

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Avery B. Wilkerson, Gene McCaskill, Derrick L. Williams, Commissioners

WCC File No. 1014489

Diane Fleher, Claimant, Appellant,

v.

Dolphin Cove Marina, Employer, and Carolina Casualty Ins. Co., Respondents.

SUPPLEMENTAL RECORD ON APPEAL

Paul D. G. Ribeiro
Wigger Law Firm, Inc.
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N. Charleston, SC 29406
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pribeiro@wiggerlawfirm.com

Attorney for Appellant

Lynnley Ross
421 Wando Park Blvd. Ste. 100
Mount Pleasant SC 29464

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OCT 16 2013

SC Court of Appeals

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WORKERS' COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP) Coastal Marine Enterprises Inc 2079 AUSTIN AVE CHARLESTON, SC 29405		CARRIER/ADMINISTRATOR CLAIM NUMBER	OSHA LOG NUMBER	REPORT PURPOSE CODE
		JURISDICTION SC	JURISDICTION CLAIM NUMBER	
		INSURED REPORT NUMBER		
		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)		LOCATION #
INDUSTRY CODE 4493	EMPLOYER FEIN 570816074			PHONE # 843-744-2562
CARRIER/CLAIMS ADMINISTRATOR				
CARRIER (NAME, ADDRESS, & PHONE #) CAROLINA CASUALTY INSURANCE CO 2445 Kuser Road Suite 201 HAMILTON, NJ 08690 609-584-4563		POLICY PERIOD TO 12/14/09 TO 12/13/10 CHECK IF APPROPRIATE ☐ SELF INSURANCE	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO) KEY RISK P.O. Box 49129 GREENSBORO, NC 27419 800 942 0225	
CARRIER FEIN		POLICY/SELF-INSURED NUMBER ENTWC0108002		ADMINISTRATOR FEIN
AGENT NAME & CODE NUMBER				
EMPLOYEE/WAGE				
NAME (LAST, FIRST, MIDDLE) FLEHER, DIANE		DATE OF BIRTH 05/01/59	SOCIAL SECURITY NUMBER 251-23-3523	DATE HIRED 05/15/06
ADDRESS (INCL ZIP) 7720 EAGLE LAKE RD. NORTH CHARLESTON, SC 29418		SEX ☐ Male ☒ Female ☐ Unknown	MARITAL STATUS ☐ Unmarried/Single/Divorced ☒ Married ☐ Separated ☐ Unknown	OCCUPATION/JOB TITLE MANAGER
PHONE 855-805-4550		# OF DEPENDENTS 0	EMPLOYMENT STATUS Full-time	
RATE PER: 20.0 ☐ DAY ☐ MONTH ☐ WEEK ☒ OTHER/Otherly		DAYS WORKED/WEEK	FULL PAY FOR DAY OF INJURY? ☐ YES ☐ NO DID SALARY CONTINUE? ☐ YES ☐ NO	
OCCURRENCE/TREATMENT				
TIME EMPLOYEE BEGAN WORK ☐ AM ☐ PM	DATE OF INJURY/ILLNESS 10/12/10	TIME OF OCCURRENCE (☐) CANNOT BE DETERMINED 1:20 ☐ AM ☒ PM	LAST WORK DATE 10/12/10	DATE EMPLOYER NOTIFIED DATE DISABILITY BEGAN 10/12/10
CONTACT NAME/PHONE NUMBER DAVID PAC/843-744-2562	TYPE OF INJURY/ILLNESS Contusion		PART OF BODY AFFECTED b7 Shoulder	
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? ☒ YES ☐ NO	TYPE OF INJURY/ILLNESS CODE 10		PART OF BODY AFFECTED CODE 38	
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED 2079 AUSTIN AVE, CHARLESTON, SC 29405		ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED as reported as alleges the owner of the		WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
HOW INJURY OR ILLNESS/AN ORAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL L/R shoulder contusions, mental stress				
DATE RETURNED TO WORK		CAUSE OF INJURY CODE 74		
IF FATAL, GIVE DATE OF DEATH		WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? ☐ YES ☐ NO		
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS) Roper St. Francis Healthcare 615 Wesley Drive #300 CHARLESTON, SC 29407		WERE THEY USED? ☐ YES ☐ NO		
		HOSPITAL OR OFF SITE TREATMENT (NAME & ADDRESS)		
		INITIAL TREATMENT 0 ☐ NO MEDICAL TREATMENT 1 ☐ MINOR BY EMPLOYER 2 ☒ MINOR CLINIC/HOSP 3 ☐ EMERGENCY CARE 4 ☐ HOSPITALIZED > 24 HOURS 5 ☐ FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED		
OTHER				
WITNESSES (NAME & PHONE #) NICEARL SAGE				
DATE ADMINISTRATOR NOTIFIED	DATE PREPARED 10/13/10	PREPARER'S NAME & TITLE ES: DIANE FLEHER	PHONE NUMBER 855-805-4550	

WCC FORM 12-A
REV. DATE 04/03

SEE INSTRUCTIONS FOR IMPORTANT INFORMATION

REPRINTED WITH PERMISSION OF IAABC

Intake Information

Case Summary:

Account: CAROLINA CASUALTY INSURANCE CO	Claim No.:	DOI: 10/12/2010
Employer: Coastal Marine Enterprises Inc	County: CHARLESTON	Date Rpt: 10/12/2010
Core DBA:	Contract Service: WC Managed Care	Case#: BNUW-11165163
Patient: FLEHER, DIANE	Jurisdiction: SC	Closed: 10/13/2010
SS#: 251-23-3523		Reopen:
Entered: 10/13/2010	Case Manager:	Case Status: FRI
Updated: 10/13/2010		Deactivate Claim:

Patient Information:

Last Name: FLEHER	First Name: DIANE	Middle Init:
Address1: 7720 EAGLE LAKE RD.	Address2:	
City: NORTH CHARLESTON	State/Zip: SC 29418	County: CHARLESTON
Home Phone: (865)805-4550	Work Phone: (843)744-2562 x	Cell Phone:
SS#: 251-23-3523	Birth Date: 05/01/1959	Age: 51
Marital Status: Married	Gender: Female	Dependents: 0
Date Of Loss: 10/12/10	Time of Injury: 1:20 pm	
Initiated By: EE: DIANE FLEHER	Initiated Phone: (865)805-4550	Initiated Date: 10/13/10
Account Adjust: Debra Lee	Phone: (800)942-0225	Fax: (336)605-1429

Witness Information Any Witness? yes

Last Name: SAGE	First Name: MICHAEL
Address:	
City:	State:
Home Phone:	Work Phone:

Contact Information:

Last Name:	Contact Type:	Middle Init:
Address1:	First Name:	
City:	Address2:	
Home Phone:	State: Zip:	Ext:
	Work Phone:	

Employer Information:

Employer: Coastal Marine Enterprises Inc	Policy Effective: 12/14/2009	Policy Expiration: 12/13/2010
Core DBA: Dolphin Cove Marina	Number of Employees: 1	EER REG No.: 570816074
Policy: NumBNUWC0108002		SIC #: 4493
Nature of Business: Unknown		
Employer Contact: DAVID RACE		
Employer DBA Loc:		
Employer		
Correspond. Addr: 2079 AUSTIN AVE	County: CHARLESTON	
City, State, Zip: CHARLESTON, SC 29405	Ext:	Fax:
Work Phone: (843)744-2562		

Employment Information:

Department:	Date Of Hire: 05/15/2006	Report To: OFFICE
Occupation: MANAGER	Employment Status: Full-Time	# Hours Worked 40
Salary: \$20.00	Salary Type: Hourly	Shift From: 8:30 am
Injury Reported Date: 10/12/2010	Date Intro Letter Sent:	To: 5:30 pm
Full Pay for Date of Injury: Unknown	Did Salary Continue: Unknown	
State of Hire: SC		

WC Injury Details:

Accident Location: On Premises
2079 AUSTIN AVE
CHARLESTON, SC 29405

Employee Action: ss reported ee alleges the owner of the company began laughing out and cursing at her then proceeded to push her down the hallway

Accident Object:

Work Process:

Printed: 10/13/2010

Page 1 of 2

Intake Information

Date of Death: _____
 Date Last Worked: 10/12/2010 Date Last Paid: _____ Returned to Work: _____
 Were Safe Guards Provided?: U Were They Used?: U Is Restricted Duty Available?: U
 Was there any Prior Work Injury?: U
 Type/Nature of Injury: Contusion(10) Cause of Injury: Struck or Injured By-Fellow Worker

Body Parts: Shoulder(s)(38):
 Description of Injury: L/R shoulder contusions, mental stress
 Rehab Nurse: _____ Rehab Date: _____
 Initial Treatment: Minor By Clinic/Hospital
 10/12/2010 12:00:00A

Appointment Information:
 Appt Date: 10/12/2010 Appt Time: _____ Appt Referred By: Yolanda Meler
 Provider: Roper St. Francis Healthcare Specialty: Family Practice Referrer Type: FMCO Employ
 Address: 615 Wesley Drive 4300 Phone: (843) 266-4400 Appt MMI Date: _____
 CHARLESTON, SC 29407 Visit Status: Pending Follow-Up Date: _____
 Visit Type: Initial Appointment

Provider's Findings:
 Diagnosis: _____ MRI 0
 Clinical Findings: _____ CT 0
 Treatment Plan: _____ X-Ray 0
 Diagnostic: _____ EMG 0
 Qualified to Return to Work: _____ Qualified Duty: _____ Surgery 0

Specialties/MMI:	Specialty	Last Appt Date	MMI Date
	Family Practice		

ICD-9 Codes:
 923.00 Contusion of shoulder region
 308.9 Unspecified acute reaction to stress

Case Closure/Reopen History

Closure Date	Closure Reason	Reopen Date
10/13/2010	<None>	

Notes

FMCO Auth. Number: BNUW-11165163

Note ID: 2540008

Contact Date: 10/13/2010

Date Entered: 10/13/2010

Case Manager Name:

Entered By: Yolanda Melendez

Patient Name: DIANE FLEHER

Total Time Amount: 0.60

injury called in by ee who is the office manager who regularly calls in injuries for the company diane fleher 865-805-4530. as reported ee alleges on 10/12/10 the owner of the company began lashing out and cursing at her then proceeded to physically push her down the hallway. ee states that the owner of the company is also her brother and he has recently began lashing out at work over the last few weeks. ee went to Roper St. Francis Healthcare at 615 Wesley Drive #300 Charleston, SC 29407 (843) 266-4400 for tx. ee will need additional tx and is currently oow.

advised ee of claim representative and pharmacy information.

0.25 - Received call and completed intake: 0.25 - Notes: 0.1 - Faxed injury report:

Dr King (ackey)
Oberio
Tues, Thurs.

(843) 261-2606

Wigger Law Firm, Inc.

ATTORNEYS AT LAW

8086 Rivers Avenue, Suite A
North Charleston, SC 29406

JARREL L. WIGGER*

STEVEN L. BELL, JR.

BRAD ALLEN OLIVER**

*Board Certified Civil Trial Specialist
By National Board of Trial Advocacy

**Licensed in Kansas
SC Workers' Compensation Comm.
ATTN: CLAIMS DEPARTMENT
Post Office Box 1715
Columbia, SC 29202-1715

July 18, 2011

(843) 553-9800
(843) 553-1648 Fax

Summerville Office:
1055-A N. Main St.
Summerville, SC 29483
(843) 851-9900
(843) 851-9044 Fax

RE: Claimant: Diane Fleher
EMPLOYER: Dolphin Cove Marina
CARRIER: Carolina Casualty Insurance Co.
DOL: 10/12/2010
WC file: 1014489

Dear Sir/Madam:

Please find enclosed a Form 50 Requesting a Hearing to be filed on the Claimant's behalf regarding the above matter. Our office has served the insurance company or adverse attorney as evidenced by the attached Certificate of Service.

At this time, we are requesting a copy of the Commission's file to include the following documents:

Enclosed is a check in the amount of \$25, which represents the fee for processing this request. Thank you for your assistance and please call if you have any questions.

Respectfully,



Steven L. Bell, Jr.

SLB/gmp
Enclosures

(50, Cert. of Service & Check)

cc: Dolphin Cove Marina

Carolina Casualty Insurance Company

STATE OF SOUTH CAROLINA)
COUNTY OF CHARLESTON)

CERTIFICATE OF SERVICE

The Undersigned paralegal to the Attorney for the Claimant, 8086 Rivers Avenue, Suite A, North Charleston, South Carolina 29406, does hereby certify that she has served the following named individuals and/or companies with a copy of the pleading indicated below by mailing a copy of same to them in the United States mail, with sufficient postage affixed thereto and return address clearly marked, on the date indicated below:

PARTIES SERVED: Dolphin Cove Marina
2079 Austin Ave.
Charleston, SC 29405

Carolina Casualty Insurance Company
PO BOX 2575
Jacksonville, FL 32203

PLEADING: Diane Fleher v. Dolphin Cove Marina
FORM 50 REQUEST FOR HEARING

Kenneth M. Pedersen

GINA M. PEDERSON, PARALEGAL
WIGGER LAW FIRM, INC.
 8086 Rivers Avenue, Suite A
 North Charleston, SC 29406
 843-553-9800

THIS 18 DAY OF July, 2011
CHARLESTON, SOUTH CAROLINA

South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723



File #: 1014489
Carrier File #: 10100845
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Diane Fleher SSN: 251-23-3523 Employer's Name: Dolphin Cove Marina
Address: 7720 Eagle Lake Rd. Address: 2079 Austin Ave.
City: N. Charleston State: SC Zip: 29418 City: Charleston State: SC Zip: 29405
Home Phone: (843)805-4550 Work Phone: () Insurance Carrier: Specialty Risk Services, Inc.- d/b/a Key Risk
Preparer's Name: Russell M. Bynum, Esq. Law Firm: Wigger Law Firm Preparer's Phone #: (843) 553 - 9800

Complete each information blank. To request a hearing, check Box 13b., indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

A claim for workers' compensation benefits is made based on the following grounds:

- 1a. The claimant sustained an accidental injury to brain and nervous system (Part of Body Hurt) on 10/12/2010 in Charleston County, State of South
1b. Carolina.
Briefly describe how the accident occurred. **Claimant was injured when she was physically assaulted by her employer.**
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on 10/12/2010 (Month Day Year) in the following manner:

Verbal

- ☒ 6. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: _____
☒ (b) additional medical examination and treatment for: upper left extremity, upper right extremity, brain and nervous system
- ☐ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: _____
- ☐ 8. Due to the injury, the claimant has permanent disability of the following nature and extent (check one):
☐ (1) General Disability: ☐ Total ☐ (2) Specific Disability: ☐ Total
☐ Partial ☐ Partial
Body part(s) affected are: _____
- ☐ 9. Due to the injury, the claimant has a serious bodily disfigurement consisting of _____
- 10a. At the time of the injury, the claimant was paid weekly wages of to be determined, and demands accounting of days worked and wages earned as provided by law.
10b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident: _____
- 11a. Further grounds of claim: _____
- 11b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident:
MUSC IOP, 67 President St., Charleston, SC, 29425, Roper St. Francis, 615 Wesley Dr., Ste. 300, Charleston, SC, 29407
- 11c. To the best of your knowledge, did you have any prior permanent disability? NO
If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- ☐ 13a. I am filing a claim. I am not requesting a hearing at this time.
☒ 13b. I am requesting a hearing. A \$25 fee is required.

Sta Bell
Signature of Claimant/Representative

07/18/2011
Date (m/d/yyyy)

Refer to R.67-205 and R.67-206 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department.

WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

GREENVILLE

CHARLESTON

COLUMBIA

CHARLOTTE

RALEIGH

Lynnley D. Ross
Direct (843) 284-1090
Fax (843) 284-1081
ldross@wjlaw.net

421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
www.wjcbllaw.net

August 15, 2011

Ms. Virginia L. Crocker
Judicial Director
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Re: Diane Fleher vs. Dolphin Cove Marina
WCC File No.: 1014489 DOI: 10/12/2010
Carrier: Carolina Casualty Insurance Co. - Claim No.: 10100845
WJC&B File No.: 0310.00973

Dear Ms. Crocker:

Enclosed please find defendants' **Form 51 and Form 20** in the above-referenced matter. Please note our representation for the record and provide us with copies of all future correspondence pertaining to this claim. By copy of this correspondence, copies of our Form 51 and Form 20 are being provided directly to Steven L. Bell, Jr., claimant's counsel.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.



Lynnley D. Ross

LDR/ldr

Enclosures

cc (w/enclosures): Steven L. Bell, Jr., Esquire
Ms. Debbie Dozier (via e-mail)

South Carolina Workers' Compensation Commission

P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

W File # 1014489

Carrier File # 10100845

Carrier Code #

Employer FEIN

Diane Fleher 251-23-3523
Claimant's Name SSN
7720 Eagle Lake Rd., N. Charleston, SC 29418
Address City State Zip
(843) 805-4550
Home Phone Work Phone

Dolphin Cove Marina
Employer's Name
2079 Austin Avenue, Charleston, SC 29405
Address City State Zip
Carolina Casualty Insurance Co.
Insurance Carrier

Lynnley D. Ross

(843) 284-1090

Preparer's Name

Phone #

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part.

The employer-insurance carrier in answer to the claim, respectfully shows:

1. It is (admitted) (denied) that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: Defendants deny the claimant sustained an injury by accident arising out of and in the course of employment, pending investigation.
2. It is (admitted) (denied) that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: But see No. 1
3. It is (admitted) (denied) that the relationship of employer and employee existed at the time in question. The reasons for denial are: But see No. 1
4. It is (admitted) (denied) that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: See No. 1
5. It is (admitted) (denied) that notice of injury was given the employer. The reasons for denial are: See No. 1
6. It is (admitted) (denied) that the employee needs or is entitled to additional medical care as a result of injury. The reasons for denial are: See No. 1
7. It is (admitted) (denied) that the employee is entitled to temporary total disability for the period(s) of: _____
8. It is (admitted) (denied) that the employee is permanently disabled. The reasons for denial are: See No. 1. Also, No evidence of such.
9. It is (admitted) (denied) that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of \$ 555.69 applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: Defendants reserve the right to amend and to assert defenses as they become aware of them.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to Steven L. Bell, Jr., Esquire,
Name

8086 Rivers Avenue, Suite A, North Charleston, SC 29406 and Virginia Crocker, Judicial Director, SC WCC, P.O. Box 1715,
Columbia, SC 29202

Address

on the 15th day of August, 2011 by ☒ first class mail; ☐ personal service; ☐ certified mail.

I verify the contents of this form are accurate and true to the best of my knowledge.

Lynnley D. Ross
Preparer's Signature, Attorney for Defendants
Lynnley D. Ross

Lauren B. Smith
Lauren B. Smith, Certifier

August 15, 2011
Date

Willson Jones Carter & Baxley, P.A.
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464

Refer to R.67-205 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

South Carolina Workers' Compensation Commission
1333, Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

NOV 23 2010

11

WCC File #: 1014489

Carrier File #: 10100845

Carrier Code #:

Employer FEIN #:

Claimant's Name: Diane Fleher SSN: 251-23-3523

Employer's Name: Coastal Marine Ent

Address: 7720 Eagle Lake Road

Address: 2079 Austin Avenue

City: No. Chas State: SC Zip: 29418

City: Chas State: SC Zip: 29405

Home Phone: () - Work Phone: ()

Insurance Carrier:

Preparer's Name:

Preparer's Phone #: () -

Date of Injury: 10/2/2010
month day year

A. Total Wages Paid

1. Check Applicable Method:

- ☐ Report of earnings of injured employee based on four completed quarters.
☐ Report of earnings of injured employee who did not complete four quarters based on actual time worked.
☐ Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date: _____
☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just (attach documentation to show how average weekly wage and compensation rate were calculated).

2. List total wages paid as reported to the Employment Security Commission on the Employer Quarterly Contribution and Age Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid	
1st	3/30/10	\$ 1,070.70*	*on vacation Jan - Mar 2010
2nd	6/30/10	\$ 8,782.20	
3rd	9/30/10	\$ 7,890.70	
4th	12/31/2009	\$ 11,152.40	Total Paid 2. \$ 28,896.00

3. List total value of other allowances of any character made in lieu of wages during four quarters above.

4. Add lines 2 and 3.

TOTAL WAGES PAID:

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred.

3. \$

4. \$ 28,896.00

5. 52

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).

AVERAGE WEEKLY WAGE: 6. \$ 555.69

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate.

7. \$ 370.48

8. The compensation rate is as follows (choose one):

- ☐ When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
☐ When the estimated compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.
☐ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8.
☐ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

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NOV 04 2010

FRONT DESK

WEEKLY COMPENSATION RATE: \$ 370.48

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED, THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803) 737-5723.

WCC Form # 20

Rev. Date 3/97

20

STATEMENT OF EARNINGS
OF INJURED EMPLOYEE

Gina Pederson

From: Lindler, Kellie [klindler@wcc.sc.gov]
Sent: Wednesday, September 07, 2011 11:22 AM
To: Gina Pederson
Cc: ldross@wjcblaw.net; Hayden C. Jeffords
Subject: RE: WCC # 1014489 Fleher v. dolphin cove

Thank you for emailing. I have removed the case from the docket.

From: Gina Pederson [mailto:gpедerson@wiggerlawfirm.com]
Sent: Wednesday, September 07, 2011 11:00 AM
To: Lindler, Kellie
Cc: ldross@wjcblaw.net; Hayden C. Jeffords
Subject: WCC # 1014489 Fleher v. dolphin cove

Good Morning, in regards to the hearing scheduled for September 27, 2011 at 9:15am, we request that the Form 50 be withdrawn from Commissioner Huffstetler's docket and returned to the general files at this time. Thank you. Gina

Gina Pederson
Paralegal
Wigger Law Firm Inc.
843-553-9800
843-553-1648 Fax
8086 Rivers Ave. Ste. A
North Charleston, SC 29406
gpедerson@wiggerlawfirm.com

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A

WILLSON JONES CARTER & BAXLEY, P.A.

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RALEIGH

Lynnley D. Ross
Direct (843) 284-1090
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421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
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December 2, 2011

Ms. Virginia L. Crocker
Judicial Director
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Re: Diane Fleher vs. Dolphin Cove Marina
WCC File No.: 1014489 DOI: 10/12/2010
Carrier: Carolina Casualty Insurance Co. - Claim No.: 10100845
WJC&B File No.: 0310.00973

Dear Ms. Crocker:

Enclosed please find a Petition for Hearing in the above-referenced matter, along with a check in the amount of \$25.00 in payment of the Commission's filing fee. By copy of this correspondence, a copy of the Petition is being served upon Paul Ribeiro, Esquire, claimant's counsel.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.


Lynnley D. Ross

LDR/ldr

Enclosures

cc (w/enclosure): Paul Ribeiro, Esquire
Ms. Debbie Dozier (via e-mail)

WILLSON JONES CARTER & BAXLEY, P.A.
Payee: South Carolina Workers' Compensation Commission

Check: 00054808

December 02, 2011

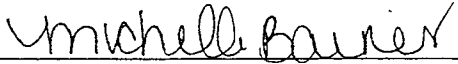
12/02/2011 Filing Fee- Pettition for Hearing, WCC: 1014489 Diane Fleher vs. Dolphin Cove Marina

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Check Total: \$25.00

WILLSON JONES CARTER & BAXLEY, P.A. 872 S. PLEASANTBURG DRIVE GREENVILLE, SC 29607 PH. (864) 527-3279		 67-801-532	00054808 54808
TWENTY-FIVE AND XX / 100		DATE	AMOUNT
		Dec 02, 2011	\$25.00
PAY TO THE ORDER OF	South Carolina Workers' Compensation Commission P O Box 1715 Columbia SC 29202-1715		 AUTHORIZED SIGNATURE

⑈054808⑈ ⑆05320801⑆ 0006536⑈

WILLSON JONES CARTER & BAXLEY, P.A.

Payee: South Carolina Workers' Compensation Commission

Check: 00054808

December 02, 2011

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12/02/2011 Filing Fee- Pettition for Hearing, WCC: 1014489 Diane Fleher vs. Dolphin Cove Marina

\$25.00

Check Total: \$25.00

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1014489

Diane Fleher,	)
Employee,	)
Claimant,	)
	)
vs.	)
	)
Dolphin Cove Marina,	)
	)
Employer,	)
and	)
	)
Carolina Casualty Insurance Co.,	)
	)
Carrier,	)
Defendants.	)

PETITION FOR HEARING

TO: South Carolina Workers' Compensation Commission;
Paul Ribeiro, Esquire, Attorney for Claimant:

YOU WILL PLEASE TAKE NOTICE that the Defendants, Dolphin Cove Marina and Carolina Casualty Insurance Co., hereby petition the Commission and request a hearing be set to determine the merits of the claim. Grounds for this motion are as follows:

I.

Via a Form 50 filed on July 18, 2011 the Claimant alleged a compensable injury to her "brain and nervous system" occurring on October 12, 2010. See Commission's file.

II.

Via a Form 51 filed on August 15, 2011 the Employer/Carrier denied that the Claimant suffered a compensable injury and preserved all appropriate affirmative defenses. See Commission's file.

