is not possible due to significant disease. We again discussed medical recommendation of triplet therapy for which she declines. Yes he voices understanding of his diagnosis and risk of treatment.

He prefers to be followed every 6 months with a PSA and wants to continue with watchful waiting with self treatment of cannabinoids.

Health Reminders
- **Document List of Current Medications satisfied 10/29/2025.**
- **Document Tobacco Status & Provide Cessation if Needed satisfied 10/29/2025.**

Kellie Blair Thaxton NP

Electronically signed by: Blair Thaxton Date: 10/29/2025 11:19

Electronically approved by: Christian Ericson Date: 10/29/25 12:43

Johnson, Nathan Ross 64y M
DOB: 09/12/60

Patient Chart Report

05/27/25 10:43 am

Athens Area Urology, P.C.
1150 Golden Way, Watkinsville, GA, 30677-7712
PH:(706) 612-9401, FAX:(706) 612-9420

Lab Facility: **Athens Regional Medical Center ("Piedmont")** **Provider:** **Broxton, Ivey NP AP**
Requisition: **613969910**
Specimen: **24A-297CH1454**
Collection Date: **10/23/24** Patient Lab Results Report Date: **10/23/24**
PROSTATE SPECIFIC ANTIGEN TOTAL SCREENING Reviewed: **10/25/24**

-Specimen Information-

Specimen ID: 1
Collection Start Date: 10/23/2024 3:59 P

Component	Flag	Result	Units	Range	Status
PROSTATE SPECIFIC AG [12362901]	H	32.22	ng/mL	0.00-4.00	F

This PSA assay manufactured by Beckman Coulter performed on the UniCel DxI 800 uses a paramagnetic particle, chemiluminescent immunoassay test method. Patient results determined by assays using different manufacturers or methods may not be comparable.
Responsible Observer: BACKGROUND LAB (LABBACKGROUND)

Patient: 431798 - Johnson, Nathan Ross
DOB: 09/12/1960
SSN:

Date: 05/14/2025 10:30
Provider: Ericson, Christian MD
Encounter: Est Patient

CHIEF COMPLAINT
The Chief Complaint is: Elevated PSA/Prostate Cancer.

HISTORY OF PRESENT ILLNESS
- Allergy list reviewed • Problem list reviewed • Medication list reviewed
- AUASI score was 16 • IIEF-5 score was five

Mr. Johnson is a 64-year-old male here for follow-up.

Returns today with PSMA PET scan. This is returned positive for widespread lymph node and skeletal metastasis. Skeletal metastases include the left pelvis right sacrum and T11 vertebral body

He was diagnosed with prostate cancer reportedly in the hospital had not had an MRI. He believes his PSA was 18 but is unsure. He reports his prostate cancer was diagnosed maybe about 2 years ago at Christus regional hospital in Cordele Georgia. He does not know the name of his urologist. He was diagnosed with biopsy-proven prostate cancer but we do not have the report of this. He was told to do radiation but chose not to do this. Declined DRE. He used to take Flomax but then stopped it as he did not want to put any chemicals in his body.

He reports growing his own cannabis medically and when he was doing this he had no issues. Patient states that he is currently on parole for growing cannabis. He states that he previously grew multiple strains of cannabis including gorilla glue #4.

Patient's PSA in October 2024 was 32.

On MRI Patient has a PI-RADS 5 nodule with a large confluent mass in the peripheral zone of the prostate from apex to base. There is a 2.1 cm right pelvic wall lymph node which is concerning for metastatic disease. There is no extracapsular extension or bony metastasis noted.

PAST MEDICAL/SURGICAL HISTORY
Reported:
Medical: Deep venous thrombosis.
Diagnoses:
Hyperlipidemia.
Diabetes mellitus.
Depression.
Prostate cancer

SOCIAL HISTORY
Behavioral: Current Tobacco User.