III.

A hearing was set for September 27, 2011 to determine issues as set forth on the Forms 50 and 51. See Commission's file.

IV.

On September 7, 2011, the Claimant withdrew her request for hearing via an email to the WCC. See Commission's file.

V.

As of today's date, December 2, 2011, the Claimant has not re-filed her Form 50 or requested a hearing via any other means.

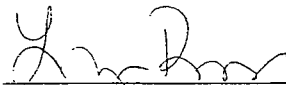
VI.

The Employer/Carrier desires and is entitled to a timely adjudication of the Claimant's entitlement to benefits.

FOR THE FOREGOING REASONS, Defendants Dolphin Cove Marina and Carolina Casualty Insurance Co. hereby petition the Workers' Compensation Commission for a hearing on the merits.

Respectfully submitted,

WILLSON JONES CARTER & BAXLEY, P.A.



Lynnley B. Ross, Esquire
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
Attorneys for Defendants

Date: December 2, 2011

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1014489

Diane Fleher,)
Employee,)
Claimant,)
vs.)
Dolphin Cove Marina,)
Employer,)
and)
Carolina Casualty Insurance Co.,)
Carrier,)
Defendants.)

CERTIFICATE OF SERVICE

I, Lauren B. Smith, do hereby certify that I am the Legal Assistant for Lynnley D. Ross, Esquire, attorney for the defendants with **WILLSON JONES CARTER & BAXLEY, P.A.** in Mount Pleasant, South Carolina, and that on the 2nd day of December, 2011, I mailed the foregoing PETITION FOR HEARING to the following by placing a copy thereof in the United States mail, first class, proper postage affixed thereto:

Paul Ribeiro, Esquire
Wigger Law Firm
8086 Rivers Avenue, Suite A
North Charleston, SC 29406



Lauren B. Smith
Legal Assistant to Lynnley D. Ross, Esquire
WILLSON JONES CARTER & BAXLEY, P.A.
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464

WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

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COLUMBIA

CHARLOTTE

RALEIGH

Lynnley D. Ross
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ldross@wjlaw.net

421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
www.wjcbaw.net

January 16, 2012

The Honorable T. Scott Beck
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Re: Diane Fleher vs. Dolphin Cove Marina
WCC File No.: 1014489 DOI: 10/12/2010
Carrier: Carolina Casualty Insurance Co. - Claim No.: 10100845
WJC&B File No.: 0310.00973

Dear Commissioner Beck:

Enclosed herein please find the defendants' Form 58, Pre-Hearing Brief outlining the position of the Employer/Carrier on the case set before you on January 31, 2012. As the scope of the hearing is limited to the Employer/Carrier's right a hearing, I do not expect to submit any medical records or exhibits.

By copy of this letter, I am providing a copy of this Form to Paul Ribeiro, claimant's counsel.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.



Lynnley D. Ross

LDR/ldr

Enclosures

cc (w/enclosures): Paul Ribeiro, Esquire
Ms. Debbie Dozier (via e-mail)



Claimant's Name: Diane Fleher
Address: 7720 Eagle Lake Rd.
City: N. Charleston State: SC Zip: 29418
Home Phone: (843) 805-4550 Work Phone: _____
Preparer's Name: Lynnley D. Ross, Attorney for Defendants

Employer's Name: Dolphin Cove Marina
Address: 2079 Austin Avenue
City: Charleston State: SC Zip: 29405
Carrier: Carolina Casualty Insurance Co.
Preparer's Phone #: (843) 284-1090

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$370.48 2. AWW: \$555.69 Date of Injury: October 12, 2010
3. Type of injury and body part(s): Denied mental/mental claim
4. Facts in controversy: This matter is set pursuant to the Employer/Carrier's Petition for Hearing. The Claimant filed a Form 50 on July 18, 2011 alleging a compensable injury occurring when she was physically assaulted by her employer. Via a timely-filed Form 51, the Employer/Carrier denied that the Claimant suffered a compensable injury. A hearing was set before Commissioner Huffstetler on September 27, 2011. The Claimant withdrew her Form 50 via email on September 7, 2011.

There was no action on the case for a period of nearly three months. Thus, the Employer/Carrier filed a Petition for Hearing on December 2, 2011.

Should the case be held to be compensable, certainly the Claimant will request TTD from the date of the accident until she reaches MMI. Also, this is a mental/mental case, and medical treatment under the Act involves psychological evaluation and treatment. The Employer/Carrier should be permitted to have the case determined now, so that appropriate medical benefits can be provided in a timely fashion and exposure for TTD kept to a minimum.

Further, cases involving mental/mental injuries are very fact specific. There were five people in the room at the time of the Claimant's alleged accident: the Claimant, David Race, David Ackerman, Thomas Blocker, and Michael Sage. David Race is in his 80s and has heart problems. David Ackerman has moved out of the jurisdiction. Thomas Blocker is also of advanced age.

The facts of the case and the testimony of the witnesses are not going to change. This case does not involve a need for expert medical opinions which may take weeks or months to obtain. There is no prejudice to the Claimant in proceeding now with the case, but there may be significant harm to the Defendants should the case be delayed. The Employer/Carrier requests that the case be set for a hearing.
5. Legal issues involved: See #4 above.
6. Unusual aspects: See #4 above.
7. Witnesses (designate if expert):* As the scope of the pending hearing is limited to the legal issue of the Employer/Carrier's right to a hearing, the Employer/Carrier does not expect to call any witnesses.
8. Exhibits: AS the scope of the hearing is limited to the legal issue of the Employer/Carrier's right to a hearing, the Employer/Carrier will not submit any exhibits.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): As the scope of the hearing is limited to the legal issue of the Employer/Carrier's right to a hearing, the Employer/Carrier will not submit any medical records.
10. Name, address, and specialty, if any, of the treating physician: No authorized care has been provided.
11. Impairment rating(s); body part(s); physician and date of opinion: None received.
12. I am amending my Form 50/51 in the following manner: N/A

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: 

435

Email: ldross@wjlaw.net

Date of hearing: January 31, 2012

Time needed for hearing: 30 minutes

On behalf of ☐ Claimant ☒ Employer

I certify that I have served this document pursuant to R.67-212 by delivering a copy to PAUL RIBEIRO, Esquire,
Name

8086 Rivers Avenue, Suite A, North Charleston, SC 29406; and The Honorable T. Scott Beck, SC WCC, P.O. Box 1715,
Address
Columbia, SC 29202-1715

on the 16th day of January, 2012 by ☒ first class mail; ☐ personal service; ☐ certified mail.

Lauren B. Smith
Lauren B. Smith, Certifier

January 16, 2012

Date

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.

* Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form # 58

Rev. 9/07

58

PRE-HEARING BRIEF

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1014489

Diane Fleyer,
Employee,
v.
Dolphin Cove Marina,
Employer,
and
Carolina Casualty Insurance Company,
Carrier/Defendants.

(COPY)

FULL COMMISSION PANEL HEARING

Tuesday, December 18, 2012
9:52 a.m. - 10:14 a.m.

The Full Commission Panel Hearing was held at the South Carolina Workers' Compensation Commission, 1333 Main Street, 5th Floor, Columbia, South Carolina, on the 18th day of December, 2012 before Jill H. Vickers, Certified Court Reporter and Notary Public in and for the State of South Carolina

APPEARANCES:COMMISSION PANEL:

Gene McCaskill, Chairman
 Derrick Williams
 Avery Wilkerson

Paul D. G. Ribeiro, Esquire
 Wigger Law Firm
 8086 Rivers Avenue Suite A
 North Charleston, South Carolina 29406
 Attorney for the Claimant

Lynnley D. Ross, Esquire
 Willson, Jones, Carter & Baxley
 421 Wando Park Blvd., Suite 100
 Mt. Pleasant, South Carolina 29464
 Attorney for the Defendants

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MS. ROSS	12
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1 COURT REPORTER: Today is December 18th, 2012. This
2 is South Carolina Workers' Compensation Case
3 Number 1014489. This is the case of Diane
4 Fleher, Claimant, versus Dolphin Cove Marina,
5 Employer, and Carolina Casualty Insurance
6 Company is the carrier. The Appellant is the
7 Claimant represented by Paul Ribeiro. The
8 Respondent is represented by Lynnley Ross.
9 Each side is allowed ten minutes for oral
10 argument and the appellant three minutes in
11 reply. You are requested to argue the grounds
12 of exception and stay within the record.

13 *MR. RIBEIRO: May it please the Commission. My
14 name is Paul Ribeiro. I represent the claimant
15 in this matter, Diane Fleher in this arising
16 out of a workplace conflict at Dolphin Cove
17 Marina between the claimant, Ms. Diane Fleher,
18 and her half brother, Mr. David Race, who was
19 also her direct supervisor, as well as the
20 marina manager. Mr. Race ordered the claimant
21 to file a fraudulent insurance claim following
22 an incident where two employees were directed
23 by the employer to vandalize a trailer on the
24 marina grounds in order to collect the
25 insurance money. When the claimant refused,

1 the conflict escalated over days, culminating
2 in Mr. Race's physical and verbal assault on
3 his sister on October 12th, 2010. The claimant
4 asserts that Mr. Race shoved her out of his
5 office and down the hall, cursing her as he did
6 so. Notably, while the forcefulness of the
7 physical contact between the parties is in
8 dispute, the claimant and all four of the
9 defense witnesses agree that there was, in
10 fact, physical contact in this matter and that
11 Mr. Race did, in fact, push the claimant out of
12 his office with his hands on her shoulders. As
13 a result of this incident in the workplace, the
14 claimant was diagnosed with PTSD. She also had
15 pre-existing lupus and fibromyalgia, which were
16 aggravated as a result of this assault, and she
17 also developed a facial tic, as well as
18 incontinence. There are three issues in this
19 case; jurisdiction, the assessment of costs and
20 compensability itself. As to the first issue,
21 the threshold issue of jurisdiction, I would
22 note that there was no Form-50 before the
23 Commission. There was no Form 21 before the
24 Commission. The employer did file a petition,
25 but the Commissioner stated in his order in

1 which he ordered the hearing that he was not
2 granting the hearing pursuant to the petition
3 at all, but rather on his own motion pursuant
4 to Regulation 67-601, and this is not an
5 appropriate mechanism in the context of a
6 denied claim for the Commission to order a
7 hearing. Secondly, even if there is
8 jurisdiction and the Commissioner may properly
9 assert jurisdiction pursuant to that
10 regulation, the second issue is whether he then
11 abused his discretion by assessing costs
12 against the claimant basically saying that she
13 prosecuted the claim without reasonable
14 grounds. Well, first of all, I would say it's
15 inherently abusive to punish somebody.

16 **COMMISSIONER WILLIAMS:** Let me ask you this, the
17 Regulation 67-601, what in Subsection A would
18 not give the single commissioner authority to
19 have a hearing on this case?

20 **MR. RIBEIRO:** I don't know the answer to that,
21 Commissioner.

22 **COMMISSIONER WILLIAMS:** Well, it says "The
23 Commissioner may, on his own motion, order a
24 hearing". It sounds like we could order a
25 hearing anytime we wanted to have a hearing

1 set. Would you agree with that?

2 MR. RIBEIRO: Well, no, Commissioner, only because
3 having -- and this was my first Workers' Comp.
4 Hearing that I went to, but since that time,
5 I've consulted with other practitioners in the
6 field, people who do Workers' Comp. appeals,
7 and I've been advised that that regulation is
8 never used in the context of a denied claim.
9 That's in other contexts.

10 COMMISSIONER MCCASKILL: But your understanding is it
11 can't be used in that context?

12 MR. RIBEIRO: That's my understanding.

13 COMMISSIONER MCCASKILL: What's the authority for
14 that understanding?

15 MR. RIBEIRO: I don't have any caselaw on that. My
16 understanding is, that's not the appropriate
17 mechanism whereby the Commission may assert
18 jurisdiction, because the denied claim, there's
19 no Form 50 or Form 21 properly before the
20 Commission.

21 COMMISSIONER MCCASKILL: Okay. Go ahead.

22 MR. RIBEIRO: So, even if it's okay for the
23 Commissioner to do that, it's abusive to punish
24 somebody for obeying an order, especially an
25 order that you yourself gave the party. We

1 went forward on this hearing on the merits over
2 the claimant's objection. I was not ready to
3 go forward. I was still gathering evidence,
4 and yet, the Commissioner told us to go
5 forward, and so we went forward, and then he
6 said that she didn't have reasonable grounds
7 for prosecuting a claim and assessed \$1,015.00
8 in costs against her. That's inherently
9 abusive. In addition to that, it was not
10 without reasonable grounds, one of our APA
11 exhibits, Exhibit Number 11, is a letter from
12 the South Carolina Office of Victims Assistance
13 in which it -- and it's a letter to the
14 claimant in which the Office of the Victims
15 Assistance states to the claimant, they're the
16 payer of last resort and that she had to
17 resolve her claim with the Workers' Comp.
18 Commission before they could pay benefits. So,
19 therefore, it was reasonable for her to believe
20 that she did have to prosecute the claim to the
21 fullest extent. Furthermore, this case does
22 involve, because it's a mental claim, it does
23 involve a legal determination, specifically
24 whether the circumstances were extraordinary
25 and unusual. It's not strictly a fact based

1 inquiry. There's a legal analysis, and
2, therefore, we need a Commissioner to decide a
3 matter of law, and so, again, not without
4 reason for her to prosecute this claim. And on
5 that note, that brings us to the other issue in
6 this case which is, whether it was, in fact,
7 extraordinary and unusual for the claimant's
8 supervisor to direct her to file a fraudulent
9 insurance claim, and then, when she refused it,
10 to retaliate against her by verbally and
11 physically assaulting her. And I believe that
12 the single commissioner erred in a couple ways
13 here. First of all, he erred in holding as a
14 matter of law that this was not an
15 extraordinary and unusual set of circumstances.
16 We have entire body of law in South Carolina
17 which protects whistle blowers in the
18 workplace. This is no different than any other
19 whistle blower case when somebody is directed
20 to do something illegal in the workplace. That
21 is certainly unexpected and out of the
22 ordinary. Nobody expects to be told to file a
23 fraudulent claim and to be retaliated against
24 in response or to be assaulted after having
25 failed to follow those instructions. Secondly,

1 even if -- and the other thing I want to say
2 about what makes this extraordinary and unusual
3 is, even if we apply a subjective standard
4 here, the undisputed evidence from all of the
5 five witnesses was that Mr. Race had never laid
6 his hands on the claimant before in anger. And
7 so, from a subjective perspective, she
8 certainly did not anticipate that he was ever
9 -- her older brother was ever going to lay
10 hands on her in anger. So, even from a
11 subjective perspective, it was completely
12 unexpected and out of the ordinary for him to
13 assault her as he did. The second error is
14 that the Commissioner failed to even consider
15 any of the medical evidence on causation. He's
16 saying in his order that it was quote,
17 "rendered moot", and this evidence consisted of
18 medical records by at least seven different
19 medical providers. You know, in particular, I
20 would point the Commission to Claimant's APA
21 Exhibit Number 1, Page Number 1. This is a
22 letter submitted by the treating psychologist
23 in this case, Dr. Daniel Smith. He began
24 treating Ms. Fleher just 10 days after the
25 workplace assault of October 12th. He

1 described how this gentleman was verbally
2 abusing the claimant and became physically
3 aggressive with her for the first time on
4 October 12th. He goes on to report that having
5 examined the claimant and learning about her
6 history of other abusive domestic violence
7 situations in her past, that she, in
8 particular, is especially vulnerable to
9 psychological harm. He discusses her medical
10 conditions of lupus and fibromyalgia which are
11 exacerbated by stress, and then he renders his
12 opinion to reasonable degree that her current
13 psychological impairments are indeed causally
14 related to the assault she experienced at her
15 place of work. Being berated and shoved by her
16 half brother, that is ---

17 COMMISSIONER WILKERSON: Let me ask you, doesn't he
18 also specifically find that the claimant was
19 the aggressor?

20 MR. RIBEIRO: The Commissioner made that finding.

21 COMMISSIONER WILKERSON: Yeah, so my point is,
22 doesn't that turn it in a different direction?
23 Tell me why he would not have found her the
24 aggressor? I mean, I understand your arguments
25 to this point in time, but if she's the

1 aggressor, tell me how it should be covered by
2 Workers' Comp. at that point in time, assuming
3 everything else falls your way.

4 **MR. RIBEIRO:** Okay. Commissioner, that finding
5 itself is an error. There were five witnesses.
6 Only one of the five witnesses at this hearing
7 asserted that she, the claimant, initiated
8 physical contact by chest bumping Mr. Race.

9 **COMMISSIONER WILKERSON:** So, David Race didn't do it
10 -- he said "This finding is based on the
11 testimony of David Race, Tom Blocker, David
12 Ackerman and Mike Sage to which I give great
13 weight".

14 **MR. RIBEIRO:** No, Commissioner. Mr. Race, Mr.
15 Blocker, Mr. Sage, they all testified -- they
16 agreed with the claimant that Mr. Race placed
17 his hands on the claimant and pushed her out of
18 the office. Now, there is a dispute about how
19 hard the push was, whether it was one or three,
20 what the curse words were that he was using,
21 but ...

22 **COMMISSIONER WILKERSON:** But my point is, if she --
23 the action prior to that is what caused that
24 action, I think, unless -- I mean, I was trying
25 to figure that out, because if she's the

1 aggressor, then we're looking at -- the
2 arguments are moot.

3 **MR. RIBEIRO:** Well, that finding would be an error,
4 because there was -- simply because,
5 Commissioner, there was no -- the only other
6 thing was her entering the office. She entered
7 the office. They all said that he was
8 interrupting the meeting and being respectful,
9 and therefore -- Mr. Race even testified he
10 thought it was reasonable for him to lay his
11 hands on an employee.

12 **COMMISSIONER MCCASKILL:** Thank you, sir. You'll
13 have three minutes in reply.

14 **COMMISSIONER WILLIAMS:** Well, did you object to
15 jurisdiction at the hearing, because I'm not
16 seeing it in here? If you find it in the
17 transcript when you get back up here for your
18 three minutes, point it out to me.

19 **MR. RIBEIRO:** Okay.

20 ***MS. ROSS:** Thank you, Commissioners. To address
21 the -- the claimant went in order of three
22 points; jurisdiction, costs and merits, so I'll
23 just go with that. As far as jurisdiction
24 goes, 67-601 couldn't be more clear, "The
25 Commission may own it's own motion order a

1 hearing once a conflict arises". This is a
2 denied middle-middle case. It's always been a
3 denied mental-mental case. Of course, a
4 conflict has arisen, and the Commissioner had
5 jurisdiction to order a hearing. It couldn't be
6 more clear. With regard to your question,
7 Commissioner, about whether any objection to
8 jurisdiction was raised, no, it was not.

9 COMMISSIONER WILLIAMS: Yes, I'm looking at the
10 transcript, and I see there were several
11 objections from both sides as to the evidence.
12 The Commissioner asked, "Other than that, are
13 there any objections to the APAs, jurisdiction,
14 venue or any other matter", and both parties
15 said "no".

16 MS. ROSS: Exactly, Commissioner, and then, again,
17 the Commissioner went, and we put our positions
18 on the record, asked at 6 whether the claimant
19 had anything to add, and the answer was "no",
20 and then at 110, at the very end, "Is there
21 anything else from the claimant", and the
22 answer to that question was "no". So, as far
23 as any type of jurisdiction, venue, notice, any
24 of those things that can be waived, were
25 waived. The only thing that can't be waived,

1 of course, is subject matter jurisdiction,
2 which you don't need me to tell you was present
3 in a workplace injury where she's claiming
4 Workers' Comp. We admitted that she was an
5 employee on the date of accident and that type
6 of thing. You know, this case -- actually, I'm
7 going to jump to the merits and then go to the
8 costs, just because it makes a little more
9 sense. Hearing costs were assessed in this
10 case due to the ridiculous nature of the case.
11 The claimant alleges that -- with the
12 fraudulent insurance claim, she says she came
13 to the marina on the Sunday before the
14 accident. The accident was on a Tuesday, that
15 she came to the marina the Sunday before on the
16 10th and had seen some marina property
17 vandalized. She went in, she alleges that she
18 told her brother about it, and her brother told
19 her to file an insurance claim, and she said
20 "I'm not going to do that. I think some
21 employees did it." Come to find it out, some
22 employees did it, and David Race admitted that
23 no insurance claim was going to be filed.
24 Nothing was said about it on Monday, the 11th,
25 and then on the 12th, the day of the incident,

1 there's some rumors that the claimant is
2 causing trouble in the restaurant area of the
3 marina. The new bartender, David Ackerman, one
4 of our witnesses, left the marina because the
5 claimant caused trouble in the restaurant.
6 They hire a new bartender, Porcia. Porcia is
7 complaining that the claimant is causing
8 trouble in the restaurant, so David Race goes
9 to her and says "Don't go in the restaurant
10 anymore. You've been causing trouble. You've
11 been causing hate and discontent, is the word.
12 "You've been causing trouble. Don't go in the
13 restaurant anymore." That is what precipitated
14 the event, and the claimant agrees with that.
15 The claimant agrees that she walked into this
16 meeting. There were four people in the
17 meeting; David Race, Tom Blocker, David
18 Ackerman and Mike Sage. Those were the four
19 people in the meeting. They were discussing
20 David Ackerman's resignation because of the
21 claimant's interference. She comes in. She
22 barges in. Every single witness agreed. The
23 claimant barges in. She's yelling. She's
24 screaming. She's making wild accusations.
25 She's asked to leave. David Race asked her to

1 leave on more than one occasion, "Please
2 leave". She won't leave. She's still yelling
3 about her contact in the restaurant. So,
4 finally, David Race, who is 80 years old -- the
5 claimant is 52 maybe, somewhere in there.
6 David Race is 80. He uses a cane. He stood
7 up, and he's like, "Diane, leave". She won't
8 leave, so he says, "Diane leave". He -- I'm
9 going to use the word "glide", although there
10 was some force. He pushes her just to the
11 threshold of the door and says, "Diane, you
12 have to leave". That's what happened. That is
13 what was testified to by every single witness
14 there. The claimant says she was shoved hard
15 three times down the hall. I'm sure you want
16 to hear the adult word, "Get the fuck out of my
17 office. I'm going to make your life a living
18 hell. You're going to feel like you've been
19 kicked to the curb." Every day -- that's what
20 the claimant alleges. The four people who were
21 in the room who were there, every last one of
22 them says the claimant was yelling, the
23 claimant was aggressive, and the claimant
24 wouldn't leave after being asked to leave, and
25 so, finally, David Race -- there's no security

1 there. There's no security to call. David
2 Race, her half brother, who has touched her
3 before, who has given her hugs, who has helped
4 her, finally said, "Diane go". That's what
5 happened. That's what everybody else testified
6 happened. That's why hearing costs were
7 assessed, because there's just no basis for her
8 allegation that she was shoved. There was no
9 support for it. In her allegation that this
10 type of thing, "Diane go", caused fecal
11 incontinence, facial tics, rectal spasms, you
12 know, the Commissioner just did not believe
13 that that's what occurred.

14 **COMMISSIONER WILKERSON:** Was there any medical
15 evidence of that?

16 **MS. ROSS:** There's some medical evidence, but here's
17 the thing, all of the medical evidence
18 indicates the claimant's version of the events,
19 the shove and the push and the get out, and
20 that's not what happened. And the fact of that
21 matter is, I cite the Frame case in my brief.
22 When you're going to claim mental-mental
23 injury, you've got to prove two things, first
24 unusual or extraordinary, and only then do you
25 even get to medical evidence. So, there was no

1 need to get to medical evidence, because the
2 Commissioner found there was nothing unusual or
3 extraordinary about this. The claimant started
4 it. The claimant wouldn't leave. So, the
5 employer did what they had to do to continue
6 their meeting. As far as costs go, I'm trying
7 to stay out of that. There's no evidence that
8 the claimant needed -- there's no additional
9 time that she needed. The date of injury was
10 October 12th of 2010. The date of the hearing
11 was March 1st of 2012. That's 16 months. All
12 of the witnesses who were present at the date
13 of the injury, the time of the injury were at
14 the hearing. This is a fact specific inquiry.
15 Before you get to medical evidence, you have to
16 get to unusual or extraordinary. Everybody who
17 was there was present. There's no more time
18 that she needed. There was no more evidence
19 that she needed to obtain. Everybody was
20 there. The claimant just testified, and the
21 Commissioner didn't believe her, and they
22 believed the testimony of every other person in
23 the room. So, we assert that it should be
24 affirmed.

25 *MR. RIBEIRO: Commissioner, to answer your question,

1 it's not in the record that I preserved my
2 objection, but I did preserve my objection..

3 MR. WILLIAMS: Is it waived?

4 MR. RIBEIRO: No. I preserved my objection in the
5 pretrial conference, and Ms. Ross will tell you
6 that we discussed it in the pretrial
7 conference. It's not my fault the court
8 reporter didn't take it down. It was at that
9 point, in fact, that the Commissioner asked for
10 the proposed order in which he ordered the
11 hearing to go forward, and I actually handed it
12 up. Ms. Ross didn't have it handy, and I
13 actually handed it up.

14 COMMISSIONER WILKERSON: The court reporter takes
15 pre-hearing conference information? Since
16 when?

17 MR. RIBEIRO: That's where I asserted my objection.

18 COMMISSIONER RIBEIRO: So, it's the court reporter's
19 fault now?

20 MR. RIBEIRO: No, I mean, I think it's my fault for
21 not doing it.

22 COMMISSIONER WILKERSON: You said it was the court
23 reporter's fault that it wasn't recorded.

24 MR. RIBEIRO: No, it was my fault for not saying it
25 at the right time, but I did raise it to the

1 Commissioner, is my point, because I did make
2 him aware that I still had this jurisdictional
3 ...

4 COMMISSIONER MCCASKILL: But you didn't preserve it
5 on the record?

6 MR. RIBEIRO: Apparently not. Now, Ms. Ross says
7 the reason the costs were assessed was because
8 -- a completely ridiculous nature off this
9 claim. First of all, four defense witnesses,
10 you know, working together for decades. Mr.
11 Blocker and Mr. Race have been working there
12 for 50 years, so, yes, clearly, they're going
13 to back up each other's account when there's a
14 conflict in the workplace. Okay. Secondly,
15 what did Ms. Fleher do after this being shoved
16 down the hall and being cursed, as Ms. Ross
17 told you about, immediately goes to the Police
18 Station to file a Police Report for assault and
19 then immediately goes to her physician's
20 office, Dr. Olivaria's office, where she
21 describes this conflict exactly as it happened.
22 These are not the actions of somebody who is
23 just making something up and was just gently
24 gliding out of an office. Clearly, there was
25 a significant event. And thirdly, if we just

1 simply look at the medical records, my APA has
2 medical records this thick from at least seven
3 different providers that talk about all these
4 medical symptoms that she develops as a result
5 of this conflict. People just don't develop
6 PTSD from simply being glided out of an office
7 after having nothing really having transpired.
8 And with all due respect to the single
9 commissioner, he's not a physician, and it's
10 error to disregard anything that any of the
11 doctors had to say simply because he thought
12 that this wasn't unusual and extraordinary.
13 The only way we can know for sure whether these
14 symptoms and these diagnosis came from this
15 assault is by looking to the experts in the
16 field; the psychiatrist, the psychologist, the
17 treating physicians. And for these reasons, I
18 would ask that the Commission reverse the
19 single Commissioner on the assessment of costs
20 and remand for a hearing on the merits so that
21 the medical evidence may be properly considered
22 in determining compensability. Thank you.

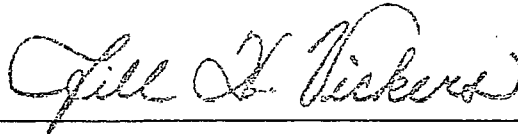
23 (Whereupon, the Full Commission Panel Hearing
24 concluded at
25 10:14 o'clock a.m.)

CERTIFICATE

This is to certify that the within hearing consisting of Twenty-One (21) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenotype with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on March 29, 2013.



Jill H. Vickers
Certified Court Reporter

Notary Public for South Carolina
My Commission Expires: July 5, 2016

WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

GREENVILLE

CHARLESTON

COLUMBIA

CHARLOTTE

RALEIGH

Lynnley D. Ross
Direct (843) 284-1090
Fax (843) 284-1081
ldross@wjlaw.net

421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
www.wjcbllaw.net

February 15, 2012

The Honorable T. Scott Beck
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Re: Diane Fleher vs. Dolphin Cove Marina
WCC File No.: 1014489 DOI: 10/12/2010
Carrier: Carolina Casualty Insurance Co. - Claim No.: 10100845
WJC&B File No.: 0310.00973

Dear Commissioner Beck:

Enclosed herein please find the defendants' Pre-Hearing Brief as well as the Notice of Witnesses and Written Medical Reports which lists the documents I intend to submit at the hearing of the above-referenced matter pursuant to the South Carolina Administrative Procedures Act.

By copy of this letter, I am providing a copy of these forms and reports to Paul Ribeiro, claimant's counsel.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.


Lynnley D. Ross

LDR/ldr

Enclosures

cc (w/enclosures): Paul Ribeiro, Esquire
Ms. Debbie Dozier (via e-mail)



Claimant's Name: Diane Fleher
Address: 7720 Eagle Lake Rd.
City: N. Charleston State: SC Zip: 29418
Home Phone: (843) 805-4550 Work Phone: _____
Preparer's Name: Lynnley D. Ross, Attorney for Defendants

Employer's Name: Dolphin Cove Marina
Address: 2079 Austin Avenue
City: Charleston State: SC Zip: 29405
Carrier: Carolina Casualty Insurance Co.
Preparer's Phone #: (843) 284-1090

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$370.48 2. AWW: \$555.69 Date of Injury: October 12, 2010
3. Type of injury and body part(s): Denied mental/mental claim
4. Facts in controversy: The Claimant alleges that she suffered a compensable mental/mental injury resulting from an altercation with her supervisor, who is also her half-brother. The evidence will show that the Claimant was the instigator of the "altercation" and also that it did not occur as she claims and that her allegations are unworthy of credence.
The Employer/Carrier asserts that the Claimant cannot demonstrate that she suffered a compensable injury.
5. Legal issues involved: See #4 above.
6. Unusual aspects: It is expected the hearing will take up to six hours.
7. Witnesses (designate if expert):* David Race, Tom Blocker, David Ackerman, Mike Sage, Annie Lopont, Eric Alder, Alex Albensias, Portia (with the Employer), and/or another representative of the Employer.
8. Exhibits: The Claimant's deposition will be submitted at the hearing. Also, with the consent of the Claimant, a short video was taken at her deposition. The video will be submitted at the hearing. Otherwise, see APA Submission
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE APA SUBMISSION
10. Name, address, and specialty, if any, of the treating physician: No authorized care has been provided. The Claimant has sought Unauthorized care with MUSC.
11. Impairment rating(s); body part(s); physician and date of opinion: None assigned.
12. I am amending my Form 50/51 in the following manner: N/A

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: 
Lynnley D. Ross, Willson Jones Carter & Baxley, P.A.

Email: ldross@wjlaw.net

Date of hearing: March 1, 2012
On behalf of ☐ Claimant ☒ Employer

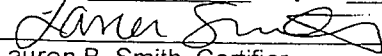
Time needed for hearing: 6 hours

I certify that I have served this document pursuant to R.67-212 by delivering a copy to PAUL RIBEIRO, Esquire,
Name

8086 Rivers Avenue, Suite A, North Charleston, SC 29406; and The Honorable T. Scott Beck, SC WCC, P.O. Box 1715,
Columbia, SC 29202-1715

Address

on the 15th day of February, 2012 by ☒ first class mail; ☐ personal service; ☐ certified mail.


Lauren B. Smith, Certifier

February 15, 2012
Date

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.

* Commissioners reserve the right to admit expert witnesses at hearings.

South Carolina Workers' Compensation Commission

P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 1014489

Carrier File # 10100845

Carrier Code #

Employer FEIN

Diane Fleher		251-23-3523		Dolphin Cove Marina			
Claimant's Name		SSN		Employer's Name			
7720 Eagle Lake Rd., N. Charleston, SC 29418				2079 Austin Avenue, Charleston, SC 29405			
Address	City	State	Zip	Address	City	State	Zip
(843) 805-4550				Carolina Casualty Insurance Co.			
Home Phone		Work Phone		Insurance Carrier			
Lynnley D. Ross		421 Wando Park Boulevard, Suite 100, Mount Pleasant, SC 29464		(843) 284-1090			
Preparer's Name		Address		Phone #			

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
PAUL RIBEIRO, ESQUIRE, ATTORNEY FOR CLAIMANT

YOU ARE HEREBY NOTIFIED THAT DEFENDANTS, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the defendants, to wit:

NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE
1- MUSC	10/13/11-10/22/10	01-76
2- Georgia Roane, MD	08/15/11	77-78
3- Robert R. Oliverio, Jr., MD	08/05/11-11/29/10	79-93
4- Tal Klatchko, MD	8/04/11-05/26/11	94-108
5- Mount Pleasant Hospital	08/04/11	109-113
6- Kenneth Hanger, MD	08/08/11	114-116
7- Robert G. Thompson, II, MD	07/13/10-07/14/05	117-142

EXHIBITS	DATE	PAGE
A- Correspondence from Roper St. Francis regarding claimant's request for financial assistance	07/14/11	143-144
B- Correspondence regarding signed release for records from State Office of Victim's Assistance		145-149
C- Claimant's facebook page		150-159
D- Recorded Statement		160-172
E- Correspondence regarding records concerning claimant's Summons and Complaint filed against David Race		173-181
F- Incident/Investigation Report		182-184

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for

insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into the evidence on behalf of the employer-defendant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the defendants: See Pre-Hearing Brief.


Lynley D. Ross
Willson Jones Carter & Baxley, P.A.
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464

February 15, 2012

March 1, 2012
(hearing date)

MUSC
MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Page: 6

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

Confidential

10/13/11

CLINICAL NOTE- CRIME VICTIMS CENTER

INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA

24C

PATIENT INFORMATION:

NAME: DIANE FLEHER

DOB: 05/01/59

MRN: 1783356

INSURANCE: THE STATE OFFICE OF

Confidential patient information

Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER

52 year old female

START TIME: 1:30 pm

END TIME: 2:25 pm

TOTAL TIME(LENGTH OF SERVICE): 55 min

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I: 1) 293.83 Mood D/O due to Lupus/Fibromyalg	293.93 Mood D/O due to Lupus/Fibromyalgia 309.28 Adjustment D/O with Mixed Anxiety/Mood
Axis II:	
Axis III: 1) Fibromyalgia (by report) 2) Lupus (by report)	
Axis IV:	
Axis V:	

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959
Date Printed: 12/30/11

PSYCHIATRIC PROBLEM ADDRESSED: 1

PT reported on time and generally in good spirits. PT reported that she had received pain management treatments (shots) that significantly improved some of her upper extremity pain/numbness, and that she was functioning better physically. This carried over into her mood, to a degree, by her report. She shared some autobiographical writings that she had found while packing up old papers. Discussed how her current view of herself differed from what she had written 10-15 years ago, and how some things were still the same. PT had thought considerably regarding her relative "meekness" in interactions with loved ones, in contrast to her more assertive and independent persona when conducting business. PT was open and thoughtful, and discussion was productive.

PLAN: Continue cognitive therapy, with plan to have 2 more session prior to PT's departure.

RETURN TO CLINIC: Oct 19, 1:30 pm.

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 10/14/2011 04:27PM
REVISED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 10/14/2011 04:51PM

MUSC

MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE
 1783356 Sex: F Age: 52 DOB: 05/01/1959
 Date Printed: 12/30/11

Axis IV:	
Axis V:	

PSYCHIATRIC PROBLEM ADDRESSED: 1

PT was on time and reported being "tired." Had just taken sister-in-law, who had been significant instrumental and emotional support for past month to airport, but reported being fine with that. PT reported having come across an email she sent to her brother several years ago when she quit her job for the first time, and her reaction to re-reading it was quite negative and full of self-recrimination ("why did I ever agree to come back?"). We discussed at length how her situation in 2005 was similar and different to her situation in 2010, and what factors influenced her behavior at each time point. PT exhibited great understanding and insight into the differences and reported significant improvement in mood related to this situation. PT continues to feel very tired and run down related to her physical problems, but her general mood and thinking appear to be continuing to improve relative to her situation with her brother and other family members.

PLAN: Continue cognitive therapy; prepare for termination next session when PT relocates.

RETURN TO CLINIC: Thurs 10/27/11, 1:30 pm

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 10/19/2011 02:35PM

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MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Page: 4

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

Confidential

10/19/11 : 02:28pm

CLINICAL NOTE- CRIME VICTIMS CENTER

INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA

24C



PATIENT INFORMATION:

NAME: DIANE FLEHER

DOB: 05/01/59

MRN: 1783356

INSURANCE: THE STATE OFFICE OF

Confidential patient information
Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER
52 year old female

START TIME:

END TIME:

TOTAL TIME(LENGTH OF SERVICE):

SERVICE TYPE:

CURRENT MEDICATIONS:

Axis I: 1) 293.83 Mood D/O due to Lupus/Fibromyalg 2) 309.28 Adjustment D/O with mixed anxiety and depression	309.28 Adjustment D/O with mixed anxiety and depression
Axis II:	
Axis III: 1) Fibromyalgia (by report) 2) Lupus (by report)	

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m1783356

67 President St
MSC 861
Charleston SC 29425
Tel 843 792 8209
Fax 843 792 5041

www.musc.edu/cvc

October 5, 2011

To Whom It May Concern:

I'm writing on behalf of Ms. Diane Fleher. She is currently under my psychiatric care for mental health-related disability. Ms. Fleher's animal's accompanying her is necessary to her mental health treatment. Please feel free to contact me if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Constance Guille", written over the printed name.

Constance Guille, MD
South Carolina Medical License Number: 31671
License issued: 7/2009
License: Active

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MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

Confidential

10/05/11 : 01:35pm

CLINICAL NOTE

INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA

PATIENT INFORMATION:

NAME: DIANE FLEHER

DOB: 05/01/59

MRN: 1783356

INSURANCE: THE STATE OFFICE OF

Confidential patient information

Do not release without express written consent of patient or parent/legal guardian

Last Plan of Care Completed:	NO PLAN OF CARE ON RECORD
Last 90 Day Summary Completed:	NO 90DSUM ON RECORD

DIANE FLEHER
52 year old female

DATE OF SERVICE: 10/5/11

START TIME: 1pm

END TIME: 1:30pm

TOTAL TIME: 30min

KNOWN ALLERGIES: NKA

CURRENT MEDICATIONS:

Benazepril/hydrochlorothiazide (20/12.5) daily

Cymbalta 120 daily

Wellbutrin XL 300 daily

Hydrochloroquine 200 daily

Synthroid .100 daily

Klonopin 1/1.5 qam and qhs

PRN:

Tramadol 50

Prednisone 10

cyclobenzaprine 10 Q8 hrs

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MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Page: 11

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

hydrocodone/APAP 7.5/500
Rizatriptan 10

MEDICATION SIDE EFFECTS: None

MAJOR PROBLEM LIST -

LUPUS
HYPOTHYROID
NEUROGENIC SYNCOPE
OBSTRUCTIVE SLEEP APNEA
FIBROMYALGIA
MIGRAINES
RESTLESS LEG SYNDROME

MENTAL STATUS EXAMINATION:

Level of Consciousness: Patient is alert and fully oriented and in no apparent discomfort.

Activity Level: Calm

Attitude: Cooperative

Speech: Rate: Normal

Mood: Euthymic

Affect: Appropriate

Thought Process: Goal directed / Coherent

Thought Content: Appropriate

Potential for Suicide/Self-Harm: None

Potential for Assault/Violence: None

Tics: None

Axis I:	
1) 309.28 Adj D/O with Anxious and Depress	
Axis II:	
Axis III:	
1) Fibromyalgia (by report)	
2) Lupus (by report)	
Axis IV:	
Axis V:	

OBJECTIVE: Pt states that her mood has been relatively stable and more positive over the past few weeks. She attributes this to a good support system (husband, friends and family) and anticipated move to PR. Overall feels she is coping with stressors better than before, although psychological, social and medical stressors are still present. Denies SI.

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OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

RESPONSE: Discussed decrease in symptoms related to depression, anxiety and fibromyalgia and how to maintain decrease despite ongoing stressors i.e., continued work with therapist and plan to use skype while living in PR, relaxation and 'not over doing' and 'asking for help' when needed.

ASSESSMENT: 52 year old female with multiple medical problems presenting with improved (more stable) mood despite ongoing stressors.

PLAN:

- 1) Mood, Anxiety, fibromyalgia: c/w cymbalta 120mg daily. Continue work with primary therapist.
- 2) Sleep; c/w klonopin to 1mg am /1.5mg qhs short term. c/w sleep hygiene. Pt to decrease bedtime dose if sleeping too much.
- 3) psychological stressor: pt to continue to meet with primary therapist.
- 4) provided letter for 'psychiatric/emotional support' service animal
- 5) RTC in 4 weeks

ADDENDUM:

Refills on psychiatric medications were provided via walgreens for at least 6 months.

Cymbalta 120 daily

Wellbutrin XL 300 daily

Klonopin 1/1.5 qam and qhs

SIGNED BY CONSTANCE GUILLE, MD (ATTENDING) (26D) 10/05/2011 01:43PM

REVISED BY CONSTANCE GUILLE, MD (ATTENDING) (26D) 10/05/2011 01:48PM

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MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Page: 8

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959
Date Printed: 12/30/11

Confidential

10/05/11 : 02:44pm

CLINICAL NOTE- CRIME VICTIMS CENTER

INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA
24C

PATIENT INFORMATION:

NAME: DIANE FLEHER

DOB: 05/01/59

MRN: 1783356

INSURANCE: THE STATE OFFICE OF

Confidential patient information
Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER
52 year old female

START TIME: 1:30 pm

END TIME: 2:30 pm

TOTAL TIME(LENGTH OF SERVICE):

SERVICE TYPE: Ind Tx

CURRENT MEDICATIONS:

Axis I: 1) 309.28 Adj D/O with Anxious and Depress 2) 293.83 Mood D/O due to Lupus/Fibromyalgia	AXIS I(1): 293.83 Mood D/O due to Lupus/Fibromyalgia
Axis II:	
Axis III: 1) Fibromyalgia (by report) 2) Lupus (by report)	
Axis IV:	
Axis V:	

Printed using Practice Partner®

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

PSYCHIATRIC PROBLEM ADDRESSED: 1

PT presented on time, following regular appointment with psychiatrist. PT missed appointment last week due to physical illness (very stiff neck, other stiff joints, numbness in extremities), but is now feeling better. PT was seen by neurologist and reported significant crying jag when providing history of interaction with her brother to the doctor. Discussed this at length, and PT had difficulty identifying cognitions that preceded tearfulness and sobbing. PT was encouraged to continue to think about this issue between sessions. Also discussed PT's tendency to become sad about this altercation with her brother, rather than angry. Differences between PT's professional, composed, and assertive "business" persona versus her more submissive and child-like interpersonal persona were discussed, and PT had very positive reaction to this topic.

PLAN: Continue cognitive therapy for 3 more sessions prior to PT's relocation.

RETURN TO CLINIC: Oct 12, 2011, 1:30 pm.

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 10/05/2011 03:14PM

REVISED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 10/05/2011 03:15PM

MUSC

MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 Date Printed: 12/30/11
DOB: 05/01/1959

Confidential

09/21/11 : 02:48pm

CLINICAL NOTE- CRIME VICTIMS CENTER

INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA

24c



PATIENT INFORMATION:

NAME: DIANE FLEHER
DOB: 05/01/59
MRN: 1783356

INSURANCE: SOVA

Confidential patient information

Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER
52 year old female

START TIME: 1:05 pm

END TIME: 2:05 pm

TOTAL TIME(LENGTH OF SERVICE): 60 min

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I: 1) 309.28 Adj D/O with Anxious and Depress 2) 293.9 Mood D/O due to Lupus/Fibromyalgia	
Axis II:	
Axis III: 1) Fibromyalgia (by report) 2) Lupus (by report)	
Axis IV:	
Axis V:	

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MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Page: 15

Patient Chart

FLEHER, DIANE

Date Printed: 12/30/11
1783356 Sex: F Age: 52 DOB: 05/01/1959

PSYCHIATRIC PROBLEM ADDRESSED: 1

PT presented on time after rescheduling yesterday's appointment due to feeling ill. PT reported stable mood over the past week, but also increased ("much more than normal") fibromyalgia related pain. Followed up with PT about her husband's reaction to the deposition. He has apparently calmed down and is supportive of PT's decision only to seek worker's compensation support for her treatment needs, not any punitive damages. PT reports continuing to respond assertively to comments and concerns from her family (siblings) about the situation between her and her brother. She says she often cries during these interactions, but feels more angry and less helpless than she did previously. Discussed the thoughts and feelings that allowed her to respond more assertively, and how she could maintain these more helpful thinking patterns. PT responded well. Concluded with a discussion about her concerns about her son, a new topic and not one that has caused her significant ongoing distress. PT appears knowledgeable and well-prepared to cope with any continuing concerns about this issue.

PLAN: Continue cognitive therapy.

RETURN TO CLINIC: 9/27/11, 12 noon.

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 09/21/2011 04:57PM

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MUSC

MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

Confidential

09/15/11 : 03:01pm

CLINICAL NOTE- CRIME VICTIMS CENTER
INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA
24C



PATIENT INFORMATION:

NAME: DIANE FLEHER
DOB: 05/01/59
MRN: 1783356

INSURANCE: SOVA

Confidential patient information
Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER
52 year old female

START TIME: 1:30 pm
END TIME: 2:30 pm
TOTAL TIME(LENGTH OF SERVICE): 60 min

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I: 1) 309.28 Adj D/O with Anxious and Depress 2) 293.9 Mood D/O due to Lupus/Fibromyalgia	
Axis II:	
Axis III: 1) Fibromyalgia (by report) 2) Lupus (by report)	
Axis IV:	
Axis V:	

PSYCHIATRIC PROBLEM ADDRESSED: 1

PT reported that she had had a "difficult" morning but was very proud of herself for communicating assertively over the phone this morning with one of her half-sisters about her relationship with her half-brother. She stated

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Patient Chart

FLEHER, DIANE

Date Printed: 12/30/11
1783356 Sex: F Age: 52 DOB: 05/01/1959

that she cried extensively during the phone call, but managed to tell her half-sister several things that she felt were very important and that corrected her sibling's misinformed viewpoint about the situation between her and her half-brother. PT continues to feel very fatigued, which she attributes to her medical conditions (she is not sure whether the lupus or fibromyalgia is more responsible), and reports an overall depressed mood. She also states that having her sister-in-law around the house on a visit has been extremely helpful, in terms of preparing for the upcoming move. Discussed the relationship between PT's cognitions about family conflict tended to produce sad emotions, whereas in the past she reports that similar situations often led to more anger and motivation. She attributed some of these changes to what she perceives to be the physical deterioration of her body due to chronic illness; reciprocal effects were pointed out to her.

PLAN: Continue cognitive therapy.

RETURN TO CLINIC: 9/20/11, 12 noon.

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 09/15/2011 03:19PM

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OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959
Date Printed: 12/30/11

Confidential

09/09/11 : 01:12pm

CLINICAL NOTE- CRIME VICTIMS CENTER

INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA



PATIENT INFORMATION:

NAME: DIANE FLEHER
DOB: 05/01/59
MRN: 1783356

INSURANCE: SOVA

Confidential patient information
Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER
52 year old female

For session 9/7/11

START TIME: 1:35 pm

END TIME: 2:20 pm

TOTAL TIME(LENGTH OF SERVICE): 45 mins

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I:	
1) 309.28 Adj D/O with Anxious and Depress	
2) 293.83 Mood D/O due to Fibromyalgia and	
Lupus, with Depressive Features	
Axis II:	
Axis III:	
1) Fibromyalgia (by report)	
2) Lupus (by report)	
Axis IV:	
Axis V:	

PSYCHIATRIC PROBLEM ADDRESSED: 1

PT described having been deposed for Worker's Compensation appeal last week. PT's report indicated that the

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

deposition experience was stressful and moderately confrontational, but she reported handling it reasonably well. She reports increased levels of fatigue this week, and additional stress associated with monitoring her sister-in-law who is visiting from out of town in an attempt to "get well." PT was somewhat tired after having been seen by Dr. Guille immediately prior to this session. Problem solved with PT how to respond to ongoing concerns related to the Worker's Compensation situation, and what her priorities should be in terms of maintaining a focus on her own well-being. PT was engaged and generated several ideas that reflected her understanding of what would be in her own psychological best interests, but she has concerns about her husband's willingness to agree. We discussed including him in future sessions to discuss, if needed.

PLAN: Continue cognitive therapy.

RETURN TO CLINIC: 9/14/11, 1:30 pm.

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 09/09/2011 01:27PM

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OF SOUTH CAROLINA

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Patient Chart

FLEHER, DIANE

Date Printed: 12/30/11
1783356 Sex: F Age: 52 DOB: 05/01/1959

Confidential

09/07/11 : 01:29pm

CLINICAL NOTE

INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA

PATIENT INFORMATION:

NAME: DIANE FLEHER

DOB: 05/01/59

MRN: 1783356

INSURANCE: SOVA

Confidential patient information

Do not release without express written consent of patient or parent/legal guardian

Last Plan of Care Completed:	NO PLAN OF CARE ON RECORD
Last 90 Day Summary Completed:	NO 90DSUM ON RECORD

DIANE FLEHER

52 year old female

DATE OF SERVICE: 9/7/11

START TIME: 1pm

END TIME: 1:30

TOTAL TIME: 30 min

KNOWN ALLERGIES: NKA

CURRENT MEDICATIONS: no changes

MEDICATION SIDE EFFECTS: None

MAJOR PROBLEM LIST -

LUPUS

HYPOTHYROID

NEUROGENIC SYNCOPE

OBSTRUCTIVE SLEEP APNEA

FIBROMYALGIA

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OF SOUTH CAROLINA

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

MIGRAINES
RESTLESS LEG SYNDROME

MENTAL STATUS EXAMINATION:

Level of Consciousness: Patient is alert and fully oriented and in no apparent discomfort.