Patient: 431798 - Johnson, Nathan Ross
DOB: 09/12/1960
SSN:

Date: 05/14/2025 10:30
Provider: Ericson, Christian MD
Encounter: Est Patient

Caffeine use: No caffeine use.
Tobacco use: Current every day smoker and cigarette smoking smoking cigarettes per day 20.
Alcohol: Not using alcohol. Never drank alcohol.
Drug Use: Not using drugs.
Habits: A typical day includes no exercising.
Marital: Divorced.
no social history [use for free text].

FAMILY HISTORY

Maternal:
Heart disease
Fraternal:
Prostate cancer

ALLERGIES

- No Known Allergies

CURRENT MEDICATION

- buPROPion HCl ER (SR) 150 MG Oral Tablet Extended Release 12 Hour 1 once a day 0 days, 0 refills
- Eliquis 5 MG Oral Tablet 1 twice a day 0 days, 0 refills
- Folic Acid 1 MG Oral Tablet 1 once a day 0 days, 0 refills
- glipiZIDE 10 MG Oral Tablet 1 twice a day 0 days, 0 refills
- Jardiance 10 MG Oral Tablet 0 days, 0 refills
- Ozempic (0.25 or 0.5 MG/DOSE) 2 MG/1.5ML Subcutaneous Solution Pen-injector 0 days, 0 refills
- Vitamin B12 100 MCG Oral Tablet 1 once a day 0 days, 0 refills
- Vitamin D (Cholecalciferol) 25 MCG (1000 UT) Oral Capsule 1 once a day 0 days, 0 refills

REVIEW OF SYSTEMS

All systems not mentioned in the History of Present Illness have been reviewed and are negative, noncontributory, or not pertinent.

PHYSICAL EXAM

General Appearance:
° Well developed. ° Well nourished.

TESTS

Patient: 431798 - Johnson, Nathan Ross
DOB: 09/12/1960
SSN:

Date: 05/14/2025 10:30
Provider: Ericson, Christian MD
Encounter: Est Patient

URINALYSIS

GLUCOSE:500
BILI:N
KETONES: TRACE
SG:1.015
BLOOD:N
pH:6.0
PROTEIN:TRACE
NITRITE:N
LEUKOCYTE ESTERASE:N

ACTIVE PROBLEMS & CONDITIONS

- C61 - Prostate Cancer

ASSESSMENT

- C61 - Malignant neoplasm of prostate

PLAN

- **Malignant neoplasm of prostate**
  MIPS/Tobacco Cessation: Current Tobacco Non-User
  MIPS/Medications: Current Medications Documented and Reviewed
  POC/.UA: UA w/out micro
  FU Appt: 6 months
  Lab: PSA Serum (84153)

Discussed with the patient that his PSMA PET is positive for metastatic hormone sensitive prostate cancer. Based on his age and widespread metastasis I would recommend triplet therapy with docetaxel, abiraterone plus prednisone, ADT.

Patient declines any therapy. He states that he is going to self treat with cannabis once the government allows him to do so.

Patient states that he will not undergo radiation as he has not a "hot pocket". Patient states that he refuses hormone therapy and that he will self medicate with THC. I discussed with the patient that THC is not a proven agent to treat metastatic prostate cancer but he states that he has data and papers that say otherwise. I discussed with the patient that I am concerned that if this cancer goes untreated his metastatic disease may be uncontrollable and he may have significant morbidity or even death. The patient understands that and says "I will die from something ".

Patient: 431798 - Johnson, Nathan Ross
DOB: 09/12/1960
SSN:

Date: 05/14/2025 10:30
Provider: Ericson, Christian MD
Encounter: Est Patient

This patient has a significant illness with potential impact on the patient's life expectancy. Based on the patient's current condition and known literature, disease specific prognosis and life expectancy (if applicable) were discussed.

We discussed that medical therapy for this condition will require consistent follow-up and could potentially lead to serious potentially irreversible side effects.

We discussed that surgical therapy options are either not possible, or represent a significant risk for mobility and mortality.

The patient verbalized understanding of their diagnosis, status, and risks of treatment.

He will proceed with watchful waiting with self treatment with what sounds to be cannabinoids. Will have him follow-up in 6 months with a PSA.