Activity Level: Calm

Attitude: Cooperative

Speech: Rate: Normal

Mood: Sad

Affect: Congruent with mood Labile

Thought Process: Goal directed / Coherent

Thought Content: Appropriate

Potential for Suicide/Self-Harm: None

Potential for Assault/Violence: None

Tics: None

Axis I:	
1) 309.28 Adj D/O with Anxious and Depress	
Axis II:	
Axis III:	
1) Fibromyalgia (by report)	
2) Lupus (by report)	
Axis IV:	
Axis V:	

OBJECTIVE: Pt experienced worsening of mood, increased tearfulness, low energy and has poor concentration in the context of stressors including deposition regarding case against her brother. Occasional SI but no intent, desire or plan to end her life.

RESPONSE: Discussed continued symptoms related to depression, anxiety and fibromyalgia and worsening of these symptoms in relation to court stressors. Pt considering dropping court case but needing assistance to discuss this decision with husband. Also discussed option of other potential treatments to augment current therapy including using TCA, cyclobenzaprine already prescribed.

ASSESSMENT: 52 year old female with multiple medical problems presenting with continued poor mood and concentration, mood lability, anxiety and excessive fatigue. Symptoms appear to have worsened with recent deposition. Offered medication change now, but decided to defer until decision was made regarding court with the hope that decision to disengage with court proceedings will likely reduce stress and improve symptoms. If symptoms do not resolve, would recommend adjustment to medications and continued therapy.

PLAN:

1) Mood, Anxiety, fibromyalgia: c/w cymbalta 120mg daily. Continue work with primary therapist.

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959
Date Printed: 12/30/11

-
- 2) Sleep; c/w klonopin to 1mg am /1.5mg qhs short term. c/w sleep hygiene. Pt to decrease bedtime dose if sleeping too much.
3) psychological stressor: pt to continue to meet with primary therapist.
4) RTC in 4 weeks

ADDENDUM:

Current medications:

Benazepril/hydrochlorothiazide (20/12.5) daily
Cymbalta 120 daily
Wellbutrin XL 300 daily Hydrochloroquine 200 daily
Synthroid .100 daily
Klonopin 1/1.5 qam and qhs

PRN:

Tramadol 50
Prednisone 10
cyclobenzaprine 10 Q8 hrs
hydrocodone/APAP 7.5/500
Rizatriptan 10

SIGNED BY CONSTANCE GUILLE, MD (ATTENDING) (26D) 09/07/2011 01:43PM
REVISED BY CONSTANCE GUILLE, MD (ATTENDING) (26D) 09/07/2011 01:44PM

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

Confidential

08/23/11 : 01:41pm

CLINICAL NOTE- CRIME VICTIMS CENTER

INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA
24C

PATIENT INFORMATION:

NAME: DIANE FLEHER
DOB: 05/01/59
MRN: 1783356

INSURANCE: THE STATE OFFICE OF

Confidential patient information
Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER
52 year old female

START TIME: 12:30 pm

END TIME: 1:30 pm

TOTAL TIME(LENGTH OF SERVICE): 60 mins

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I: 1) 309.28 Adj D/O with Anxious and Depress	
Axis II:	
Axis III: 1) Fibromyalgia (by report) 2) Lupus (by report)	
Axis IV:	
Axis V:	

PSYCHIATRIC PROBLEM ADDRESSED: 1

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

PT reported being tired (and was actually sleeping in the waiting room when I went out to greet her) due to "unrestful sleep," which she attributed to having a rough time with fibromyalgia. PT reported a return of the facial cramping that she experienced during an anxiety attack previously, but this time the cramping preceded an anxiety attack. She reported improved ability to manage the symptoms, however, and that they went away within a few minutes. Reinforced her use of breathing and cognitive coping methods. PT also stated that she had a session with attorneys this week pertaining to upcoming deposition in worker's compensation case. She stated that remembering the incident where her brother pushed her was extremely distressing. We explored the reasons for this, and discussed the importance of not avoiding unpleasant memories of stressful events. She exhibited in-session reductions in distress when discussing the event several times, and this was highlighted as a result of non-avoidance. PT demonstrated good understanding. PT will be out of town next week and will resume treatment the following week.

PLAN: Continue cognitive therapy.

RETURN TO CLINIC: September 7, 2011, 12 noon.

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 08/23/2011 02:25PM

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OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959
Date Printed: 12/30/11

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08/16/11 : 04:45pm

CLINICAL NOTE- CRIME VICTIMS CENTER
INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA
24C



PATIENT INFORMATION:

NAME: DIANE FLEHER
DOB: 05/01/59
MRN: 1783356

INSURANCE: THE STATE OFFICE OF

Confidential patient information
Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER
52 year old female

START TIME: 3:05 pm
END TIME: 4:05 pm
TOTAL TIME(LENGTH OF SERVICE): 60 min

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I:	
1) 309.28 Adj D/O with Anxious and Depress	
Axis II:	
Axis III:	
1) Fibromyalgia (by report)	
2) Lupus (by report)	
Axis IV:	
Axis V:	

PSYCHIATRIC PROBLEM ADDRESSED: 1

PT reported having an emotional week. She and her husband were served with subpoenas related to her workmen's compensation claim, and she had an unexpectedly emotional reaction to a comment made in the waiting room of her veterinarian's office. Examined the A-B-C progression in each of these situations. In each

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

case, PT reported having negative, automatic cognitions pertaining to perceived failure, which precipitated feelings of sadness and helplessness. Discussed the accuracy of these automatic beliefs, and the emotions and behaviors that would be associated with alternative thoughts. PT also reported that while upset in veterinarian's office, she had a "flashback" (more likely a memory) of her brother's pushing her at her former workplace. PT continues to struggle with perception that she is responsible for family outcomes and togetherness, and that her continued conflict with family somehow reflects poorly on her (in particular, that it would be a disappointment to her mother). Discussed this at length. PT demonstrates improving understanding of the impact of negative thought processes.

PLAN: Continue cognitive therapy.**RETURN TO CLINIC:** 8/23/11, 12:30 pm

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 08/16/2011 05:04PM

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

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08/09/11 : 02:52pm

CLINICAL NOTE- CRIME VICTIMS CENTER

INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA

24C

**PATIENT INFORMATION:**

NAME: DIANE FLEHER
DOB: 05/01/59
MRN: 1783356

INSURANCE: THE STATE OFFICE OF

Confidential patient information

Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER
52 year old female

START TIME: 12:00 noon

END TIME: 12:55 pm

TOTAL TIME(LENGTH OF SERVICE): 55 min

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I:	
1) 309.28 Adj D/O with Anxious and Depress	
Axis II:	
Axis III:	
1) Fibromyalgia (by report)	
2) Lupus (by report)	
Axis IV:	
Axis V:	

PSYCHIATRIC PROBLEM ADDRESSED: 1

PT presented in a much happier mood than last week and was eager to relate what happened at pulmonologist's office. PT reported having an episode of neurogenic syncope that resulted in temporary suspension of her driving privileges. PT had them reinstated by cardiologist she visited in the following days. PT reported having ongoing

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

pain symptoms associated with fibromyalgia, but has a rheumatology appointment in the near future that she hopes might provide some benefit. She described having an "a-ha moment" related to her sporadic suicidal ideation. She related it to feeling of love and peace she experienced during a near death experience. PT reported that this strengthened her resolve never to consider suicide as an option because it was "such a selfish choice." PT reported an improvement in her mood, as she looks forward to relocating to new home. Spent some of session providing education to PT about regular, diaphragmatic breathing (as opposed to PT's habit of holding her breath when she gets upset). Demonstrated technique, which was familiar to PT from her previous vocal training. Instructed PT to practice breathing during calm, relaxed moments over the next week.

PLAN: Continue cognitive therapy

RETURN TO CLINIC: Tuesday 8/16/11, 3 pm

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 08/09/2011 03:00PM

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OF SOUTH CAROLINA

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

Confidential

08/04/11 : 04:49pm

CLINICAL NOTE- CRIME VICTIMS CENTER

INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA
24C



PATIENT INFORMATION:

NAME: DIANE FLEHER
DOB: 05/01/59
MRN: 1783356

INSURANCE: SOVA

Confidential patient information
Do not release without express written consent of patient or parent/legal guardian.

DIANE FLEHER
52 year old female

START TIME: 12 noon, 8/2/2011
END TIME: 1 prh, 8/2/2011
TOTAL TIME(LENGTH OF SERVICE): 60 minutes

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I: 1) 309.28 Adj D/O with Anxious and Depress	
Axis II:	
Axis III: 1) Fibromyalgia (by report) 2) Lupus (by report)	
Axis IV:	
Axis V:	

PSYCHIATRIC PROBLEM ADDRESSED: 1

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959
Date Printed: 12/30/11

This note is for Ind Tx session on Aug 2, 2011.

PT presented without make-up and reporting considerable emotional distress. She reported that she had had a very difficult weekend. Her sister had told her to "act like David (Pt's brother) was dead." PT reported that this made her extremely sad, and that she began crying uncontrollably in the restaurant where they were eating breakfast. When PT came home, she found a letter from disability denying her application, which compounded her distress. PT has been feeling very emotionally labile since, with frequent crying episodes and other physiological problems, including diarrhea. Engaged in cognitive therapy about PT's thoughts regarding the meaning of acting like her brother was dead. PT reported feeling like it was a permanent loss, that things between them would never be better, and that her mother would be terribly disappointed that the siblings were not getting along better. Discussed each of those thoughts, but PT had considerable difficulty maintaining composure. Her affect brightened considerably when talking about her recent news about moving to Puerto Rico. PT also plans to appeal disability ruling.

PLAN: Continue cognitive therapy.

RETURN TO CLINIC: Tues 8/9 at 12 noon.

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 08/04/2011 04:55PM

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OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959
Date Printed: 12/30/11

Confidential

08/04/11 : 11:36am

CLINICAL NOTE

INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA



PATIENT INFORMATION:

NAME: DIANE FLEHER
DOB: 05/01/59
MRN: 1783356

INSURANCE: SOVA

Confidential patient information

Do not release without express written consent of patient or parent/legal guardian

Last Plan of Care Completed:	NO PLAN OF CARE ON RECORD
Last 90 Day Summary Completed:	NO 90DSUM ON RECORD

DIANE FLEHER
52 year old female

DATE OF SERVICE: 8/4/11
START TIME: 3pm
END TIME: 3:30pm
TOTAL TIME: 30 min

KNOWN ALLERGIES:

CURRENT MEDICATIONS:

Benazepril/hydrochlorothiazide (20/12.5) daily
Cymbalta 120 daily
Wellbutrin XL 300 daily Hydrochloroquine 200 daily
Synthroid .100 daily
Klonopin 1/1.5 qam and qhs

PRN:

Tramadol 50'
Prednisone 10
cyclobenzaprine 10 Q8 hrs
hydrocodone/APAP 7.5/500
Rizatriptan 10

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Patient Chart

FLEHER, DIANE
 Date Printed: 12/30/11
 1783356 Sex: F Age: 52 DOB: 05/01/1959

MEDICATION SIDE EFFECTS: None

MAJOR PROBLEM LIST -

LUPUS
 HYPOTHYROID
 NEUROGENIC SYNCOPE
 OBSTRUCTIVE SLEEP APNEA
 FIBROMYALGIA
 MIGRAINES
 RESTLESS LEG SYNDROME

MENTAL STATUS EXAMINATION:

Level of Consciousness: Patient is alert and fully oriented and in no apparent discomfort.

Activity Level: Calm

Attitude: Cooperative

Speech: Rate: Normal

Mood: Sad

Affect: Full range

Thought Process: Goal directed / Coherent

Thought Content: Appropriate

Potential for Suicide/Self-Harm: None

Potential for Assault/Violence: None

Tics: None

Axis I:	
1) 309.28 Adj D/O with Anxious and Depress	
Axis II:	
Axis III:	
1) Fibromyalgia (by report)	
2) Lupus (by report)	
Axis IV:	
Axis V:	

OBJECTIVE: Significant events over past couple weeks include the purchase of a home in Puerto Rico with plans to move there in October. Continued difficulty with handling relationship with brother and was noticed of initial disability rejection. Pt experienced significant improvement in mood and sleep with in PR but upon return to US and stressors continues to feel tearful, low energy and has poor concentration. Occasional SI but no intent, desire or plan to end her life.

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Patient Chart

FLEHER, DIANE

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(
1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

RESPONSE: Discussed continued 'residual' symptoms related to depression, anxiety and possibly fibromyalgia and need for adequate trial of medication at recently increased dose prior to discussing other potential treatment options to augment current therapy including using TCA, cyclobenzaprine already prescribed. Pt has used sleep agents and klonopin minimally over past few weeks. Continued f/u for pul/sleep tests.

ASSESSMENT: 52 year old female with multiple medical problems presenting with continued low mood, anxiety and excessive fatigue. Will give full trial of recent medication change to assess for effectiveness. Re-eval in 3 weeks. Continue work with primary therapist.

PLAN:

- 1) Mood, Anxiety, fibromyalgia: c/w cymbalta 120mg daily
- 2) Sleep; c/w klonopin to 1mg am /1.5mg qhs short term. c/w sleep hygiene.
- 3) psychological stressor: pt to continue to meet with primary therapist.
- 4) RTC in 3 weeks

SIGNED BY CONSTANCE GUILLE, MD (ATTENDING) (26D) 08/04/2011 11:46AM

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OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959
Date Printed: 12/30/11

Confidential

07/20/11 : 02:59pm

CLINICAL NOTE- CRIME VICTIMS CENTER
INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA



PATIENT INFORMATION:
NAME: DIANE FLEHER
DOB: 05/01/59
MRN: 1783356

INSURANCE: THE STATE OFFICE OF

Confidential patient information
Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER
52 year old female

START TIME: 1200 noon
END TIME: 1255
TOTAL TIME(LENGTH OF SERVICE): 55 min

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I:	
1) 309.28 Adj D/O with Anxious and Depress	
Axis II:	
Axis III:	
1) Fibromyalgia (by report)	
2) Lupus (by report)	
Axis IV:	
Axis V:	

PSYCHIATRIC PROBLEM ADDRESSED: 1

PT presented on time and in positive mood. She reported being exceedingly relieved to talk with Dr. Guille about pulmonary testing and diagnostic issues. PT reported positive news with respect to her health insurance status at

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959
Date Printed: 12/30/11

Roper Hospital. PT c/o 'kidney pain' over the past weekend which prevented her from meeting new friends of her husband's. Discussed how PT handled that with husband, and it appears she was appropriately assertive. Continues to have some concerns about inadequacy, which we examined via cognitive therapy. PT also reported considerable (though manageable anxiety) when making doctor visits at Roper facilities, fearing she will encounter her brother there. Discussed this at length using cognitive therapy techniques. PT denies feeling considerable explicit fear that brother will attack her, but is concerned about his causing a scene and the emotional impact a confrontation might have on her. Discussed practical coping methods for addressing this, and will follow up next week. PT denied any suicidal ideation during the previous week.

PLAN: Continue cognitive therapy.

RETURN TO CLINIC: RTC for IND Tx on July 26, 2011, 12 noon.

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 07/20/2011 03:07PM

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MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959
Date Printed: 12/30/11

Confidential

07/15/11 : 04:24pm

CLINICAL NOTE

INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA

24C

PATIENT INFORMATION:

NAME: DIANE FLEHER
DOB: 05/01/59
MRN: 1783356

INSURANCE: SOVA

Confidential patient information

Do not release without express written consent of patient or parent/legal guardian

Last Plan of Care Completed:	NO PLAN OF CARE ON RECORD
Last 90 Day Summary Completed:	NO 90DSUM ON RECORD

DIANE FLEHER
52 year old female

DATE OF SERVICE: 7/13/11
START TIME: 1pm
END TIME: 1:30pm
TOTAL TIME: 30 min

KNOWN ALLERGIES:

CURRENT MEDICATIONS:

Benazepril/hydrochlorothiazide (20/12.5) daily
Cymbalta 60 daily
Wellbutrin XL 300 daily Hydrochloroquine 200 daily
Synthroid .100 daily
Temazepam 30 qhs

PRN:

Clonopin 0.5qhs
Tramadol 50
Prednisone 10
cyclobenzaprine 10 Q8 hrs

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OF SOUTH CAROLINA

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

hydrocodone/APAP 7.5/500
Rizatriptan 10

MEDICATION SIDE EFFECTS: Yes, steroids, increase anxiety, mood swings, difficulty concentrating

MAJOR PROBLEM LIST -

LUPUS
HYPOTHYROID
NEUROGENIC SYNCOPE
OBSTRUCTIVE SLEEP APNEA
FIBROMYALGIA
MIGRAINES
RESTLESS LEG SYNDROME

MENTAL STATUS EXAMINATION:

Level of Consciousness: Patient is alert and fully oriented and in no apparent discomfort.

Activity Level: Calm

Attitude: Cooperative

Speech: Rate: Normal

Mood: Sad, Anxious

Affect: Congruent with mood

Thought Process: Goal directed / Coherent

Thought Content: Appropriate

Potential for Suicide/Self-Harm: Intermittent SI while on steroids, but reports not wanting to end her life or having any intent or plan to harm herself

Potential for Assault/Violence: None

Tics: None

Axis I: 1) 309.28 Adj D/O with Anxious and Depress	
Axis II:	
Axis III: 1) Fibromyalgia (by report) 2) Lupus (by report)	
Axis IV:	
Axis V:	

OBJECTIVE: Reports some improvement in mood, concentration, sleep and anxiety since taper of steroids however still experiencing residual symptoms of fatigue, some sleep disturbance, poor concentration and low mood and feeling 'easily tearful'. Expressed concern regarding current pul/sleep tests. Sleep study did rule out OSA but PFTs concerning for possibly pul HTN which will be r/o with echo and f/u CT was ordered to monitor pul

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

nodule.

RESPONSE: Discussed 'residual' symptoms related to depression, anxiety and possibly fibromyalgia and potential treatment options to augment current therapy including increasing cymbalta as well as using TCA, cyclobenzaprine already prescribed. Given side effects and overall prior efficacy, we decided to increase cymbalta. Discussed sleep problems and recommended short term increase in klonopin which she is taking regularly with temazapine. recommended using only 1 medication and short term increase until symptoms improve. Discussed pul and sleep tests at length and followed up with pulmonologist regarding current status and further work up (see AOR and records in PP).

ASSESSMENT: 52 year old female with multiple medical problems presenting with continued low mood, anxiety and excessive fatigue. While there are a number of co-occurring conditions that can worsen patients mood, anxiety and energy, medical management of conditions are adequate and OSA was ruled out with sleep test. Will attempt to further address mood/anxiety and fatigue with increase in cymbalta and klonopin in addition to continued work with primary therapist.

PLAN:

- 1) Mood, Anxiety, fibromyalgia: increase cymbalta from 60 to 120mg daily
- 2) Sleep; increase klonopin to 1mg am /1.5mg qhs short term. c/w sleep hygiene.
- 3) psychological stressor: pt to continue to meet with primary therapist.
- 4) RTC in 2-3 weeks

#	SIGNED BY CONSTANCE GUILLE, MD (ATTENDING) (26D)	07/15/2011 04:47PM
#	REVISED BY CONSTANCE GUILLE, MD (ATTENDING) (26D)	07/15/2011 04:48PM
#	REVIEWED BY DANIEL W SMITH, PhD (ATTENDING) (24C)	08/04/2011 05:27PM

MUSC

MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

Confidential

07/12/11 : 03:34pm

CLINICAL NOTE- CRIME VICTIMS CENTER
INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA

24C

26D

graphic

PATIENT INFORMATION:

NAME: DIANE FLEHER
DOB: 05/01/59
MRN: 1783356

INSURANCE: THE STATE OFFICE OF

Confidential patient information
Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER
52 year old female

START TIME: 12:00 noon
END TIME: 12:50 pm
TOTAL TIME(LENGTH OF SERVICE): 50 min

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I:
1) 309.28 Adj D/O with Anxious and Depress

Axis II:

Axis III:
1) Fibromyalgia (by report)
2) Lupus (by report)

Axis IV:

Axis V:

PSYCHIATRIC PROBLEM ADDRESSED: 1

Printed using Practice Partner

Patient Chart

FLEHER, DIANE

Date Printed: 12/30/11
1783356 Sex: F Age: 52 DOB: 05/01/1959

PT presented in moderate emotional distress today. She reported that upon a return visit to her pulmonologist, she was given a diagnosis of Primary Pulmonary Hypertension, which she had investigated online. The prognosis for the disease, which she learned is quite rare, is not particularly good, and she was concerned. PT reported using reasonably good cognitive coping strategies to cope with this information. Spent some time discussing the situation and determined that the pulmonologist's diagnosis was almost certainly provisional, and that additional tests were necessary to confirm/disconfirm the condition. PT was relieved by this and her affect brightened considerably. She reported that on Sunday she had finished her most recent round of steroid medication, which was effective in reducing her lupus symptoms. She reported that her emotional and cognitive symptoms were already improving. She also stated that her mood/suicidal ideation was improved over the previous week, and that she was not significantly troubled by thoughts of self-harm. PT has results of sleep study and will share them with Dr. Guille at tomorrow's appointment. Plan is to see Dr. Guille, comply with recommendations for additional imaging testing from pulmonologist, and continue ind tx.

PLAN: Continue CBT

RETURN TO CLINIC: July 13 for appt with Dr. Guille; July 19th at 12 noon for continuing CBT.

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 07/12/2011 03:43PM
REVIEWED BY CONSTANCE GUILLE, MD (ATTENDING) (26D) 07/13/2011 12:24PM

MUSC

MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959 Date Printed: 12/30/11

Confidential

07/06/11 : 12:51pm
PHONE MESSAGE - PSYCHIATRY
MEDICAL UNIVERSITY OF SOUTH CAROLINA

24C

TIME CALL RECEIVED: 12:51 PM

PATIENT: DIANE FLEHER, 52 year
DOB: 05/01/59
MRN: 1783356

CALLER'S NAME: Patient

RELATION TO PATIENT: Self

PHONE NUMBER WHERE CALLER CAN BE REACHED: Home: (865)805-4550
Writer left a message on pt's cell phone. Although pt has scheduled appointments she has either called to cancel or not shown. Writer called to offer another appointment time to discuss current clinical and sleep study/evaluation status and possible treatment/medication options.

*****REASON FOR CALL: clinical care follow-up

SIGNED BY CONSTANCE GUILLE, MD (ATTENDING) (26D) 07/06/2011 12:56PM
REVIEWED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 08/04/2011 05:31PM

MUSC

MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

Confidential

07/05/11 : 05:10pm

CLINICAL NOTE- CRIME VICTIMS CENTER
INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA

24C

26D

graphic

PATIENT INFORMATION:

NAME: DIANE FLEHER
DOB: 05/01/59
MRN: 1783356

INSURANCE: THE STATE OFFICE OF

Confidential patient information
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DIANE FLEHER
52 year old female

START TIME: 1205

END TIME: 105

TOTAL TIME(LENGTH OF SERVICE): 60 mins

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I: 1) 309.28 Adj D/O with Anxious and Depress	
Axis II:	
Axis III: 1) Fibromyalgia (by report) 2) Lupus (by report)	
Axis IV:	
Axis V:	

PSYCHIATRIC PROBLEM ADDRESSED: 1

PT presented complaining of having a "rough week," which she attributed primarily to the resumption of steroid medication to combat a lupus flare up in her back. She described concentration difficulties and mood problems that she attributes to the steroid regime. She has begun tapering off the medication and should be off of steroids

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959
Date Printed: 12/30/11

by "the end of the week." PT expressed some anticipatory distress related to wedding planning for her son, and the meaning of inviting/not inviting different family members. Engaged in cognitive therapy around this issue, clarifying what the thoughts were that produced her sad and anxious emotions, and challenged the thoughts that were inaccurate and unhelpful (e.g., "I am putting family members in the middle of family conflict if I invite them"). PT also described intense feeling of sadness last night coming home from holiday get-together, during which she acknowledged some transient suicidal ideation. She stated that this type of ideation has been happening several times per week, but not every day, and that she is able to combat it effectively by reminding herself how "full of blessings" her life is at the moment. She stated that she has considered a method (medication overdose). However, she specifically denied any intent at present. In particular, she is invested in her marriage and her son's upcoming wedding. Provided PT with my mobile phone number and instructed her to contact me if she had difficulty with suicidal ideation in the next week. Also reminded her how to get help in an emergency (page Resident on call or present to an emergency room). At present, suicide risk is deemed to be low but will need to be monitored. Role of current steroid regimen on her mood must also be considered. A follow-up appointment with psychiatrist is also recommended.

PLAN: Continue cognitive therapy; monitor suicidal ideation. PT will also seek results of sleep study (conducted 2 weeks ago) and schedule follow-up appointment with Dr. Guille.