HEALTH REMINDERS

- Document List of Current Medications satisfied 05/14/2025.
- Document Tobacco Status & Provide Cessation if Needed satisfied 05/14/2025.

Christian Ericson MD
Electronically signed by: Christian Ericson Date: 05/14/2025 10:29

Electronically approved by: Christian Ericson Date: 05/14/25 10:29

Patient: 431798 - Johnson, Nathan Ross
DOB: 09/12/1960
SSN:

Date: 03/12/2025 10:15
Provider: Ericson, Christian MD
Encounter: Est Patient

CHIEF COMPLAINT

The Chief Complaint is: Prostate cancer.
• elevated psa and prostate cancer

HISTORY OF PRESENT ILLNESS

- Allergy list reviewed • Problem list reviewed • Medication list reviewed
- AUASI score was 16 • IIEF-5 score was five

Mr. Johnson is a 64-year-old male here for follow-up. He was referred to the VA.

He was diagnosed with prostate cancer reportedly in the hospital had not had an MRI. He believes his PSA was 18 but is unsure. He reports his prostate cancer was diagnosed maybe about 2 years ago at Christus regional hospital in Cordele Georgia. He does not know the name of his urologist. He was diagnosed with biopsy-proven prostate cancer but we do not have the report of this. He was told to do radiation but chose not to do this. Declined DRE. He used to take Flomax but then stopped it as he did not want to put any chemicals in his body.

He reports growing his own cannabis medically and when he was doing this he had no issues.

Patient's PSA in October 2024 was 32.

Patient is here today to review his MRI of his prostate. Patient has a PI-RADS 5 nodule with a large confluent mass in the peripheral zone of the prostate from apex to base. There is a 2.1 cm right pelvic wall lymph node which is concerning for metastatic disease. There is no extracapsular extension or bony metastasis noted.

PAST MEDICAL/SURGICAL HISTORY

Reported:
Medical: Deep venous thrombosis.
Diagnoses:
Hyperlipidemia.
Diabetes mellitus.
Depression.
Prostate cancer

SOCIAL HISTORY

Behavioral: Current Tobacco User.
Caffeine use: No caffeine use.
Tobacco use: Current every day smoker and cigarette smoking smoking cigarettes per day 20.
Alcohol: Not using alcohol. Never drank alcohol.
Drug Use: Not using drugs.

Patient: 431798 - Johnson, Nathan Ross
DOB: 09/12/1960
SSN:

Date: 03/12/2025 10:15
Provider: Ericson, Christian MD
Encounter: Est Patient

Habits: A typical day includes no exercising.
Marital: Divorced.
no social history [use for free text].

FAMILY HISTORY

Maternal:
Heart disease
Fraternal:
Prostate cancer

ALLERGIES

- No Known Allergies

CURRENT MEDICATION

- buPROPion HCl ER (SR) 150 MG Oral Tablet Extended Release 12 Hour 1 once a day 0 days, 0 refills
- Eliquis 5 MG Oral Tablet 1 twice a day 0 days, 0 refills
- Folic Acid 1 MG Oral Tablet 1 once a day 0 days, 0 refills
- glipiZIDE 10 MG Oral Tablet 1 twice a day 0 days, 0 refills
- Pravastatin Sodium 40 MG Oral Tablet 1 twice a day 0 days, 0 refills
- Sertraline HCl 100 MG Oral Tablet 1 once a day 0 days, 0 refills
- Vitamin B12 100 MCG Oral Tablet 1 once a day 0 days, 0 refills
- Vitamin D (Cholecalciferol) 25 MCG (1000 UT) Oral Capsule 1 once a day 0 days, 0 refills

REVIEW OF SYSTEMS

All systems not mentioned in the History of Present Illness have been reviewed and are negative, noncontributory, or not pertinent.

PHYSICAL EXAM

General Appearance:
° Well developed. ° Well nourished.