RETURN TO CLINIC: RTC 7/12/11, 12 noon.

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 07/05/2011 05:23PM
REVIEWED BY CONSTANCE GUILLE, MD (ATTENDING) (26D) 07/06/2011 12:48PM

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MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE
 Date Printed: 12/30/11
 1783356 Sex: F Age: 52 DOB: 05/01/1959
Confidential

06/23/11 : 11:02am

CLINICAL NOTE- CRIME VICTIMS CENTER

INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA

24C

**PATIENT INFORMATION:**

NAME: DIANE FLEHER

DOB: 05/01/59

MRN: 1783356

INSURANCE: THE STATE OFFICE OF

Confidential patient information

Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER

52 year old female

START TIME: 12:00 noon

END TIME: 12:55 pm

TOTAL TIME(LENGTH OF SERVICE): 55 mins

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I:	
1) 309.28 Adj D/O with Anxious and Depress	
Axis II:	
Axis III:	
1) Fibromyalgia (by report)	
2) Lupus (by report)	
Axis IV:	
Axis V:	

PSYCHIATRIC PROBLEM ADDRESSED: 1

Session held on 6/21/11.

 PT presented on time and stated that she had had a "rough week." However, in following up with that, the
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Page: 51

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

problems this week were primarily physical in nature, as PT has been suffering from what sounds like nerve pain in her back. She states that this is something of a chronic, intermittent condition. Her tingling/stinging shoulder and arm pain, however, has resolved.

PT did not complete A-B-C sheets this week, due in part to pain symptoms and in part to being busy with some family matters. Much of the discussion centered around PT's marital relationship and the impact that her psychological and physical symptoms are having in that area. Used examples from recent disagreements between PT and her husband to reinforce cognitive coping (A-B-C) approach to understanding her emotional reactions. PT demonstrated improving understanding, and exhibited greater self-confidence and reported increased assertiveness in her interactions with her husband. PT noted that this was the second consecutive session in which she did not become intensely emotional and teafull. Framed this as both positive indicator of improved coping, but also that we have been avoiding certain topics (her past relationships) that continue to be difficult for her. We agreed to revisit these topics in upcoming sessions.

PLAN: Continue cognitive therapy.

RETURN TO CLINIC: Thurs 6/30/11 at 11 am.

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 06/23/2011 11:16AM

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OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

Confidential

06/16/11 : 03:44pm

CLINICAL NOTE- CRIME VICTIMS CENTER
INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA -
24C



PATIENT INFORMATION:
NAME: DIANE FLEHER
DOB: 05/01/59
MRN: 1783356

INSURANCE: SOVA

Confidential patient information
Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER
52 year old female

START TIME: 1:05 pm
END TIME: 1:55 pm
TOTAL TIME(LENGTH OF SERVICE): 50 min

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I: 1) 309.28 Adj D/O with Anxious and Depress	
Axis II:	
Axis III: 1) Fibromyalgia (by report) 2) Lupus (by report)	
Axis IV:	
Axis V:	

PSYCHIATRIC PROBLEM ADDRESSED: 1
Session conducted on 6/16/11.

PT presented a few minutes late due to transportation complications. She reported having a very stressful week,
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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

but upon inquiry stated that most of her problems were physical in nature. She did state that she fainted x 2 this week, but attributed the fainting episodes to postural syncope that was unrelated to stress. She is continuing hormone treatment for her lupus flare-up, and though it continues to produce physical improvement, PT also experiences some cognitive side effects (mild disorientation, concentration problems). PT was very intent on discussing a comment I made in the last session about "catastrophizing," which she interpreted to be pejorative. We discussed this at some length, and PT had completed an A-B-C sheet about her reaction to it. She also completed several other A-B-C sheets, many of which pertained to mild-to-moderate conflicts with her husband, whom she perceives to be increasingly impatient with her impairment. Discussed the "B" aspect of her sheets at great length, as PT was having difficulty understanding the concept of "inaccurate" thoughts. This was clarified for PT, and she was able to classify her "B" statements with greater accuracy. PT agreed to continue A-B-C tracking, and understood both "catastrophizing" as a cognitive error and perceptions of cognitive "accuracy" as a function of time perspective.

PLAN: Continue Cognitive Therapy

RETURN TO CLINIC: 6/21/11 at 12 noon.

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 06/30/2011 03:54PM

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Patient Chart

FLEHER, DIANE
 Date Printed: 12/30/11
 1783356 Sex: F Age: 52 DOB: 05/01/1959
Confidential

06/07/11 : 04:06pm

 CLINICAL NOTE- CRIME VICTIMS CENTER
 INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA

24C

26D

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PATIENT INFORMATION:
 NAME: DIANE FLEHER
 DOB: 05/01/59
 MRN: 1783356

INSURANCE: SOVA

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 DIANE FLEHER
 52 year old female

 START TIME: 12:25
 END TIME: 1:20
 TOTAL TIME(LENGTH OF SERVICE): 55 mins

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I:	
1) 309.28 Adj D/O with Anxious and Depress	
Axis II:	
Axis III:	
1) Fibromyalgia (by report)	
2) Lupus (by report)	
Axis IV:	
Axis V:	

PSYCHIATRIC PROBLEM ADDRESSED: 1

PT presented 25 mins late for appointment after calling to say she was stuck in traffic. PT appeared much better today and was more emotionally composed despite traffic stress. PT has been rx'ed steroid treatment for her lupus by her MD and has responded favorably. She reported experiencing some cognitive side effects, but these were

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Patient Chart

FLEHER, DIANE

Date Printed: 12/30/11
1783356 Sex: F Age: 52 DOB: 05/01/1959

seemingly mild. PT produced two A-B-C sheets which were completed appropriately and thoroughly and discussed. PT had strong emotional reaction to identification of catastrophic thinking as a common cognitive error. Discussion centered around her difficulty with interpreting issues pertaining to her brother as anything other than "awful." It was acknowledged that these issues paralleled other relationships in her life, and self-blame was identified as a related type of cognitive error. Finally, her concerns about her marital relationship (while relatively minor) were also discussed in the context of the A-B-C model. Overall, a good session with PT beginning to grasp importance of identifying and modifying unhelpful thinking habits.

PT has had other medical follow-up with pulmonologist and has sleep study related to apnea scheduled later this week, after which she will follow up with Dr. Guille for continued psychiatric consultation.

PLAN: Continue cognitive-behavioral therapy.

RETURN TO CLINIC: 6/14/2011 at 12 noon.

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 06/07/2011 04:18PM
REVIEWED BY CONSTANCE GUILLE, MD (ATTENDING) (26D) 06/09/2011 04:18PM

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OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

Confidential

06/06/11 : 02:36pm
PHONE MESSAGE - PSYCHIATRY
MEDICAL UNIVERSITY OF SOUTH CAROLINA

TIME CALL RECEIVED: 02:36 PM

PATIENT: DIANE FLEHER, 52 year
DOB: 05/01/59
MRN: 1783356

CALLER'S NAME: Patient

RELATION TO PATIENT: Self

PHONE NUMBER WHERE CALLER CAN BE REACHED: Home: (865)805-4550
Pt did not show for scheduled appointment. Pt to re-schedule when needed.

*****REASON FOR CALL:

SIGNED BY CONSTANCE GUILLE, MD (ATTENDING) (26D) 06/06/2011 02:37PM

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OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

Confidential

05/25/11 : 02:56pm

CLINICAL NOTE- CRIME VICTIMS CENTER

INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA

24C



PATIENT INFORMATION:

NAME: DIANE FLEHER

DOB: 05/01/59

MRN: 1783356

INSURANCE: THE STATE OFFICE OF

Confidential patient information
Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER
52 year old female

START TIME: 11:55 am

END TIME: 12:45

TOTAL TIME(LENGTH OF SERVICE): 50 minutes

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I:	
1) 309.28 Adj D/O with Anxious and Depress	
Axis II:	
Axis III:	
1) Fibromyalgia (by report)	
2) Lupus (by report)	
Axis IV:	
Axis V:	

PSYCHIATRIC PROBLEM ADDRESSED: 1

PT presented in extreme agitation. She was hyperventilating and expressed enormous concern about a painful muscle spasm in her face. She was concerned she might be having a stroke or a relapse of Bell's palsy. After a

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MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

quick cranial nerve screen performed by attending psychiatrist, it was determined that she was having an anxiety-related facial muscle spasm. PT was educated about the impact of anxiety and panic symptoms on physiological functioning, and in vivo relaxation skills were demonstrated and practiced. PT continues to have poor sleep and suffer from a lupus flare up, which is negatively affecting her overall well-being. In addition, on the way to the session, she received some negative information from her attorney. Discussed her processing of this information and her fears regarding how other people might perceive her, emphasizing clear thinking about what is and is not under PT's control. PT was able to calm down and relax and process the information accordingly. Briefly joined in session by PT's sister and husband, who verbalized their support for her, which PT found reassuring. PT reported having had a bad week previous to session, including fainting (which she described as postural neurogenic syncope) while doing laundry. PT did not complete A-B-C sheets this week, but promised to continue them for next week.

PLAN: Continue CBT.

RETURN TO CLINIC: Tues May 31, 1 pm

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 05/25/2011 03:24PM

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

Confidential

05/20/11 : 02:41pm

CLINICAL NOTE- CRIME VICTIMS CENTER

INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA

24c



PATIENT INFORMATION:

NAME: DIANE FLEHER

DOB: 05/01/59

MRN: 1783356

INSURANCE: SOVA

Confidential patient information

Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER
52 year old female

START TIME: 12:05 pm

END TIME: 1:00 pm

TOTAL TIME(LENGTH OF SERVICE): 55 min

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I:	
1) 309.28 Adj D/Q with Anxious and Depress	
Axis II:	
Axis III:	
1) Fibromyalgia (by report)	
2) Lupus (by report)	
Axis IV:	
Axis V:	

PSYCHIATRIC PROBLEM ADDRESSED: 1

PT presented in some distress due to lack of sleep that was precipitated by a lupus flare up. She winced and scratched her arms (on which sores were visible) throughout the session. Discussed her meeting with her

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MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Page: 60

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

physician and his plan to have her get a consultation related to re-instituting CPAP. PT completed her homework assignment of A-B-C sheets, and much of session was spent discussing them. She struggles somewhat with common problems associated with beginning A-B-C sheets - writing down overlong descriptions of scenarios and differentiating thoughts from feelings. Provided feedback on this and assigned an additional week of monitoring using these sheets. PT reports some ongoing misunderstandings and conflicts with husband that is causing her additional stress at this time.

PLAN: Continue CBT and A-B-C sheet assignment.

RETURN TO CLINIC: Tues May 24 at 12 noon.

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 05/20/2011 03:46PM

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MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

Confidential

05/10/11 : 04:46pm

CLINICAL NOTE- CRIME VICTIMS CENTER

INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA

24c



PATIENT INFORMATION:

NAME: DIANE FLEHER
DOB: 05/01/59
MRN: 1783356

INSURANCE: THE STATE OFFICE OF

Confidential patient information

Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER
52 year old female

START TIME: 11:00

END TIME: 11:50

TOTAL TIME(LENGTH OF SERVICE): 50 Mins

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I:	
1) 309.28 Adj D/O with Anxious and Depress	
Axis II:	
Axis III:	
1) Fibromyalgia (by report)	
2) Lupus (by report)	
Axis IV:	
Axis V:	

PSYCHIATRIC PROBLEM ADDRESSED: 1

PT did not complete A-B-C homework assignment due to having a stressful/busy week preparing for family event. Agreed to complete for next week. Reviewed purpose of assignment. PT discussed appointment with Dr.

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OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

Guille yesterday and was very satisfied with guidance and plan provided at that appointment. PT reported having very low BP over the weekend with considerable fatigue. Framed as possible rebound reaction from excitement and build-up to family event, which went "perfectly" according to PT. Much of session was spent discussing PT's relationship with her father, and her thoughts and feelings about his "betrayal" of her later in his life, and how that contrasted with the warm, loving relationship PT reports from her childhood. Explored the relations among PT's thoughts and feelings about father, and their relation to most recent conflict with her older brother.

PLAN: Continue CBT, with emphasis on cognitive coping. Complete A-B-C homework assignment.

RETURN TO CLINIC: 5/17/2011 at 11 am.

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 05/10/2011 04:52PM

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MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Page: 63

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

Confidential

05/09/11 : 02:01pm
INSTITUTE OF PSYCHIATRY - PMA
MEDICAL UNIVERSITY OF SOUTH CAROLINA
PSY PMA: 05/09/11

24C

graphic

PATIENT INFORMATION:

NAME: DIANE FLEHER
DOB: 05/01/59
MUH: 1783356

INSURANCE: THE STATE OFFICE OF

START TIME: 12
END TIME: 1
TOTAL TIME: 1hr

HISTORY OF PRESENT ILLNESS:

DIANE is a 52 year old female who presents for a medical and psychiatric evaluation. Pt reports being in her usual state of health until Oct. 2010 when her brother became agitated and angry and physically pushed her 3 times. Since then patient reports 'not being able to hold it together' and feeling 'overwhelmed by everything' and 'unable to function'. She denies reexperiencing the event or symptoms consistent with hyperarousal. She does report that she has not spoken with her brother since the event but denies other avoidance. She believes that the event may have 'triggered' her recollection of past physical abuse by her first ex-husband but again denies re-experiencing, avoidance or hyperarousal associated with prior D.V. She reporting being tearful and upset at least 2 days out of the week, but denies depressed mood or anhedonia. She reports excessive fatigue which proceeded the event but seems to be more frequent and excessive. Reports feeling anxious but denies panic attacks or generalized constant worries. She denies perceptual disturbances or using alcohol or other substances.

PPH:

Reports a history of 'depression' and 'anxiety' which coincided with the onset of Lupus diagnosed in 1988. Has had several trials of antidepressant medications with unknown response including zoloft, prozac and effexor. Was prescribed lyrica for fibromyalgia but experienced side effects. Denies prior psychiatric hospitalizations. Denies h/o SA.

PMH:

Lupus (discoid and systemic): diagnosed in 1998, unknown last flare but required short course of prednisone in march, 2011.

Neurogenic Syncope: diagnosed in 1998

Hypothyroidism: (TSH completed 2 months ago- wnl)

Fibromyalgia

Obstructive Sleep Apnea (has not used CPAP in many months).

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MEDICAL UNIVERSITY OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

RLS
Migraines

PSH:
2 c-sections

Allergy:
ancef-anaphylactic shock

WEIGHT:
HEIGHT:
BP: \\\nHR:

Appearance: Wellgroomed (but pt reports unusual to not be wearing make-up etc.)
Eye Contact: good
Energy: poor
Concentration: poor
Appetite: good
Thought processes: Circumstantial
Thought content: Suicidal Ideation - but no intent or plan to end her life. thoughts are egodystonic
Perception: Normal
Behavior: Cooperative
Interest: good
Interactions: interacting well-only decreased with energy poor
Insight: good
Judgement: good
Speech: normal rate, volume, tone
Motor: Normal
Level of Consciousness: awake
Mood: Depressed
Affect: Labile anxious
Oriented to person, place, time and situation
Medication compliant: yes
Anxiety symptoms: shakes
Sleep: Sleeps well with medication approximately 9hrs/night with 3-4 awakenings (bathroom, 'gasping for air')
but able to fall back to sleep quickly
Safety: Agrees to be safe

Patient able to ensure safety: yes
Patient agrees to notify therapist if they cannot maintain safety: yes

MEDICATION RECONCILIATION: Reviewed all medications and doses, Assess for effectiveness, Assessed for side effects

MEDICATIONS:
Plaquenil

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MEDICAL UNIVERSITY OF SOUTH CAROLINA

Patient Chart

FLEHER, DIANE

1783356 - Sex: F Age: 52 DOB: 05/01/1959
Date Printed: 12/30/11

Cymbalta 60
Wellbutrin XL 300
Hydrochloroquine 200
Synthroid .100
benazepril/HCTZ 20/12.5
Temazepam 300

PRN:
Clonopin 0.5
Tramadol 50
Prednisone 10
cyclobenzaprine 10
hydrocodone/APAP 7.5/500
Rizatriptan 10

CURRENT MEDICATION SIDE EFFECTS: None

REVIEWED: Compliant with medications, Reviewed recent events, Discussed patients response, Explored triggers to recent symptoms

EDUCATION: Education provided about patients diagnosis, Education provided about patients treatment, Education provided about coping strategies

MEDICAL PROBLEMS:

Lupus
Hypothyroid
Neurogenic syncope
Obstructive Sleep Apnea
Fibromyalgia
Migraines
Restless Leg Syndrome

LAB REVIEW: recent lab results unavailable

Discussed strategies to cope with: fatigue

Discussed strategies to communicate with: husband, providers

ASSESSMENT: 52 year old female with multiple medical problems presenting with worsening of mood, anxiety and excessive fatigue in the context of recent assault, history of DV and untreated obstructive sleep apnea. While there are a number of co-occurring conditions that can worsen patients mood, anxiety and energy i.e., trauma, Lupus, hypothyroidism, neurogenic syncope, OSA there is no current evidence of lupus flare and TSH was recently normal. Worsening of neurogenic syncope is possible given report of sx and low BP but more likely pt's mood and energy would benefit from re-instating CPAP for OSA. Once this is treated, we can then re-evaluate her mood and fatigue and adjust medications as needed.

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

Axis I: 1) 309.28 Adj D/O with Anxious and Depress	
Axis II:	
Axis III: 1) Fibromyalgia (by report) 2) Lupus (by report)	
Axis IV:	
Axis V:	

PLAN:

- 1) OSA: meeting with internist Wednesday 5.11.11 to readjust CPAP settings
- 2) Neurogenic Syncope: patient given written instructions to discuss new symptoms with internist.
- 3) Mood, Anxiety, fibromyalgia: first treat OSA and then readjust medications.
- 4) psychological stressor: pt to continue to meet with primary therapist.
- 5) RTC in 2 weeks after starting CPAP.

SIGNED BY CONSTANCE GUILLE, MD (ATTENDING) (26D) 05/09/2011 02:41PM
REVIEWED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 05/10/2011 10:44AM

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Patient Chart

FLEHER, DIANE

Date Printed: 12/30/11
1783356 Sex: F Age: 52 DOB: 05/01/1959

Confidential

05/03/11 : 12:35pm

CLINICAL NOTE- CRIME VICTIMS CENTER

INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA



PATIENT INFORMATION:

NAME: DIANE FLEHER
DOB: 05/01/59
MRN: 1783356

INSURANCE: THE STATE OFFICE OF

Confidential patient information
Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER
52 year old female

START TIME: 11:05 am
END TIME: 12:05 pm
TOTAL TIME(LENGTH OF SERVICE): 60 min

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I:	
1) 309.28 Adj D/O with Anxious and Depress	
Axis II:	
Axis III:	
1) Fibromyalgia (by report)	
2) Lupus (by report)	
Axis IV:	
Axis V:	

PSYCHIATRIC PROBLEM ADDRESSED: 1

PT reported having a somewhat improved week but still suffered from considerable lethargy, depressed mood, and concentration problems. Also reported some other apparently stress-related physical problems. Discussed the

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

A-B-C model of cognitive coping with PT, using example from her ongoing frustration with organizing a luncheon. PT appeared to understand quite well. Assigned A-B-C sheets as homework exercise for next week. Also discussed PT's goals and expectations for treatment. PT is willing to discuss impact of past traumas on her current functioning, even though she recognizes that doing so will have emotional repercussions. Plan is to continue ind tx with a focus on cognitive therapy and cognitive processing of past traumas.

PLAN: Continue cognitive-behavior therapy (using elements of cognitive processing therapy).

RETURN TO CLINIC: May 9 at noon to see Dr. Guille; May 10 at 11 am to see me.

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 05/03/2011 12:40PM

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959
Date Printed: 12/30/11

Confidential

04/26/11 : 03:24pm

CLINICAL NOTE- CRIME VICTIMS CENTER
INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA
24C



PATIENT INFORMATION:

NAME: DIANE FLEHER
DOB: 05/01/59
MRN: 1783356

INSURANCE: SOVA

Confidential patient information
Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER
51 year old female

START TIME: 10:55 am
END TIME: 11:55 am
TOTAL TIME(LENGTH OF SERVICE): 60 min

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I:	
1) 309.28 Adj D/O with Anxious and Depress	
Axis II:	
Axis III:	
1) Fibromyalgia (by report)	
2) Lupus (by report)	
Axis IV:	
Axis V:	

PSYCHIATRIC PROBLEM ADDRESSED: 1

PT presented for first appointment after returning from extended vacation last week. She reported ongoing difficulties with mood, concentration, and anxiety since her return. Problems were present during her vacation, also, but at decreased frequency. She described several pleasurable aspects of her vacation, as well, and it seems

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Patient Chart

FLEHER, DIANE1783356 Sex: F Age: 52 DOB: 05/01/1959
Date Printed: 12/30/11

that overall the time away was beneficial for her. In particular, she reported an increase in tension and stress since her return. Discussed the importance of relaxation to help manage anxiety symptoms, and of not engaging in too much worry about the presence of her current symptoms, as this will only exacerbate stress and anxiety. PT reported that she has applied for disability due to both psychological and physical (fibromyalgia pain) symptoms.

PLAN: Resume weekly Ind Tx to address symptoms of anxiety and depression.

RETURN TO CLINIC: Tues 5/3/2011 at 11 am.

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 04/26/2011 04:28PM

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Patient Chart

FLEHER, DIANE

Date Printed: 12/30/11
1783356 Sex: F Age: 52 DOB: 05/01/1959

Confidential

11/23/10 : 04:26pm

CLINICAL NOTE- CRIME VICTIMS CENTER
INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA
24C



PATIENT INFORMATION:
NAME: DIANE FLEHER
DOB: 05/01/59
MRN: 1783356

INSURANCE: GRANT OTHER

Confidential patient information
Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER
51 year old female

START TIME: 1 pm
END TIME: 1:50 pm
TOTAL TIME(LENGTH OF SERVICE): 50 Mins

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I:	
1) 309.28 Adj D/O with Anxious and Depress	
Axis II:	
Axis III:	
1) Fibromyalgia (by report)	
2) Lupus (by report)	
Axis IV:	
Axis V:	

PSYCHIATRIC PROBLEM ADDRESSED: 1

PT was on time and appeared to be doing much better. She reported that the past week had been very busy planning and preparing for upcoming extended vacation, which had helped keep her mind off of her emotions. She did say that occasionally her feelings "swept over" her and were overwhelming, but these were less frequent.

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1783356 Sex: F Age: 52 DOB: 05/01/1959 Date Printed: 12/30/11

Discussed how such episodes were to be expected and coping methods for managing them. PT plans to keep journal while on vacation and begin to explore how her past abusive relationship with 1st husband might be affecting her current functioning. Explained over-filled closet metaphor to PT, which she embraced. Discussed contingency plans for any crises that might occur while PT is on vacation.

PLAN: PT plans to recontact NCVC for appointment in 5-6 months after she returns from vacation.

RETURN TO CLINIC: Not scheduled pending return from vacation.

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 11/23/2010 04:30PM

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959
Date Printed: 12/30/11

Confidential

11/03/10 : 10:07am

CLINICAL NOTE- CRIME VICTIMS CENTER

INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA

24C

PATIENT INFORMATION:

NAME: DIANE FLEHER
DOB: 05/01/59
MRN: 1783356

INSURANCE: GRANT OTHER

Confidential patient information

Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER

51 year old female

START TIME: 9:05

END TIME: 10:00

TOTAL TIME(LENGTH OF SERVICE): 55 min

SERVICE TYPE: Individual Therapy

CURRENT MEDICATIONS:

Axis I:	AXIS I(1): 309.28 Adj D/O with Anxious and Depressed Mood
Axis II:	
Axis III:	AXIS III(1): Fibromyalgia (by report) AXIS III(2): Lupus (by report)

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

Axis IV:	
Axis V:	

PSYCHIATRIC PROBLEM ADDRESSED: 1

PT was distressed but less overtly tearful today (though she did cry occasionally). PT reported that she had court upcoming next Tuesday and was anxious about it. Discussed her rationale for going to court and what she perceived to be possible positive and negative outcomes. Discussed PT's perceptions about the presence/absence of support from her siblings. Encouraged PT to use positive self-talk and cognitive coping to manage court-related anxiety; also challenged some of PT's unhelpful cognitions regarding her choices about her work situation, particularly her concerns about "abandoning" her brother/job.

PLAN: Continue supportive and cognitive therapy.

RETURN TO CLINIC: Wed 11/10/10, 11 am.

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 11/03/2010 10:13AM
REVISED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 11/03/2010 10:14AM

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959

Date Printed: 12/30/11

Confidential

10/22/10 : 03:46pm

CLINICAL NOTE- CRIME VICTIMS CENTER

INSTITUTE OF PSYCHIATRY - MEDICAL UNIVERSITY OF SOUTH CAROLINA
24C



PATIENT INFORMATION:

NAME: DIANE FLEHER

DOB: 05/01/59

MRN: 1783356

INSURANCE: SELF PAY - HPA

Confidential patient information

Do not release without express written consent of patient or parent/legal guardian

DIANE FLEHER
51 year old female

START TIME: 10:00

END TIME: 12:00

TOTAL TIME(LENGTH OF SERVICE): 2 hrs

SERVICE TYPE: Initial Intake Evaluation

CURRENT MEDICATIONS: Cymbalta, Wellbutrin, Synthroid, Plaquenil, Benazepril, Promethazine, Temazepam, Clonazepam, Maxalt, and unspecified "steroids" for lupus flare-ups.

Axis I: 1) Adjustment Disorder with Anx/Dep Mood	
Axis II: 1) deferred	
Axis III: 1) Lupus (per PT report) 2) Fibromyalgia (per PT report) 3) Neurogenic syncope (per PT report) 4) stomach ulcer (per PT report) 5) hypertension	
Axis IV: employment and family problems	

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Patient Chart

FLEHER, DIANE

1783356 Sex: F Age: 52 DOB: 05/01/1959
Date Printed: 12/30/11

Axis V: 72 current, 85 past year

PSYCHIATRIC PROBLEM ADDRESSED: 1

Conducted intake evaluation with PT, who presented as markedly emotionally labile. She was initially quite tearful as she described a problematic interaction with her half-brother (who is also her employer) and her adjustment following that incident. At other times, however, she was very upbeat, used humor appropriately, and appeared to have a healthy perspective. She described a history of "verbal abuse" by her brother in the work place that apparently consisted primarily of vulgar speech and very demeaning remarks about work performance. Last week, an interaction between the PT and her brother escalated to the point of her brother's yelling at her and shoving her down the hall. This incident has been extremely distressing to the PT. It has reminded her of several incidents of extreme distress from her past, including incidents of physical violence between her and her first husband. PT acknowledged fleeting thoughts about suicide, but denied any intent, or plan, and reported that she had many reasons to live. Social history, trauma history, medical history, and mental health history were all obtained.

See the Intake for a full description.

PLAN: Commence individual cognitive-behavioral therapy.

RETURN TO CLINIC: Wed 10/27/10, 1 pm.

SIGNED BY DANIEL W SMITH, PhD (ATTENDING) (24C) 10/22/2010 04:19PM

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October 29, 2010

STATEMENT of DIANE G. FLEHER

I am here today to sign a warrant for David G. Race, because I believe he needs to be held accountable for physically assaulting me at my place of employment on the afternoon of October 12, 2010. The decision to go forward with this action has been a difficult one. Mr. Race is not only my boss, he is my brother and I love him very much and would not want him to suffer any harm due to this action. However, my hope is that following through with this action will result in a recommendation by the courts for Mr. Race to participate in an Anger Management Program where he has an opportunity to learn appropriate and less hostile behavior. This is why I believe this action can provide an opportunity for a positive outcome.

I have been employed at Dolphin Cove Marina since May of 2006 when my brother, David Race, asked me to move from Knoxville, Tennessee to Charleston, South Carolina in order to serve as Manager of the marina. I was told I needed to learn as much as possible about running the company so that I would be prepared to "step in" to serve in his place in the unfortunate event he would be unable to perform his duties at some point in the future.

Over the past four years, I have not been the only one to suffer the intolerable behavior of Mr. Race. I have witnessed my brother's rages against other employees and customers. His verbal aggression includes cursing, insults, shouting, name-calling, threats, talking about someone behind his/her back, humiliating an employee in the presence of others, ridicule, teasing, sarcasm and false accusations. Also flaunting status, mood swings, ignoring a person, aggressive posturing, undermining someone and spreading stories, trumping up charges against co-workers, making snide innuendoes, are a few more examples of his "Bullying Behavior".

Before it happened to me, I used to think that employees who were given a hard time by their bosses probably deserved it. As long as I worked hard and took pride in my work, I had nothing to worry about. I was wrong.

Over the past six months the work environment became so unbearably hostile my psychological and physical well being began to deteriorate. But I continued to try and deal with it because I felt an obligation to our company and our employees to "tough it out".

On the afternoon of October 12, 2010, yet another verbal altercation occurred, however this time the aggression became physical when my brother began shoving me backward down the hall as he continued to shout obscenities and threaten me. I was shocked and upset because I never imagined my brother would lay a hand on me. Having been a victim of Domestic Violence in the late 1980's I learned that once the threats and aggression become physical it will continue to get worse and I knew it was time to take action to protect myself and others.

I am currently under the care of my family physician, Dr. Robert Oliverio and Dr. Daniel Smith at MUSC where I am receiving care through intensive, one-on-one therapy as I try to resolve issues of depression, anger, fear, humiliation, guilt and shattered self-esteem. I have not been back to my place of employment since the incident. The Doctors are very concerned for my well being and have written "out of work excuses" as they believe it is unsafe for me to return to work at this time.

Psychological bullying, undermining an individual's self esteem and status and creating unnecessary stress is most insidious; it is akin to a rape of the spirit and the mind that leaves scars on an individual for years to come. Professionals and the public are often misled by the vulnerability of the post-bullied person. Generally, the trauma of the experience leaves the victim feeling powerless, disorientated, confused, helpless and paralyzed. It tends to be sudden and overwhelming - as if it owns the person. I don't know how to predict how long it will take or what it will take for me to feel safe again. But I am willing to do the work with my Doctors to hopefully find a positive outcome for my future.



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**National Crime Victims Research & Treatment Center
(NCVC)**

**Institute of Psychiatry
ADULT Screen**

Intake Appt Date and Time: 10/22/10 @ 930^{am} Clinician: -- Dan Smith

DATE and TIME of phone screen **10/13/10 at 444pm**

MRN # 1783356

Insurance Authorization: ☐ Yes ☐ No ☐ Pending

Thanks for calling the NCVC. My name is **Jami**. In order to help you get the services you are requesting, I need to get some basic information from you.

1. Have you called the NCVC before? ☐ Yes ☐ No (If yes, when:)
If yes, have you been seen here before? ☐ Yes ☐ No (If yes, pull chart)

2. What is your name? **Diane Fleher**

3. Date of Birth **05 01 1959**

4. Social Security Number **251 23 3523**

5. What is your address (please include zip code):

7720 Eagle Lake Rd

N Charleston, SC 29418

6. What is your telephone number: Home: **865.805.4550**

Work:

Other:

7. If we need to contact you, is it OK for us to leave a message? (We never say where we are calling from, only MUSC)

At home:	☒ Yes	☐ No
Answering machine:	☐ Yes	☐ No
Other number:	☐ Yes	☐ No
Work:	☐ Yes	☐ No

8. If we cannot reach you by phone, can we send a letter to the address you provided?

☒ Yes ☐ No

☐ Send to another address:

Initials _____ Time _____

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Institute of Psychiatry
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Insurance Information

Now I need to ask you a few questions about your method of payment for services.

9. Do you have private insurance?

- ☐ Yes
☒ No- Continue with screen

10. Do you have Medicare or Medicaid?

- ☐ Yes, Medicare
☐ Yes, Medicaid Medicaid number
☐ Medicaid pending
☒ No

For patients with NO Insurance: Our fee for the initial intake appointment is **\$165**. However, since you do not have insurance, there is a **50%** discount for services so that the fee for this initial evaluation will be **\$82.50** (for a trainee). You will be required to make an initial payment of **\$30** at the intake. Our established fee for one hour of individual therapy is **\$120**; with the 50% discount, this fee will be **\$60**. You will be required to make an initial payment of **\$30** at each session. and our financial counselor can work with you to establish a payment plan.

If patient is interested in speaking with financial counselor, give name and number: Jean Hodnett at 792-5143

Now, in order to determine whether the NCVC is the best treatment option for you, I will need to get some more information from you. If we determine that the NCVC is not the best treatment option at this time, I will be happy to provide referrals to the community.

Crime and Symptom Information

1. As you probably know, the NCVC provides specialized mental health treatment for people who have experienced a crime or other type of traumatic event. Did you experience a crime or was it some other type of traumatic event?

- ☒ Crime
☐ Other event
☐ Neither

2. What type of crime was it? (Don't read this)

- ☐ Adult SA
☐ Drunk driver death
☐ Childhood SA
☒ PA-non-accidental
☐ DV
☐ Childhood PA

- ☐ Robbery
☐ Accident
☐ Other

- ☐ Homicide of family member
☐ Witness DV

3. Was the crime reported to police or other authorities?

- ☒ Yes, police CPD
☐ No
☐ Unsure

Initials _____ Time _____



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☐ Other

4. When and where did the incident happen? **yesterday at place of business, 1017254 is case number
Dolphin Cove Marina in Charleston, SC**

5. Is there ongoing legal involvement due to this crime/trauma?

☐ Yes

☐ No (Skip to Question 8)

6. Does this involve family, criminal, or civil court?

☐ Family Charges:

☐ Criminal Charges:

☐ Civil Charges:

7. What was the court decision? (Note if still pending)

(Note: If civil court is still pending, stop the interview at this point and provide the following information)
We would like to explain that there is a difference between legal and clinical evaluations, and we need to clarify this. If you are calling for purely clinical services, we would be glad to continue with this interview. Please note that if you were to come into the NCVC for treatment, you would be financially responsible for the bill at the time of service. Unfortunately, we are not allowed to delay billing until the case is heard and there is a settlement. Sometimes attorneys recommend an evaluation for clients at the NCVC. If this is the case, the attorney should contact a faculty member at the NCVC directly and arrange for an evaluation. In this case, the attorney pays for the evaluation. Based on that evaluation, a recommendation for further treatment at the NCVC or elsewhere may or may not be made. Given this information, would you like to request clinical services, or do you want to have your attorney's office contact us?

☒ Clinical Services (Continue with interview)

☐ Attorney's office will call (End interview)

8. Please tell me briefly about the abuse/crime/trauma that you experienced. (i.e. what happened, where the event occurred, identity of the perpetrator.) **my boss is also my brother (78 years old) has been verbally abusing me all the time, and he also started shoving me down the hall yesterday, made threats, I called the police and now I'm having to deal with pressing charges on my brother issues**

9. Please tell me briefly about the most important emotional and behavioral problems you have been having as a result of this experience.

Initials _____ Time _____

the crime (other traumatic event) that you would like us to help you with. (Summarize description of problems):
incessant crying, couldn't catch my breath/hyperventilating, also 25 years ago, I was a DV victim, and this incident has triggered feelings regarding that, anxiety and fear

10. How did you hear about our clinic? (Check all that apply.)
- | | | | |
|------------------------------------|---|---|---|
| ☐ Physician | ☐ Therapist | ☐ Police | ☐ Solicitor's office |
| ☐ Lawyer | ☐ DSS | ☐ Mental Health Center | ☐ PAR |
| ☐ DNLC | ☒ Family member or friend | ☐ Someone else | |
- May we contact them? ☒ Yes ☐ No

11. Please get referrer's name and phone number: **Ron Aclerno - 792.2949**

Mental Health Treatment

12. I need to get some additional information about emotional problems you might have had in the past. Have you ever received help from a mental health professional (e.g., psychologist, social worker, psychiatrist, or counselor) for any emotional problems?

- ☒ Yes
☐ No (Skip to Question 14)

13. What type of mental health treatment did you get (outpatient? inpatient?)

- ☒ Outpatient Dates and duration **1987 -- had a child inpatient in 1995**

For what kinds of problems? **DV victim -- had treatment dealing with my child's diagnosis**

- ☐ Inpatient Dates and duration

For what kinds of problems?

14. Are you currently receiving any type of mental health treatment? By mental health treatment, I mean any type of outpatient therapy or medication prescribed for any emotional problems.

- ☐ Yes, therapy only
☐ Yes, medication only
☐ Yes, both
☒ No (Skip to Question 18)

15. For what problems are you currently receiving therapy? (If for trauma-related problems, end screen. Explain we can't overlap services unless there are extenuating circumstances, i.e. present therapist is moving soon)

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ADULT Screen

16. What is your therapist's name and telephone number?

17. Please tell me the names of the medication you are currently taking for any emotional problems.

Alcohol and Drug Usage

18. Sometimes people use alcohol to help them relax or help them with nerves or emotional problems. During the past six months, have you drunk any alcoholic beverages (wine, beer, liquor)?

☒ Yes

☐ No (Skip to Question 22)

19. During the past two weeks, about how many days did you drink some type of alcoholic beverage? **1**

20. During the past two weeks, what is the greatest number of alcoholic drinks you consumed in one day? **1**

21. During the past year, have any of your family members or friends told you that they thought you have a drinking problem?

☐ Yes

☒ No

22. Some people use drugs that are not prescribed by a doctor to help them sleep, relax, or just have fun. During the past year, have you taken any other drugs (marijuana, cocaine, crack, heroin)?

☐ Yes Drugs:

Frequency of use (days in past two weeks):

☒ No

23. Have you ever received treatment for alcohol or drug abuse problems?

☐ Yes

☒ No

24. Did you receive inpatient treatment, outpatient treatment, or both?

☐ Inpatient Dates and Duration:

☐ Outpatient Dates and Duration:

Initials _____ Time _____



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CV COMP/SOVA – ASK ALL SELF-PAY PATIENTS

30. South Carolina has a Crime Victims Compensation program that pays for mental health counseling for some crime victims if they are eligible. Have you already applied for Crime Victims Compensation (CV Comp)?

- ☐ Yes- Continue with Question #31
☒ No- Discuss eligibility criteria outlined below
☐ Not sure (proceed as if 'no')

31. Has the application been approved?

- ☐ Yes (Please bring your approval letter with you)
☐ No – application was denied
☐ Waiting to hear back from SOVA

Eligibility Criteria for SOVA:

- The incident must be reported to law enforcement within 48 hours of the crime.
- The claim must be filed with SOVA within 180 days of the crime (may be waived depending on extenuating circumstances).
- The crime must have happened in South Carolina.
- The crime must have caused physical injury or emotional trauma.
- The victim has to cooperate with the criminal justice system; that is, they must be willing to prosecute the case
- The victim must not have been engaged in illegal activity during the incident and illegal activity must not have contributed to his/her injury.

32. Based on what I've told you about the Crime Victims Compensation program do you think you might be eligible?

- ☒ Yes
☐ No
☐ Not sure (proceed as if 'YES')

If Yes or Not Sure: I will mail you some information about the program. Please review it and bring it with you to appointment. Please note that if your application is not approved by CV comp, you will be responsible for payment services.

PROBLEM SOLVE around concrete obstacles to care:

What could stand in the way of coming in?

- ☐ Transportation
☐ Childcare
☐ Payment for services
☐ Taking time off of work
☐ Distance
☐ Other:
☒ No barriers to treatment

Initials _____ Time _____

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Notes: already have a claim number with Worker's Comp

On the basis of the patient's responses and your clinical judgment about their prior history and current status, make a judgment about which of the following categories the patient appears to best fit into.

- ☐ Category One: Patient appears to be an appropriate candidate for NCVC treatment (Patient's traumatic event-related problems are the type of problems that relatively brief cognitive-behavioral therapy is generally effective in treating.)
- ☐ Category Two: Patient appears not to be an appropriate candidate for NCVC treatment (Apparent history of major psychopathology that predates index traumatic event; currently on antipsychotic medication; presence of thought disorder; abusing alcohol or drugs during the past month (major abuse problems); no clear relationship between traumatic event history and presenting problems; serious Axis II problems that would preclude ability to benefit from brief cognitive-behavioral therapy; presenting problems would not appear to be effectively treated by brief trauma-focused cognitive-behavioral therapy).

Record reason:

- ☐ Category Three: Patient's appropriateness for NCVC is unclear (Patient is currently being treated by another mental health professional; patient recently discharged from inpatient mental health or substance abuse treatment program; it is unclear as to whether patient's mental health problems are traumatic event-related; unclear as to the extent of current substance use/abuse (current consumption exceeds moderate amounts; recent completion of a substance abuse treatment program); unclear as to the extent of Axis II disorders; unclear whether traumatic event-related mental health problems are the type that would respond to CBT).

Record reason:

Patient will be paying via:

- ☐ Self Pay (uninsured with discount)
- ☒ SOVA
- ☐ Medicaid
- ☐ Medicare
- ☒ Workman's Comp
- ☐ Some other way

Scheduling Intake:

The intake process will take about two hours. In addition, we ask that you come 30 minutes ahead of time to fill out patient paperwork. I'd like to schedule this intake appointment for you. Is there a particular day and time that works for you?

Your Intake is scheduled for _____ (date/time) with _____ (clinician).

Initials _____ Time _____

RHEUMATOLOGY ASSOCIATES, PA
CARYLSE BARTFIELD, MD
ALAN I. NUSSEBAUM, MD
GEORGIA C. ROANE, MD
ERICA ANDERSON, MD
14 FARMFIELD AVENUE
CHARLESTON, SC 29407
(843) 571-6367
FAX (843) 769-4853

Fleher, Diane G
52 Y old Female, DOB: 05/01/1959
7720 Eagle Lake Rd, No. Charleston, SC-29418
Home: 865-805-4550
Guarantor: Fleher, Diane G Insurance: Self Pay
PCP: Robert Oliverio, MD Referring: Constance Guille,
MD
Appointment Facility: Rheumatology Associates

08/15/2011

Progress Notes: Georgia Roane, M.D.

Current Medications

Plaquenil Tablet 200 MG 2 tablets with food or milk BID
PrednisONE Tablet 10 MG 1 tablet with food or milk PRN
Levothyroxine Sodium Tablet 100 MCG 1 tablet every morning on an empty stomach QD
Cymbalta Capsule Delayed Release Particles 60 MG 2 capsules QD
BuPROPion HCl Tablet Extended Release 24 Hour 300 MG 1 tablet every morning QD
Benazepril-Hydrochlorothiazide Tablet 20-12.5 MG 1/2 tab QD
Clonazepam Tablet 0.5 MG 3 tabs Q HS
Pantoprazole Sodium Tablet Delayed Release 40 MG 1 tablet QD
Metoprolol Succinate Tablet Extended Release 24 Hour 25 MG 1 tablet QD
Maxalt Tablet 5 MG 1 tablet PRN
Hydrocodone-Acetaminophen Tablet 7.5-500 MG 1 tablet as needed for pain PRN
Silver Sulfadiazine Cream 1 % 1 application to affected area prn
Medication List reviewed and reconciled with the patient

Active Problem List

710.0 Systemic lupus erythematosus

Past Medical History

Hypothyroidism
Hypertension
Sleep apnea
Prior history of chickenpox at age 29 complicated by pneumonia and meningitis
Shingles
Migraine headaches

Surgical History

hysterectomy
cholecystectomy
breast augmentation. She has had 2 procedures and most recently has had saline implants.

Social History

History of Present Illness

New symptom(s):

She has been under a great deal of stress. She feels this has exacerbated her symptoms. Her Cymbalta has been increased and she is taking Klonopin for sleep. Both of these measures have been helpful. She had a rash which responded to steroids. She feels that the Plaquenil has helped her arthritis.

Vital Signs

Wt 218.4, BP 138/82, HR 88.

Examination

General Examination:

EYES: extraocular movement intact (EOMI), conjunctiva clear.
ORAL CAVITY: no oral ulcers. HEART: regular rate and rhythm, no murmurs, rubs, gallops. LUNGS: clear to auscultation bilaterally.
ABDOMEN: soft, nontender, nondistended. EXTREMITIES: no edema.

Musculoskeletal:

Hands no synovitis or tenderness. Wrists no synovitis or tenderness. shoulders normal ROM, nontender. hips normal ROM, nontender. knees normal ROM, nontender. ankles normal ROM, nontender.

Assessments

1. Systemic lupus erythematosus - 710.0 (Primary)

Her lupus has recently been active with a rash and arthritis. She has also been under a great deal of stress and has features of fibromyalgia. She is disabled and unable to work due to the severity of her symptoms.

Treatment

1. Systemic lupus erythematosus

Start Lyrica Capsule, 75 MG, 1 capsule, Orally, Twice a day, 30, 60, Refills 2
Continue Plaquenil Tablet, 200 MG, 2 tablets with food or milk, Orally, Once a day, 30 days, 60, Refills 3

Preventive Medicine

Follow Up

3 Months

Patient: Fleher, Diane G DOB: 05/01/1959 Progress Note: Georgia Roane, M.D. 08/15/2011
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

<http://10.15.166.168:8096/mobiledoc/jsp/catalog/xml/GetFaxHTMLDoc.jsp?logid=2357>

8/18/2011
77

Allergies

ancef: anaphylaxis
Latex

Review of Systems

General/Constitutional:

Patient denies headache, night
sweats, fever.

Cutaneous:

Patient denies oral ulcers, hair loss,
rash.

Ophthalmologic:

Patient denies blurred vision.

Gastrointestinal:

Patient denies nausea, heartburn.

Psychiatric:

Patient denies depressed mood,
difficulty sleeping.

Electronically signed by Georgia Roane, MD on 08/18/2011
at 05:08 PM EDT

Sign off status: Completed

Rheumatology Associates
14E Farmfield Avenue
Charleston, SC 294077757
Tel: 843-571-6067
Fax: 843-769-4853

Patient: Fleher, Diane G DOB: 05/01/1959 Progress Note: Georgia Roane, M.D. 08/15/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



FLEHER, DIANE

52 Y old Female, DOB: 05/01/1959

7720 EAGLE LAKE RD, NORTH CHARLESTON, SC 29418

Home: 865-805-4550

Provider: OLIVERIO JR, ROBERT R

Telephone
Encounter

Answered by Mathis, Crystal

Date: 08/05/2011

Time: 04:14 PM

Caller pt

Reason fyi

Message

865-805-4550...was admitted to the ER when she fainted while in a Dr. Klutzco office on yesterday...
Dr. Bumgartner....the Neurologist is who they wanted her to see....but they dont have an opening until
8/29...wants to see if we can get her in sooner...adv pt that we cant...but she can see if she can get in w/
another Neurologist....
Dr. Tom Hughes is who I adv pt of...gave her the number as well.

Action Taken Mathis, Crystal 08/05/2011 04:29:16 PM EDT >

Patient: FLEHER, DIANE DOB: 05/01/1959 Provider: OLIVERIO JR, ROBERT R 08/05/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



FLEHER, DIANE

52 Y old Female, DOB: 05/01/1959
7720 EAGLE LAKE RD, NORTH CHARLESTON, SC-29418
Home: 865-805-4550

Guarantor: FLEHER, DIANE Insurance: CIGNA ANY
OPEN ACCESS OR OA Payer ID: PAPER

Appointment Facility: Cain Lackey Maguire And Oliverio

07/15/2011

ROBERT R. OLIVERIO JR., MD

Current Medications

BENAZEPRIL HCl AND
HYDROCHLOROTHIAZIDE TABLETS
Eaches 20 mg-12.5 1 daily
Clonazepam Eaches 0.5 mg 1 tab bid
Cymbalta Eaches 60 mg 2 daily
Levothyroxine Sodium Eaches 0.100 mg 1
daily
Bupropion HCl XL Eaches 300 mg 1 daily
Promethazine HCl tablets 25 mg 1 tablet
every 6 hours as needed
Maxalt tablets 10 mg 1 Q 2 Hours...MAX 20
MG Per Day
Klonopin tablets 0.5 3 tab
Hydroxychloroquine Sulfate Tablet 200 MG 2
tablets with food or milk Once a day
Valacyclovir HCl Tablet 500 MG 1 tablet
every 12 hrs
Lortab 7.5 tablets 7.5 mg-500 mg 1 tablet
every 4 to 6 hours, stop date 07/23/2011
Cyclobenzaprine HCl Tablet 10 MG 1 tablet q
8 hrs prn muscle spasms, stop date
09/21/2011
Pantoprazole Sodium Tablet Delayed Release
40 MG 1 tablet Once a day
Zithromax Z-Pak Tablet 250 MG 2 tablet on
the first day, then 1 tablet daily for 4 days
Once a day, stop date 07/16/2011
Medication List reviewed and reconciled with
the patient

Active Problem List

- 461.9 Acute sinusitis, unspecified
- 780.4 Dizziness
- 333.94 Restless legs syndrome [RLS]
- 959.7 Injury, other and unspecified, knee,
leg, ankle, and foot
- 780.2 Syncope and collapse
- 465.9 Acute upper respiratory infections of
unspecified site
- 280.9 Anemia, iron deficiency (unspecified)
- 729.1 Fibromyalgia, unspecified
- 327.23 Obstructive sleep apnea (adult)
(pediatric)
Acute gastric ulcer without mention

Reason for Appointment

1. SAME DAY

History of Present Illness complaint:

Patient presents today for evaluation of right-sided flank and abdominal discomfort and hematuria. She is currently receiving azithromycin for tonsillitis. She's also been worked up by Dr. Klatchko or sleep apnea which he does not have area concerned she may have problems with pulmonary hypertension and has ordered a CT scan of the thorax and a cardiogram. Polysomnogram revealed no evidence of apneic episodes but disordered sleep and primary insomnia. Temazepam has been stopped and the patient is now taking double dose clonazepam at night and Cymbalta has been increased.

Vital Signs

Ht 5 ft 8 in, Wt 218, BMI 33.14, BP 106/58, Pulse Sitting 84, RR 18,
Oxygen sat % 99.