ACTIVE PROBLEMS & CONDITIONS

- C61 - Prostate Cancer

ASSESSMENT

- C61 - Malignant neoplasm of prostate

Patient: 431798 - Johnson, Nathan Ross
DOB: 09/12/1960
SSN:

Date: 03/12/2025 10:15
Provider: Ericson, Christian MD
Encounter: Est Patient

PLAN

- **Malignant neoplasm of prostate**
  MIPS/Tobacco Cessation: Current Tobacco Non-User
  MIPS/Medications: Current Medications Documented and Reviewed
  FU Appt: 1 month
  Radiology/PET/CT: PET/CT PSMA (78815)
  Lab: PSA Serum (84153)

I discussed with the patient that based on his PSA and MRI findings as well as his history of biopsy-proven prostate cancer previously that I am concerned that he has metastatic prostate cancer.

I would recommend a PSMA PET scan for further evaluation of his metastatic disease. I discussed with him that his insurance company may not approve it as we do not have the pathology from his previous biopsy. Discussed that if this is not approved, I would recommend lymph node biopsy for confirmation of metastasis with then attempt to repeat the PSMA PET scan.

Discussed with him that if he is metastatic positive depending on the extensiveness of the disease he may require radiation versus hormone therapy. Patient states that he will not undergo radiation as he has not a "hot pocket". Patient states that he refuses hormone therapy and that he will self medicate with THC. I discussed with the patient that THC is not a proven agent to treat metastatic prostate cancer but he states that he has data and papers that say otherwise. I discussed with the patient that I am concerned that if this cancer goes untreated his metastatic disease may be uncontrollable and he may have significant morbidity or even death. The patient understands that and says "I will die from something ".

We will order the PSMA PET scan and see him back after completion. If this not able to be completed I would recommend lymph node biopsy. Repeat PSA prior to next appt

HEALTH REMINDERS

- Document List of Current Medications satisfied 03/12/2025.
- Document Tobacco Status & Provide Cessation if Needed satisfied 03/12/2025.

Christian Ericson MD
Electronically signed by: Christian Ericson Date: 03/12/2025 10:45

Electronically approved by: Christian Ericson Date: 03/12/25 10:45

Athens Area Urology, P.C.

1150 Golden Way
Watkinsville, GA 30677-7712
(706) 612-9401

Patient: 431798 - Nathan Ross Johnson (64 year)
Date of Birth: 09/12/1960

Date: 10/23/2024
Provider: Ivey Broxton NP APRN
Encounter: Est Patient
Location: Athens Area Urology
Referring Provider: Brook Goodgame

Chief Complaint
• elevated psa and prostate cancer

History of Present Illness
- Allergy list reviewed • Problem list reviewed • Medication list reviewed
- AUASI score was 16 • IIEF-5 score was five

Mr. Johnson is a 64-year-old male here for 1 month follow-up. He was referred to the VA.

He was diagnosed with prostate cancer reportedly in the hospital had not had an MRI. He believes his PSA was 18 but is unsure. He reports his prostate cancer was diagnosed maybe about 2 years ago at Christus regional hospital in Cordele Georgia. He does not know the name of his urologist. He was told to do radiation but chose not to do this. Declined DRE. He used to take Flomax but then stopped it as he did not want to put any chemicals in his body.

He reports growing his own cannabis medically and when he was doing this he had no issues. He failed to get a PSA prior to his appointment he may consider MRI but does not want to do anything else that does not involve cannabis.

Past Medical/Surgical History
Reported:
Medical: Deep venous thrombosis.
Diagnoses:
Hyperlipidemia.
Diabetes mellitus.
Depression.
Prostate cancer

Social History
Behavioral: Current Tobacco User.
Caffeine use: No caffeine use.
Tobacco use: Current every day smoker and cigarette smoking smoking cigarettes per day 20.
Alcohol: Not using alcohol. Never drank alcohol.
Drug Use: Not using drugs.
Habits: A typical day includes no exercising.

Marital: Divorced.
no social history [use for free text].

Family History
Maternal:
Heart disease
Fraternal:
Prostate cancer

Allergies
- **No Known Allergies**

Current Medication
- **buPROPion HCl ER (SR) 150 MG Oral Tablet Extended Release 12 Hour 1 once a day 0 days, 0 refills**
- **Eliquis 5 MG Oral Tablet 1 twice a day 0 days, 0 refills**
- **Folic Acid 1 MG Oral Tablet 1 once a day 0 days, 0 refills**
- **glipiZIDE 10 MG Oral Tablet 1 twice a day 0 days, 0 refills**
- **Pravastatin Sodium 40 MG Oral Tablet 1 twice a day 0 days, 0 refills**
- **Sertraline HCl 100 MG Oral Tablet 1 once a day 0 days, 0 refills**
- **Vitamin B12 100 MCG Oral Tablet 1 once a day 0 days, 0 refills**
- **Vitamin D (Cholecalciferol) 25 MCG (1000 UT) Oral Capsule 1 once a day 0 days, 0 refills**

Tests
GLU: Negative
BIL: Negative
KET: Negative
SG:
BLood: Negative
pH:
PRO: Negative
URO:
NIT: Negative
LEUK: Negative

Active Problems & Conditions
- **C61 - Prostate Cancer**

Assessment
- C61 - Malignant neoplasm of prostate

Plan
- **Malignant neoplasm of prostate**
  MIPS/Tobacco Cessation: Current Tobacco Non-User
  MIPS/Medications: Current Medications Documented and Reviewed
  FU Appt: 2 month
  Instructions: belknap
  Lab: PSA Serum (84153)
  Radiology/MRI: MRI Prostate w w/o contrast (72197, 76377)

- **Other**

General Task

Can we please try to contact Crisp regional hospital to get his records at least some type of pathology or prostate biopsy results

- Intervention and counseling on cessation of tobacco use

Patient did not get his lab work he states he is unsure why he is here today. He has some records at home from when he was discharged from prison but he does not have those with him he does not think it shows his biopsy results.

Patient is in agreement to do an MRI. He denies any contraindications.

Ivey Broxton NP APRN
Electronically signed by: Ivey Broxton Date: 10/23/2024 15:48

Electronically approved by: Samuel Belknap Date: 10/25/24 15:56

Athens Area Urology, P.C.

1150 Golden Way
Watkinsville, GA 30677-7712
(706) 612-9401

Oct 23, 2024 3:49 pm

Order Requisition Report

Name: Nathan Ross Johnson (431798)
Address: 137 Lanier Dr
Hartwell, GA 30643-7025

DOB: 09/12/1960 (64)
Sex: Male
Home # (706) 371-0812
Cell # (706) 371-0812

Primary Insurance: VA CCN Optum
ID: 1017643032V826321
Subscriber: Nathan Ross Johnson
Group #

Secondary Insurance:
ID: 1017643032V826321
Subscriber:
Group #

ORDER: MRI - MRI Prostate w w/o contrast (72197, 76377)

Instructions:

Reason for Order: C61 Malignant neoplasm of prostate
Additional Diagnoses: • C61 - Malignant neoplasm of prostate

Electronically ordered and signed by: Ivey Broxton NP APRN NPI: 1073700886
Electronically ordered and signed by: Samuel W. Belknap MD NPI: 1073957783

Please fax results to (706) 612-9420.

Piedmont scheduling

(706) 475-1000

Athens Area Urology, P.C.

1150 Golden Way
Watkinsville, GA 30677-7712
(706) 612-9401

Patient: **431798 - Nathan Ross Johnson (64 year)**
Date of Birth: **09/12/1960**

Date: 09/23/2024
Provider: Samuel W. Belknap MD
Encounter: New Patient
Location: Athens Area Urology
Referring Provider: Brook Goodgame

Chief Complaint
• elevated PSA

History of Present Illness
Nathan Johnson is a 64 year old male.
• Allergy list reviewed • Problem list reviewed • Medication list reviewed
• AUASI score was 22 • IIEF-5 score was five
• Previous history of easy bleeding