Examination

General Examination:

Pharynx is slightly injected but no evidence of exudate currently. Patient does have some pain to palpation of the right paraspinal musculature. There is no significant CVA tenderness, but the pain does appear to be spasmodic, somewhat positional. Given the fact that she does have hematuria, it is reasonable to proceed with CT scan of the abdomen and pelvis, renal stone protocol.

Assessments

1. Back Pain, Lower - 724.2 (Primary)
2. Microscopic hematuria - 599.72

Treatment

1. Back Pain, Lower
Diagnostic Imaging: CT ABDOMEN AND PELVIS W/O CONTRAST
Use Lortab p.r.n. discomfort. Hydrate aggressively.

2. Microscopic hematuria
Diagnostic Imaging: CT ABDOMEN AND PELVIS W/O CONTRAST

Preventive Medicine

Patient: FLEHER, DIANE DOB: 05/01/1959 Progress Note: ROBERT R. OLIVERIO JR., MD 07/15/2011
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

531.30 of hemorrhage, perforation, or
obstruction
244.9 Hypothyroidism, Acquired
401.9 HTN
710.0 Systemic lupus erythematosus
300.4 Depression with Anxiety

Past Medical History

Lupus 1988
Proteinuria
Fibromyalgia
Migraine headaches
Hypothyroidism
Asthma
Varicella
ITP
Neurogenic syncope
Peptic ulcer disease

Surgical History

cesarean section
breast augmentation x2
hysterectomy
B clavical resection

Family History

Lupus.

Social History

Allergies

LATEX
ansea

Review of Systems

General/Constitutional:

Comments See HPI for details.

Follow Up
as scheduled



Electronically signed by ROBERT OLIVERIO JR., MD on
07/18/2011 at 04:15 PM EDT

Sign off status: Completed

Cain Lackey Maguire And Oliverio
615 WESLEY DR SUITE 300
CHARLESTON, SC 29407-7274
Tel: 843-266-4400
Fax: 843-577-0455

Patient: FLEHER, DIANE DOB: 05/01/1959 Progress Note: ROBERT R. OLIVERIO JR., MD 07/15/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



FLEHER, DIANE

52 Y old Female, DOB: 05/01/1959

7720 EAGLE LAKE RD, NORTH CHARLESTON, SC 29418

Home: 865-805-4550

Provider: OLIVERIO JR, ROBERT R

Telephone
Encounter

Answered by Mathis, Crystal

Date: 07/11/2011

Time: 01:37 PM

Caller pt

Reason abx/ and med records

Message pt c/o of sore throat that was going on for a week now...cant swallow and achey.....wants an abx sent to pharm....
also wants to know about med records...that were supposed to be sent to disability...will check documents...

Action Taken Mathis,Crystal 07/11/2011 01:41:13 PM EDT > Mathis,Crystal 07/11/2011 01:44:30 PM EDT > send back to me after sending meds to pharm so I can contact pt pls. OLIVERIO JR,ROBERT R 07/11/2011 02:02:31 PM EDT > , eRX Sent, I do not believe we have received a request for records Mathis,Crystal 07/11/2011 02:09:18 PM EDT > adv pt of the meds ebing sent to pharm...and ad pt that we have no req for med records..she will have them refax info..

Refills Start Zithromax Z-Pak Tablet, 250 MG, Orally, 6, 2 tablet on the first day, then 1 tablet daily for 4 days,
Once a day, 5 day(s), Refills=0

Patient: FLEHER, DIANE DOB: 05/01/1959 Provider: OLIVERIO JR, ROBERT R 07/11/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



FLEHER, DIANE

52 Y old Female, DOB: 05/01/1959
7720 EAGLE LAKE RD, NORTH CHARLESTON, SC-29418
Home: 865-805-4550
Guarantor: FLEHER, DIANE Insurance: CIGNA ANY
OPEN ACCESS OR OA Payer ID: PAPER
Appointment Facility: Cain Lackey Maguire And Oliverio

ROBERT R. OLIVERIO JR., MD

06/23/2011

Current Medications

BENAZEPRIL HCl AND
HYDROCHLOROTHIAZIDE TABLETS
Eaches 20 mg-12.5 1 daily
Temazepam Eaches 30 mg 1 at bedtime
Clonazepam Eaches 0.5 mg 1 tab bid
Lortab 7.5 tablets 7.5 mg-500 mg 1 tablet prn
Cymbalta Eaches 60 mg 1 daily
Levothyroxine Sodium Eaches 0.100 mg 1
daily
Bupropion HCl XL Eaches 300 mg 1 daily
Promethazine HCl tablets 25 mg 1 tablet
every 6 hours as needed
Maxalt tablets 10 mg 1 Q 2 Hours...MAX 20
MG Per Day
Klonopin tablets
Hydroxychloroquine Sulfate Tablet 200 MG 2
tablets with food or milk Once a day
Valacyclovir HCl Tablet 500 MG 1 tablet
every 12 hrs
PredniSONE Tablet 10 MG 1 tablet with food
or milk Once a day
Pantoprazole Sodium Tablet Delayed Release
40 MG 1 tablet Once a day
Cyclobenzaprine HCl Tablet 10 MG 1 tablet q
8 hrs prn muscle spasms
Medication List reviewed and reconciled with
the patient

Active Problem List

- 461.9 Acute sinusitis, unspecified
- 780.4 Dizziness
- 333.94 Restless legs syndrome [RLS]
- 959.7 Injury, other and unspecified, knee,
leg, ankle, and foot
- 780.2 Syncope and collapse
- 465.9 Acute upper respiratory infections of
unspecified site
- 280.9 Anemia, iron deficiency (unspecified)
- 729.1 Fibromyalgia, unspecified
- 327.23 Obstructive sleep apnea (adult)
(pediatric)
- 531.30 Acute gastric ulcer without mention
of hemorrhage, perforation, or
obstruction

Reason for Appointment

1. Lumbago

History of Present Illness

Patient presents today for a back pain, exacerbated with trying to get in shape by walking or treadmill. She has a history of lupus, fibromyalgia. Was recently placed on prednisone taper for exacerbation of we'll was thought to be a lupus type rash. Upon tapering the prednisone, back pain flared up. She was seen by chiropractor, x-rays done revealed evidence of osteoarthritic changes.

Vital Signs

Ht 5 ft 8 in, Wt 213, BMI 32.38, BP 110/82, Pulse Sitting 80.

Examination

General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished. HEART: no murmurs, regular rate and rhythm, S1, S2 normal. LUNGS: clear to auscultation bilaterally. ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended, BS positive. BACK: paraspinal muscle spasm on the LEFT, paraspinal muscle spasm on the RIGHT, tender to palpation over lumbar-sacral spine, straightening of lumbar lordosis.

Assessments

1. Lumbago - 724.2 (Primary)

Treatment

1. Lumbago

Refill PredniSONE Tablet, 10 MG, 1 tablet with food or milk, Orally, Once a day, 30 day(s), 30
Refill Lortab 7.5 tablets, 7.5 mg-500 mg, 1 tablet, po, every 4 to 6 hours, 30 days, 120, Refills 0
Refill Cyclobenzaprine HCl Tablet, 10 MG, 1 tablet, Orally, q 8 hrs prn muscle spasms, 30 day(s), 90, Refills 2
Resume pulse dose prednisone with taper starting at 40 mg and decreasing by 10 mg every 3 days.

2. Others

Refill Pantoprazole Sodium Tablet Delayed Release, 40 MG, 1 tablet, Orally, Once a day, 30 day(s), 30, Refills 5

Patient: FLEHER, DIANE DOB: 05/01/1959 Progress Note: ROBERT R. OLIVERIO JR., MD 06/23/2011
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

244.9 Hypothyroidism, Acquired
401.9 HTN
710.0 Systemic lupus erythematosus
300.4 Depression with Anxiety

Past Medical History

Lupus 1988
Proteinuria
Fibromyalgia
Migraine headaches
Hypothyroidism
Asthma
Varicella
ITP
Neurogenic syncope
Peptic ulcer disease

Surgical History

cesarean section
breast augmentation x2
hysterectomy
B clavical resection

Family History

Lupus.

Social History

Allergies

LATEX
ansecf

Preventive Medicine

Follow Up
3 Months



Electronically signed by ROBERT OLIVERIO JR, MD on
06/23/2011 at 06:10 PM EDT

Sign off status: Completed

Cain Lackey Maguire And Oliverio
615 WESLEY DR SUITE 300
CHARLESTON, SC 29407-7274
Tel: 843-266-4400
Fax: 843-577-0455

Patient: FLEHER, DIANE DOB: 05/01/1959 Progress Note: ROBERT R. OLIVERIO JR., MD 06/23/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

06/02/2011

Progress Notes: ROBERT R. OLIVERIO JR., MD

Current Medications

BENAZEPRIL HCl AND
HYDROCHLOROTHIAZIDE TABLETS
Eaches 20 mg-12.5 1 daily
Temazepam Eaches 30 mg 1 at bedtime
Clonazepam Eaches 0.5 mg 1 tab bid
Lortab 7.5 tablets 7.5 mg-500 mg 1 tablet prn
Cymbalta Eaches 60 mg 1 daily
Levothyroxine Sodium Eaches 0.100 mg 1
daily
Bupropion HCl XL Eaches 300 mg 1 daily
Promethazine HCl tablets 25 mg 1 tablet
every 6 hours as needed
Maxalt tablets 10 mg 1 Q 2 Hours...MAX 20
MG Per Day
Klonopin tablets
Hydroxychloroquine Sulfate Tablet 200 MG 2
tablets with food or milk Once a day
Valacyclovir HCl Tablet 500 MG 1 tablet
every 12 hrs
PrednisONE Tablet 10 MG 1 tablet with food
or milk Once a day
Pantoprazole Sodium Tablet Delayed Release
40 MG 1 tablet Once a day
Cyclobenzaprine HCl Tablet 10 MG 1 tablet q
8 hrs prn muscle spasms
Medication List reviewed and reconciled with
the patient

Active Problem List

- 461.9 Acute sinusitis, unspecified
- 780.4 Dizziness
- 333.94 Restless legs syndrome [RLS]
- 959.7 Injury, other and unspecified, knee,
leg, ankle, and foot
- 780.2 Syncope and collapse
- 465.9 Acute upper respiratory infections of
unspecified site
- 280.9 Anemia, iron deficiency (unspecified)
- 729.1 Fibromyalgia, unspecified
- 327.23 Obstructive sleep apnea (adult)
(pediatric)
- 531.30 Acute gastric ulcer without mention
of hemorrhage, perforation, or
obstruction

Reason for Appointment

1. OFFICE VISIT

History of Present Illness

Patient comes in today for evaluation of rash. She has an erythematous, macular rash over her sun exposed areas, although, the patient notes that she has not been in the sun any appreciable amount of time. The rash is improved slightly with low dose prednisone. She is nervous about taking much more in the way of prednisone and she is having a difficult time right now emotionally. We are holding off on any new psychiatric medications until sleep study is performed.

Vital Signs

Ht 5 ft 8 in, Wt 211, BMI 32.08, BP 118/70, Pulse Sitting 74, RR 16.

Examination

General Examination:

SKIN: macular, rash distributed bilaterally in sun exposed areas, erythematous, stinging.

Assessments

- 1. Systemic lupus erythematosus - 710.0 (Primary)

Treatment

- 1. Systemic lupus erythematosus

The patient does have 10 mg of prednisone. Will do a pulse dose at 40 mg for 5 days with this taper thereafter to 20 mg for 3 days then 10 mg for 3 days and then try to stop prednisone. She does have rheumatological followup with Dr. George Rhoads.

Preventive Medicine

Follow Up

as scheduled

244.9 Hypothyroidism, Acquired
401.9 HTN
710.0 Systemic lupus erythematosus
300.4 Depression with Anxiety

Past Medical History

Lupus 1988
Proteinuria
Fibromyalgia
Migraine headaches
Hypothyroidism
Asthma
Varicella
ITP
Neurogenic syncope
Peptic ulcer disease

Surgical History

cesarean section
breast augmentation x2
hysterectomy
B clavical resection

Family History

Lupus.

Social History

Tobacco Use:

Tobacco Use/Smoking Are you a **current smoker**, How often do you smoke cigarettes? **every day**, How many cigarettes a day do you smoke? **6-10**, How soon after you wake up do you smoke your first cigarette? **after 60 minutes**, Are you interested in quitting? **Thinking about quitting.**

Allergies

LATEX
ansef

Review of Systems

General/Constitutional:

Comments See HPI for details.

Electronically signed by ROBERT OLIVERIO JR., MD on
06/02/2011 at 05:21 PM EDT

Sign off status: Completed

Cain Lackey Maguire And Oliverio
615 WESLEY DR SUITE 300
CHARLESTON, SC 29407-7274
Tel: 843-266-4400
Fax: 843-577-0455

Patient: FLEHER, DIANE DOB: 05/01/1959 Progress Note: ROBERT R. OLIVERIO JR., MD 06/02/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

FROM: DIANE FLEHER contact phone # (865) 805-4550

PHARMACY / WALGREENS 8395 Dorchester Rd

We plan to leave on our Sailing Trip to the Bahamas no later than 12/01/2010. Last year we were gone for just 3 months, however we are going to try and extend our trip this year to 5-6 months if all goes well. My concern is that I can only get 90 days of prescriptions filled at a time. My pharmacist recommended getting new prescriptions written for the following six prescriptions for 90 days with the dosage written for 2x per day so that I will have enough for the entire 180 days.

1. LEVOTHYROXINE 0.100MG (100MCG) TABLETS
(taken for Thyroid)

#360 π po QD ϕ RF

2. CYMBALTA 60MG CAPSULES
(taking for Fibromyalgia)

#360 π po Daily ϕ RF

3. BUPROPION XL 300MG TABLETS
(taking for Fibromyalgia)

#360 π po QD ϕ RF

4. CLONAZEPAM 0.5MG TABLETS
(Take for anxiety)

#360 π po QD ϕ RF

5. BENAZEPRIL/HCTZ 20/12.5MG TABLETS
(Fluid Pill)

#360 π po QD ϕ RF

6. TEMAZEPAM 30MG CAPSULES
(take as needed for sleep)

THE FOLLOWING ARE TAKEN AS NEEDED AND SO I DON'T NEED TOO MANY OF THESE:

MAXALT 10MG TABLETS
(take as needed for Migraines)

#100 T po Q2hr. max 209/d ϕ RF

HYDROCODONE/APAP 7.5MG/500MG TABLETS
(take as needed for Migraines)

#200 T po Q6' po ϕ RF

PROMETHAZINE 25MG TABLETS
(take as needed for nausea)

#100 T po Q6' po ϕ RF

AZITHROMYCIN 250MG TABLETS 6-PAK
(keep on hand in case of infection)

#1 UAD ϕ RF

CIPROFLOXACIN 250MG TABLET
(keep on hand in case of infection)

#20 T po BID po ϕ RF

NOTE:

DR. GEORGIA ROANE (most recent appointment was 11/01/2010)
has already written prescriptions for the following

PREDNISONE 10MG TABLETS
(take as needed for Lupus Flares)

HYDROXYCHLOROQUINE 200MG TABLETS
(take 2x daily for Lupus)

VALACYCLOVIR 500MG TABLETS
(take as needed during Shingles Outbreak)

DONE
VIA
E-RX

First Name: Diane
DOB: 05/01/1959
Patient #: 15472
Allergies: _____

Patient Health Summary

Dr. O

Active Medications

Medication Name	Dose/Strength	Sig	Dispense Amount
Azithromycin	250mg Tab	Z-Pak 2 tabs today	1 then 1 daily 2-5
Bactroban	2% topical cream	Apply to affected area	3x per day
Benzonit-HCl	20mg - 12.5mg	2 tabs Daily	
Bupropion HCl XL	300mg 24hr Tab	2 tabs Daily	
Ciprofloxacin	250mg	1 tab every 12 hours	
Ciprofloxacin	500mg	1 tab every 12 hours	
Clonazepam	0.5mg	2 tabs daily	
Cumipal	60mg	2 tabs daily	
Levothyroxine	100 mcg	2 tabs daily	
lorazepam	1.5mg - 500mg	1 tab every 6 hrs as needed	
Maxalt	10mg	1 Q 2 Hours MAX 20mg/DAY	
Meloxicam	40mg Tab, Delayed Release	1 tab daily	
Pantoprazole			
Metoprolol Succinate SR	25mg 24hr Tab	1 tab - daily	
Promethazine	25mg	1 tab - every 6 hours as needed	
Temazepam	30mg - 2 at bedtime		
Tramadol 50mg - 1 or 2 every 6 hrs as needed			

Active Problem List

Description	ICD-9 Code	Onset Date	Status (Controlled/Not Controlled)

Past Medical History

Description	Description

SOVA Physician's Disability Report - Lost Wages

State Office of Victim Assistance ♦ 1205 Pendleton St., Brown Bldg. Room 401, Columbia, SC 29201 ♦ Phone: (803) 734-1900 ♦ Fax: (803) 734-2261

An application for assistance has been filed with our office for the crime victim listed below.
Please complete this form and return it to us as soon as possible; a fax is acceptable.

Full name of injured patient DIANE G. Fleher

Social Security No. 251 123 13523

Date of Birth 05 / 01 / 1959

Date the patient was first seen by you 10 / 12 / 2010

Date of crime related injury 10 / 12 / 2012 (must be completed)

Diagnosis: Post Traumatic Stress, Anxiety, Depressive State

Briefly describe extent and location of injuries: Psychological

Did the patient sustain any disability? ☒ Yes ☐ No (Please circle one.)

If yes, is the disability solely a result of this injury? ☒ Yes ☐ No (Please circle one.)
Please explain: _____

Patient will be totally unable to work from 10 / 12 / 2010 through 11 / 30 / 2010

Has the patient been discharged from your care? ☐ Yes ☒ No (Please circle one.)

Has payment been filed with any of the following?

Medicaid Yes ☒ No Policy # _____

Medicare Yes ☒ No Policy # _____

Workers' Compensation Yes ☒ No

Other insurance or program Yes ☒ No Company or Agency _____

Address _____

Type or print physician's name

Robert Oliverio MD

Phone (843) 266 4400

Signature of physician

[Signature]

Date 11 / 23 / 10

Address of physician

615 Wesley Dr. Charleston SC 29407

**Form must be faxed or mailed by provider.

615 Wesley Drive, Suite 300
Charleston, SC 29407
Phone (843) 266-4400
Fax (843) 577-0455

Robert W. Cain, M.D., F.A.C.P.
Robert O. Oliverio, Jr., M.D.
William F. Maguire, Jr., M.D.
Keith W. Lackey, M.D.

SCHOOL / WORK EXCUSE

TO WHOM IT MAY CONCERN

This is to certify that

Diane K. Kehler

Is or has been under my medical care from

10/12/10 to 10/18/10

And has been unable to perform his or her regular duties during this time.

Additional comments: _____

MD Signature: _____

Date: 10/12/10

744-2562 296-7148
David Race @ Dolphin
Cove called & wanted
Verification that this
is DRO's signature
on excuse. Confirmed
that it is - Could
not give any other
info due to
HIPAA
laws

COATED
TABLETS

NIASPAN®
niacin EXTENDED-RELEASE TABLETS

AD 10/14/10

PHARMACY: 207-1578
DATE: 10/15/10 CHART# 1005 15472
DR: 0 PHONE: (775) 544-6827
PATIENT: Diane Fleher

RX: Flexend 10 y.
SIG: VM + 98h p-n max 5m
30 REFILL: 0
ALLERGIES: Ancef

- ① DATE LAST SEEN: _____
Terrible muscle spasms
in back. would like
a muscle relaxer
② Needs work excuse
extended thru 10/22
OK? 556 ✓ 012 0



14W.
744-2503

615 Wesley Drive, Suite 300
Charleston, SC 29407
Phone (843) 266-4400
Fax (843) 577-0455

Robert W. Cain, M.D., F.A.C.P.
Robert O. Oliverio, Jr., M.D.
William F. Maguire, Jr., M.D.
Keith W. Lackey, M.D.

SCHOOL WORK EXCUSE

TO WHOM IT MAY CONCERN

This is to certify that

Diane Fleher

Is or has been under my medical care from

10/12/10 to 10/22/10

And has been unable to perform his or her regular duties during this time.

Additional comments: _____

MD Signature: _____

Date: 10/18/10

VM
4:57
PM

PHARMACY: 207-1578
DATE: 11/29/10 CHART# 15472
DR: 0 PHONE: (865) 805-4550

PATIENT: Diane Fleher
RX: Generic Flexeril 10mg 5-1-59

SIG: T q 8° PRN muscle spasms

90 REFILL: 0

ALLERGIES: _____

DATE LAST SEEN: 10/12/10

pt going away on 6 mth
sailing trip. These were
prescribed 10/15/10 & worked
Requests (558) the worth

Carolina Lung & Critical Care
Pulmonary and Critical Care Medicine
Sleep Related Disorders

Bon Secours St. Francis Hospital
2097 Henry Tecklenburg Dr., Suite 305 Charleston, SC 29414

Phone: (843) 763-3360

Fax: (843) 763-3038

ESTABLISHED PATIENT OFFICE VISIT

Re: Diane Fleher
DOB: 5/1/1959

Date: 8/4/2011

Chief Complaint: Results of CT scan and echo.

HISTORY OF PRESENT ILLNESS: Ms. Fleher presents to the office today. In the spirometry room patient bent down to reach for her purse and syncopized with loss of consciousness and landed on the back of her head. She came to pretty quickly. She denied presyncopal symptoms including dizziness, chest pain or palpitations. No diaphoresis. She has been in her usual state of health, has not had recent problems with an infection. She notes that she was diagnosed with neurocardiogenic syncope more than 10 years ago. At that time she had a tilt table test. She has not followed up since. She syncopizes at home at least once or twice per month and she continues to drive. Her last syncopal episode prior to this was 2 weeks ago. These usually occur when she bends over to pick up something. She has been instructed in the past to squat down instead of bending down but sometimes she seems to forget. She had a recent echocardiogram which revealed normal left ventricular size and function. No evidence of pulmonary hypertension. She also had a CT of the chest which revealed prior granulomatous exposure with 2-4 mm calcified nodules. There is subpleural non calciform nodule in the right lower lobe. No thoracic adenopathy. Pulmonary artery is not dilated. Patient's vital signs were stable post episode. Her Accu-Chek was 115. She is awake, alert and talkative. It has been offered to her to be driven home by her family member versus admission to the ER for evaluation which she would like to do at this time. I have spoken with the ER physician and patient is deferred over there. Post syncope patient is complaining of a migraine which is typical for her.

Past Medical History: GI Hx: peptic ulcer disease. **Hematologic / Lymphatic Hx:** iron deficiency anemia, ITP. **Neurological Hx:** syncope neurogenic, migraine headaches. **Immunologic Hx:** Discoid lupus. **Endocrine Hx:** hypothyroidism. **Cardiovascular Hx:** hypertension. **Musculoskeletal Hx:** fibromyalgia. **Respiratory Hx:** COPD, restless legs syndrome. (Denies) obstructive sleep apnea. **Psychiatric Hx:** anxiety, depression, PTSD. **Vaccination Hx:** varicella zoster virus.

Past Surgical History: Patient admits past surgical history of C-section in 1982, 1984, hysterectomy in 1990, breast augmentation in 1985, shoulder surgery, right, cholecystectomy, partial claviclectomy in left shoulder.

Medication History: Active: benazepril-hydrochlorothiazide 20 mg-12.5 mg tablet (One PO QD.) (active), bupropion 300 mg (One PO QD.) (active), clonazepam 0.5 mg Tablet (po bid.) (active), cyclobenzaprine 10 mg Tablet (One PO Q8h.) (active), Cymbalta 60 mg Capsule, Delayed Release

Fleher, Diane 8/5/2011 - 17389

(E.C.) (one tab po qd.) (active), **hydrochloroquine sulfate tablets** 200 mg (2 tab daily.) (active), **klonopin** (active), **Lortab** 7.5-500 mg Tablet (1 tab p.r.n.) (active), **Maxalt** 10 mg Tablet (every 2 hrs.) (active), **prednisone** 10 mg Tablet (1 po qd.) (active), **promethazine** 25 mg Tablet (One PO Q6h.) (active), **Protonix** 40mg tablet (1 po qd.) (active), **Synthroid** 100 mcg Tablet (1 tab po qd.) (active), **temazepam** 30 mg Capsule (1 po Q HS.) (active), **valacyclovir** 500 mg tablet (every 12 hrs.) (active).

Allergies: Patient admits allergies to latex, Ancef.

Family History: Patient admits a family history of cancer, lupus.

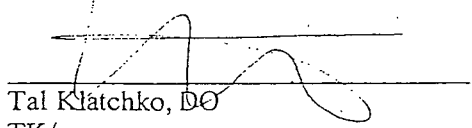
Social History: She was born in Charleston and has lived in Atlanta and Columbia. She is currently unemployed but has worked in the marina in the last 5 years. She has been smoking for 35 years at half pack per day. She has tried Chantix in the past and drinks one glass of wine per week. Denies drug use. She has not had the flu or pneumonia vaccine. She has no known exposure to TB. She has had PPDs that were negative in the past.