Mr. Johnson is a 64-year-old male who is here as a new patient. He is referred to us from the VA. He has a history of prostate cancer that was reportedly diagnosed in the hospital. He has not had an MRI. His AUA score is 22 quality-of-life mostly dissatisfied. However he tells me that he has no issues urinating and is not bothered by his urination. He states his PSA was 18 he thinks on the last check but does not know when that was. He states his prostate cancer was diagnosed about 2 years ago he thinks at crisp regional Hospital in Cordell Georgia. He does not know the name of his urologist. He was told to do radiation it sounds like but he did not want to do this because they would not give him "marinol". He has never had any GU surgery and has never seen another urologist and never had another biopsy. He declines DRE today. He has not had an MRI of the prostate. He used to take Flomax but then did not take it because he did not want to put a chemical in his body.He tells me today that he had no problems when he grew his own cannabis and had no issues when he grew his own canabis medically. He states he was arrested for cannabis and they sent him to present. He states he will not do any treatment that does not involve cannabis or taking marinol. He does not want to do any surgery, chemotherapy, or radiation.

Current Medication
• **buPROPion HCl ER (SR) 150 MG Oral Tablet Extended Release 12 Hour 1 once a day 0 days, 0 refills**
• **Eliquis 5 MG Oral Tablet 1 twice a day 0 days, 0 refills**
• **Folic Acid 1 MG Oral Tablet 1 once a day 0 days, 0 refills**
• **glipiZIDE 10 MG Oral Tablet 1 twice a day 0 days, 0 refills**
• **Pravastatin Sodium 40 MG Oral Tablet 1 twice a day 0 days, 0 refills**
• **Sertraline HCl 100 MG Oral Tablet 1 once a day 0 days, 0 refills**
• **Vitamin B12 100 MCG Oral Tablet 1 once a day 0 days, 0 refills**
• **Vitamin D (Cholecalciferol) 25 MCG (1000 UT) Oral Capsule 1 once a day 0 days, 0 refills**

Past Medical/Surgical History
Reported:
Medical: Deep venous thrombosis.
Diagnoses:
Hyperlipidemia.
Diabetes mellitus.
Depression.
Prostate cancer

Social History
Behavioral: Current Tobacco User.
Caffeine use: No caffeine use.
Tobacco use: Current every day smoker and cigarette smoking smoking cigarettes per day 20.
Alcohol: Not using alcohol. Never drank alcohol.
Drug Use: Not using drugs.
Habits: A typical day includes no exercising.
Marital: Divorced.
no social history [use for free text].

Allergies
- **No Known Allergies**

Family History
Maternal:
Heart disease
Fraternal:
Prostate cancer

Tests
GLU: 250
BIL: Negative
KET: Negative
SG:1.030
BLood: Negative
pH: 5.5
PRO: 100
URO:0.2
NIT: Negative
LEUK: Negative

Active Problems & Conditions
- **C61 - Prostate Cancer**

Assessment
- R97.20 - Elevated prostate specific antigen [PSA]
- C61 - Malignant neoplasm of prostate

Plan
- **Elevated prostate specific antigen [PSA]**
  MIPS/Tobacco Cessation: Current Tobacco Non-User
  MIPS/Medications: Current Medications Documented and Reviewed

POC/.UA: UA w/out micro

- **Malignant neoplasm of prostate**
  FU Appt: 1 month
  Lab: PSA Serum (84153)

- Intervention and counseling on cessation of tobacco use

We discussed that I would like to get updated information for his prostate cancer. We will try to get records from Chris regional hospital. We will get a new PSA which she is okay with. He states he may be okay getting an MRI but does not want to do anything else that does not involve cannabis. I discussed with him that I do not write any cannabis or cannabis alternatives as a urologist.We will get updated PSA and try to get records and then see him back in a month and we will consider MRI at that time. We discussed he may need a new biopsy and additional imaging to try to figure out what to do with his prostate cancer but for now he is only comfortable with the above (PSA and records).

Samuel W. Belknap MD
Electronically signed by: Samuel Belknap Date: 09/23/2024 15:42

Electronically approved by: Samuel Belknap Date: 09/23/24 15:42