Review of Systems: General: No recent change in weight or appetite. HEENT: No recent change in vision, hearing, sinus problems, difficulty swallowing or neck pain. Endocrine: No diabetes or thyroid disease. Respiratory: See HPI. Heme/Onc: No history of cancer, anemia, bleeding or clotting disorder. Cardiovascular: No chest pain, chest discomfort, PND, orthopnea, lower extremity edema, heart racing or palpitations. GI: No nausea, vomiting, diarrhea, bright red blood per rectum, peptic ulcer disease or melena. GU: No hematuria, dysuria or kidney stones. Skin: No rashes. Rheumatologic: No arthritis or collagen vascular disease symptoms. Neurologic: No headaches, strokes, seizures or weakness. Psychiatric: No anxiety or depression.

Physical Examination: BP Sitting: 132/72 Resp: 18 HR: 88 Height: 5 ft. 8.000 in. Weight: 217 lbs. BMI: 33 SPO2: 96% Patient is a pleasant, 52 year old female. Patient is tearful and upset about the possibility of losing her driver's license due to her recurrent syncope. **HEENT:** She has a lump that is tender on the right occiput. Normocephalic, atraumatic, sclerae anicteric, external auditory canals and tympanic membranes are normal. Oral Cavity: Inspection of oral cavity reveals moist mucous membranes. Nasopharynx: Examination of nasopharynx reveals inferior turbinates are normal without lesions, discharge, or significant edema. Trachea is midline. No thyromegaly is noted. No lymphadenopathy is appreciated. Respiratory: Lungs are clear to auscultation bilaterally. Respiratory exam is normal. Chest demonstrates normal fremitus, percussion, and volumes. Lung fields are clear to auscultation. No accessory muscle usage is seen. Cardiovascular: Heart is irregular possibly extra beats such as PVCs. Normal S1, normal S2, No S3, No S4. No murmur, rub or gallop. No neck vein distension. JVD is not seen. Pulses are intact and normal. GI: Soft, nontender. Bowel sounds are present. Organomegaly is not appreciated. Extremities: No clubbing, cyanosis, or edema. Back: No CVA tenderness. No spinal tenderness. Neurological: The patient is alert and oriented. Exam appears nonfocal. Psychiatric: The patient appears euthymic. Skin: No rashes. Rheumatologic: No joint abnormalities.

SPIROMETRY: Not performed due to the above event.

ASSESSMENT AND PLAN: Syncope. Patient was referred to the ER for evaluation. She had a recent echo may benefit from telemetry monitoring and standard blood work, evaluation by cardiologist and neurologist.


Tal Klatchko, DO
TK/ss

Carolina Lung & Critical Care
Pulmonary and Critical Care Medicine
Sleep Related Disorders

Bon Secours St. Francis Hospital
2097 Henry Tecklenburg Dr., Suite 305 Charleston, SC 29414

Phone: (843) 763-3360

Fax: (843) 763-3038

ESTABLISHED PATIENT OFFICE VISIT

Re: Diane Fleher
DOB: 5/1/1959

Date: 7/7/2011

Chief Complaint: Polysomnogram - rule out obstructive sleep apnea.

HISTORY OF PRESENT ILLNESS: Ms. Flaher presents to the office today in followup of her polysomnogram she had performed on June 9th. The results are consistent with sleep onset and maintenance insomnia. She did not have evidence of sleep disorder breathing or periodic limb movements. This has been discussed with her in great detail and a copy of the results has been handed to her. She continues to complain of uncomfortable, cramping, painful feeling in her legs during the day and night. She is scheduled to have an MRI of the spine to rule out a herniated disk. She notes pain in her mid back between her shoulder blades several weeks ago which radiated laterally. She was concerned about the possibility of pleuritis; however, she did not have increasing shortness of breath, fevers, or cough with sputum production. She notes that she has been given 2 courses of prednisone taper which have helped the pain subside. She has an appointment scheduled with her psychiatrist to discuss further treatment.

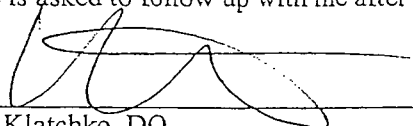
Past Medical History: GI Hx: peptic ulcer disease. **Hematologic / Lymphatic Hx:** iron deficiency anemia, ITP. **Neurological Hx:** syncope neurogenic, migraine headaches. **Immunologic Hx:** Discoid lupus. **Endocrine Hx:** hypothyroidism. **Cardiovascular Hx:** hypertension. **Musculoskeletal Hx:** fibromyalgia. **Respiratory Hx:** COPD, restless legs syndrome. (Denies) obstructive sleep apnea. **Psychiatric Hx:** anxiety, depression, PTSD. **Vaccination Hx:** varicella zoster virus.

Past Surgical History: Patient admits past surgical history of C-section in 1982, 1984, hysterectomy in 1990, breast augmentation in 1985, shoulder surgery, right, cholecystectomy, partial claviclectomy in left shoulder.

Medication History: Active: benazepril-hydrochlorothiazide 20 mg-12.5 mg tablet (One PO QD.) (active), bupropion 300 mg (One PO QD.) (active), clonazepam 0.5 mg Tablet (po bid.) (active), cyclobenzaprine 10 mg Tablet (One PO Q8h.) (active), Cymbalta 60 mg Capsule, Delayed Release (E.C.) (one tab po qd.) (active), hydrochloroquine sulfate tablets 200 mg (2 tab daily.) (active), klonopin (active), Lortab 7.5-500 mg Tablet (1 tab p.r.n.) (active), Maxalt 10 mg Tablet (every 2 hrs.) (active), prednisone 10 mg Tablet (1 po qd.) (active), promethazine 25 mg Tablet (One PO Q6h.) (active), Protonix 40mg tablet (1 po qd.) (active), Synthroid 100 mcg Tablet (1 tab po qd.) (active), temazepam 30 mg Capsule (1 po Q HS.) (active), valacyclovir 500 mg tablet (every 12 hrs.) (active).

6. Osteoporosis: The patient may evaluate from a DEXA scan to rule out underlying osteoporosis. She is asked to request her primary care physician or rheumatologist to order that.
7. Back pain: The patient does not have evidence of adventitious breath sounds on exam. CAT scan will be obtained to better assess underlying lung parenchyma and rule out pleural effusion. Overall, it sounds that the pain is musculoskeletal in origin, possibly due to compression fracture or muscular strain. She is asked to continue treatment as prescribed by Dr. Oliverio.

She is asked to follow up with me after her CAT scan to discuss the results.



Tal Klatchko, DO
TK/lmg

A repeat spirometry and oximetry will be obtained upon return.

Patient Education: The diagnosis, pathophysiology, prognosis, treatment, and alternatives have been discussed with the patient.

Dictated but not read.

cc: Constance Guille, MD - phone 843-792-8964.

Carolina Lung & Critical Care
Pulmonary and Critical Care Medicine
Sleep Related Disorders

Bon Secours St. Francis Hospital
2097 Henry Tecklenburg Dr., Suite 305 Charleston, SC 29414

Phone: (843) 763-3360

Fax: (843) 763-3038

NEW PATIENT PULMONARY CONSULTATION

Date: 5/26/2011

Robert Oliverio, MD.
615 Wesley Dr. Ste 300
Charleston, SC 29407.

Re: Diane Fleher
DOB: 5/1/1959
Reason for Request: Obstructive sleep apnea.

Dear Dr. Oliverio

Thank you for the kind referral of Diane Fleher.

History of Present Illness: As you know, the patient is a 52 year old female who presents for initial evaluation of obstructive sleep apnea. She notes she was diagnosed via polysomnogram in 2005. This was performed in Tennessee. She has a CPAP machine at home but has been noncompliant with it for over 3 years. Since her last polysomnogram, she does note a significant weight gain of about 30 pounds. Over the last several years she has had frequent nighttime awakening and attributes that to restless leg syndrome. She typically goes to bed around 10 p.m. but cannot fall asleep until around midnight. She does exhibit a lot of late night eating but denies use of alcohol nightly and probably does not drink more than a glass of wine a week. She is not dependent on caffeinated beverages during the day. She does wake up about 2-3 times per night to urinate and will eventually get out of bed around 7 in the morning. She does nap throughout the day. Patient has a history of chronic depression, recently diagnosed with posttraumatic stress disorder after an assault in October 2010. She has been following up with a psychiatrist at MUSC who would like to refer her to be re-studied and initiated on treatment for sleep apnea before initiating any further treatment. She also has a history of chronic tobacco abuse at most one pack per day. She has cut down to a half pack per day. She is considering quitting and has used Chantix in the past. She currently has prescription available to her. She denies shortness of breath at rest or with exertion or daily, productive cough. She does report possible history of a lung nodule that has been followed up radiographically. The patient was diagnosed with lupus in 1988. At that time, diagnosis was made via kidney biopsy when she had difficulties with proteinuria. She denies prior history of renal failure requiring dialysis. She does have a discoid type rash on her upper extremities and chest and photosensitivity. She has also had lupus cerebritis and pleurisy in the past and ITP. She currently follows up with Dr. Roane and is being treated with Plaquenil. She has been noncompliant with prednisone use as it exacerbates her mood disorder.

Past Medical History: GI Hx: peptic ulcer disease. Hematologic / Lymphatic Hx: iron deficiency

Fleher, Diane 5/26/2011 - 17389

anemia, ITP. **Neurological Hx:** syncope neurogenic, migraine headaches. **Immunologic Hx:** Discoid lupus. **Endocrine Hx:** hypothyroidism. **Cardiovascular Hx:** hypertension. **Musculoskeletal Hx:** fibromyalgia. **Respiratory Hx:** COPD, obstructive sleep apnea, restless legs syndrome. **Psychiatric Hx:** anxiety, depression, PTSD. **Vaccination Hx:** varicella

Past Surgical History: Patient admits past surgical history of C-section in 1982, 1984, hysterectomy in 1990, breast augmentation in 1985, shoulder surgery, right, cholecystectomy, partial claviclectomy in left shoulder.

Medication History: Active: benazepril-hydrochlorothiazide 20 mg-12.5 mg tablet (One PO QD) (active), bupropion 300 mg (One PO QD) (active), clonazepam 0.5 mg Tablet (po bid) (active), cyclobenzaprine 10 mg tablet (One PO Q8h) (active), Cymbalta 60 mg Capsule, Delayed Release(E.C.) (one tab po qd) (active), hydrochloroquine sulfate tablets 200 mg (2 tab daily) (active), klonopin (active), Lortab 7.5-500 mg Tablet (1 tab p.r.n.) (active), Maxalt 10 mg tablet (every 2 hrs) (active), prednisone 10 mg tablet (1 po qd) (active), Promethazine 25 mg tablet (One PO Q6h) (active), Protonix 40mg tablet (1 po qd) (active), Synthroid 100 mcg Tablet (1 tab po qd) (active), temazepam 30 mg capsule (1 po Q HS) (active), valacyclovir 500 mg tablet (every 12 hrs) (active).

Allergies: Patient admits allergies to Ancef, latex. anaphylactic shock.

Family History: Patient admits a family history of cancer, lupus.

Social History: She was born in Charleston and has lived in Atlanta and Columbia. She is currently unemployed but has worked in the marina in the last 5 years. She has been smoking for 35 years at half pack per day. She has tried Chantix in the past and drinks one glass of wine per week. Denies drug use. She has not had the flu or pneumonia vaccine. She has no known exposure to TB. She has had PPDs that were negative in the past.

Review of Systems: General: She complains of weight gain, fatigue HEENT: No recent change in vision, hearing, sinus problems, difficulty swallowing or neck pain. Endocrine: No diabetes or thyroid disease. Respiratory: See HPI. Heme/Onc: No history of cancer, anemia, bleeding or clotting disorder. Cardiovascular: No chest pain, chest discomfort, PND, orthopnea, lower extremity edema, heart racing or palpitations. GI: Diarrhea, abdominal pain GU: No hematuria, dysuria or kidney stones. Skin: skin rashes itching. Rheumatologic: Joint pain Neurologic: loss of consciousness, headaches, weakness Psychiatric: lack of interest, anxiety.

Physical Examination: BP Sitting: 130/78 Resp: 18 HR: 85 Height: 5 ft. 8.000 in. Weight: 209 lbs. BMI: 32 SPO2: 98% Patient is a pleasant, 52 year old female. **HEENT:** Normocephalic, atraumatic, sclerae anicteric, external auditory canals and tympanic membranes are normal. **Oral Cavity:** Inspection of oral cavity reveals moist mucous membranes. **Nasopharynx:** Examination of nasopharynx reveals inferior turbinates are normal without lesions, discharge, or significant edema. Trachea is midline. No thyromegaly is noted. No lymphadenopathy is appreciated. **Respiratory:** Chest demonstrates normal fremitus, percussion, and volumes. Lung fields are clear to auscultation. No accessory muscle usage is seen. **Cardiovascular:** Normal S1, normal S2, No S3, No S4. No murmur, rub or gallop. No neck vein distension. JVD is not seen. Pulses are intact and normal. **GI:** Soft, nontender. Bowel sounds are present. Organomegaly is not appreciated. **Extremities:** She has a discoid-type, erythematous rash bilateral upper extremities and on shoulders and chest of shoulder girdle. The rest of the exam is normal. **Back:** No CVA tenderness. No spinal tenderness. **Neurological:** The patient is alert and oriented. Exam appears nonfocal. **Psychiatric:** The patient appears euthymic. **Skin:** No rashes. **Rheumatologic:** No joint abnormalities.

Fleher, Diane 5/26/2011 - 17389

PULMONARY FUNCTION TESTS: She has a normal spirometry without significant bronchodilator response. Normal lung volumes. Reduced diffusion capacity that is moderately reduced even when adjusted for lung volumes. However, this has not been adjusted to patient's hemoglobin which could explain the isolated reduction as could pulmonary hypertension. Flow volume loops are consistent with above data.

ASSESSMENT AND PLAN:

1. Obstructive sleep apnea. The patient has been recommended to be re-tested. She will be referred to St. Francis sleep lab for polysomnogram. Discussed need to avoid sedating medications and/or alcoholic beverages, avoidance of driving when feeling sleepy or operating machinery. Discussed availability of caffeinated beverages for long car rides and efforts of weight loss via diet and exercise.
2. History of pulmonary nodule. She does not appear to have prior CT of the chest on the Roper St. Francis system. We will schedule at next visit.
3. Isolated reduction in diffusion capacity, likely related to patient's known iron deficiency anemia, though will consider echocardiogram to assess for pulmonary hypertension. This will be scheduled at next visit. The patient is at risk having lupus.
4. Restless leg syndrome. May be related to underlying iron deficiency anemia. If patient's iron stores are adequately repleted but still exhibits significant symptomatology would consider initiation of treatment with Requip. This will be addressed after she obtains the sleep study.
5. At risk for COPD. This has been discussed in great detail with the patient. She is in the pre-contemplation stage. She is encouraged to continue her effort at cutting down her use of tobacco. Despite chronic tobacco dependence her lung function is preserved. She is asked to follow-up in 6 weeks.


Tal Klatchko, DO
TK/llw

Thank you very much for this kind referral. I greatly appreciate the opportunity to be involved in the care of your patient and look forward to working with you in the future.

A repeat spirometry and oximetry will be obtained upon return.

Patient Education: The diagnosis, pathophysiology, prognosis, treatment, and alternatives have been discussed with the patient.
Dictated but not read.

cc: Robert Oliverio, M.D. fax: (843) 577-0455. Roper,

ROPER ST. FRANCIS SLEEP CENTER

MEDICAL QUESTIONNAIRE

Please complete the medical questionnaire and bring in with you the night of your sleep study. All the information you provide will remain confidential and will help the physician in evaluating your sleep problem(s). Some of these questions may be better answered by your spouse, roommate or other family member.

NAME: Diane Fleher Date: _____
 ADDRESS: 7720 Eagle Lake Road
North Charleston, SC 29418

MR#: 801672476 DOB: 05/01/59
 FLEHER, DIANE
 St Francis OPC
 PHYS: KLATCHKO-DO, TAL
 ACCT#: 11160-00221 06/08/11

HOME PHONE: (865) 805-4550 WORK PHONE: N/A

DATE OF BIRTH: 05/01/1959 SS #: 251-23-3523

MARITAL STATUS: Married # OF CHILDREN: _____

AGES OF CHILDREN: _____

OCCUPATION: Not working

1. Briefly describe your sleep problem. _____

2. How long have you had problems with your sleep? Yes - Sleep study done @ 2005 & diagnosed w/ Sleep apnea

3. How would you describe your usual night's sleep? al toss + turn, wake up several times -

4. Do you:
 sleep with someone else in your bed? ☒ yes ☐ no
 sleep with someone else in your room? ☒ yes ☐ no
 sleep with pets in your bed? ☒ yes ☐ no
 provide assistance to someone during the night? ☐ yes ☒ no

5. What is your height? 5'8" What is your weight? 200
6. Have you gained weight in the last year? If yes, by how many pounds? _____
- Have you lost weight in the last year? If yes, by how many pounds? _____
7. What is your neck size? _____ inches
8. Do you use dentures? NO Do you sleep with dentures? NO

MR#: 001672476 DOB: 05/01/59 *****

FLEHER, DIANE
St Francis DPC
PHYS: KLATCHKO-DO, TAL



ACCT#: 11160-00221

06/09/11

Medical History:

	Type of Problem	Date	Physician, Clinic, Hospital
Allergies (food, drugs, etc.)	<u>Ansof</u>	<u>1984</u>	<u>Anaphalaxic Shock</u>
Blood pressure, Heart, Circulation	_____	_____	_____
Breathing (lungs)	_____	_____	_____
Eyes, Ears, Nose, Throat or Mouth	_____	_____	_____
Hormone Abnormalities (Diabetes, Hypoglycemia)	_____	_____	_____
Mental Health	<u>Depression, Anxiety</u>	_____	_____
Stomach, Digestive	<u>Ulcer</u>	_____	_____
Surgical Operations	_____	_____	_____
Urine, Kidney Sexual	_____	_____	_____

Name and address of family physician: _____

page 2

List any prescribed medications you are presently taking:

Name of Medication	Prescribing Physician	Dose per day	How long have you used?
See list			

List any nonprescribed medications and dosages you are presently taking.

Family Medical History

Please list any medical problems of family members. If deceased, please indicate cause of death and age of death.

Father Pancreatic Cancer died @ 70

Mother Sepsis - Congestive heart Failure @ 85

Siblings (indicate brother or sister)

MR#: 001672476 DOB: 06/01/59
FLEHER, DIANE
St Francis OFC
PHYS: KLATCHKO-DO, TAL

Does anyone in your family have sleep problems? Explain below.



ACCT#: 11160-00221

06/09/11

Have you had any previous sleep studies? Yes If yes, when and where were your sleep studies done?

Knoxville Tennessee Baptist Hospital @ 2005

8. How much of these beverages do you consume?

Coffee	<u>2</u>	cups per day	<u>0</u>	cups after 6 P.M.
Decaffeinated coffee	_____	cups per day	_____	cups after 6 P.M.
Tea	_____	cups per day	_____	cups after 6 P.M.
Carbonated drinks	<u>2</u>	cups per day	_____	cups after 6 P.M.
Beer, wine, liquor	_____	cups per day	_____	cups after 6 P.M.

9. How many cigarettes, cigars, or pipefuls of tobacco do you smoke per day?

10

11. Do you smoke marijuana? If yes, how often NO

What time is your usual bedtime? 10 pm and risetime? 7:30

Does your sleep schedule differ on the weekends? NO If so, describe in what way?

Does your job require shift changes? If so, describe schedule N/A

Does your job require frequent travel? If so, describe N/A

When do you function best? (☒ morning) () afternoon () evening

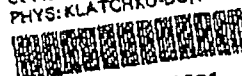
When do you function worst? () morning (☒ afternoon) () evening

SLEEP PROBLEMS AND COMPLAINTS:

- | | | |
|--|--|---|
| 1. Do you feel that you get too little sleep at night? | (☒ yes) | () no |
| 2. Do you have problems with falling asleep at night? | (☒ yes) | () no |
| 3. Do you have problems with waking up in the morning? | (☒ yes) | () no |
| 4. Is the quality of your sleep unsatisfactory? | (☒ yes) | () no |
| 5. Is your sleep often restless or disturbed? | (☒ yes) | () no |
| 6. Have you ever had a seizure during sleep? | () yes | (☒ no) |
| 7. Do you often have frightening dreams or nightmares? | (☒ yes) | () no |
| 8. Do you have night terrors or wake up screaming? | () yes | (☒ no) |
| 9. Do you sleep walk? | (☒ yes) | () no |
| 10. Do you grind your teeth during sleep? | (☒ yes) | () no |
| 11. Do you wake up during the night feeling thirsty? | (☒ yes) | () no |
| 12. Do you wake up during the night feeling hungry? | (☒ yes) | () no |

page 4

MP# 001672478
FLEHER, DIANE
St Francis
PHYS: KLATCHKO-DO, TAL



ACCT# 11160-00221

DOB: 05/01/59
06/09/11

104

570

PRINTED BY: franwe DATE: 8/16/2011

13. Do you urinate more than once during the night? ☒ yes ☐ no
14. Do you wet the bed? ☐ yes ☒ no
15. Are you bothered by itching sensations at night? ☒ yes ☐ no
16. Do you sweat excessively during sleep? ☒ yes ☐ no
17. Do you wake up at night with heartburn? ☐ yes ☒ no
18. Do you have headaches at night or in the morning? ☒ yes ☐ no
19. Do you have chest pain during the night? ☐ yes ☒ no
20. Do you have pain in the neck, spine, muscles or joints during the night? ☒ yes ☐ no
21. Have you ever been told that you bang your head against the bed at night? ☐ yes ☒ no
22. Have you ever been told that you make rolling or rocking movements during sleep? ☒ yes ☐ no
23. Do you ever fall out of bed? ☐ yes ☒ no
24. Are you bothered by leg cramps or pains at night? ☒ yes ☐ no
25. Have you ever been told that your legs twitch or jerk during the night? ☒ yes ☐ no
26. Do you wake up with feelings of restlessness in your legs or "pins and needles" sensations in your legs? ☒ yes ☐ no
27. Are you aware of breathing abnormalities or problems with breathing associated with your sleep? ☒ yes ☐ no
35. Have you ever been told that you snore? ☒ yes ☐ no
28. Do you sometimes wake up feeling like you are choking or gasping for breath? ☒ yes ☐ no
29. Do you feel paralyzed when falling asleep or waking up? ☐ yes ☒ no
30. Do you consider that your sleep/wake schedule is usually irregular? ☒ yes ☐ no
31. Did you have a problem with sleep as a child? ☐ yes ☒ no
32. Do you sleep a lot or take many naps during the day? ☐ yes ☒ no
33. Do you feel extremely drowsy or sleepy during the day? ☒ yes ☐ no
34. Do you drink a lot of coffee or caffeinated beverages during the day in order to stay awake? ☐ yes ☒ no
35. Do you feel extremely tired or fatigued during the day even when you are not sleepy? ☒ yes ☐ no
36. Do you have feelings during the day that you just do not want to do anything? ☒ yes ☐ no
37. Is your daytime performance in work or recreation less efficient that you would like it to be? ☒ yes ☐ no
38. Do you feel distracted and unable to concentrate during the day? ☒ yes ☐ no
39. Do you have uncontrollable urges to fall asleep during the day or do you find yourself falling asleep when you do not want to? ☒ yes ☐ no
40. Have you had accidents or near-accidents when driving because you felt extremely sleepy or were having trouble concentrating? ☒ yes ☐ no
41. Have you been in unusual, unpleasant, or embarrassing situations because you felt extremely sleepy or were having trouble concentrating? ☒ yes ☐ no
42. Would you like to be able to nap at particular times during the day? ☒ yes ☐ no

page 5

MR#: 001672476 DOB: 05/01
FLEHER, DIANE
St Francis
PHYS: KLATCHKO-DO, TAL
ACCT#: 11160-00221

43. Do you often feel depressed or sad during the day? ☒ yes ☐ no
44. Do you sometimes have feelings during the day that your personality has changed, or do you tend to be unusually irritable and "just not yourself?" ☒ yes ☐ no
45. Do you frequently feel anxious or worried during the day? ☒ yes ☐ no
46. Do you tend to awaken suddenly during the night or in the morning with an unpleasant feeling of fear, anxiety, worry, depression, unhappiness or confusion? ☒ yes ☐ no
47. Do you tend to lie awake at night feeling depressed, worried, anxious, fearful, unhappy, or confused? ☒ yes ☐ no
48. Do you frequently feel disoriented or confused during the day? ☒ yes ☐ no
49. Do you frequently feel fearful during the day? ☒ yes ☐ no
49. Do you have times during the day when your memory completely fails you? ☒ yes ☐ no
50. Have you ever "come to" and found that you had performed some complex activity (like driving a car) without remembering it? ☒ yes ☐ no
51. Do you sometimes have illusions that something is happening that really isn't? ☒ yes ☐ no
52. Do you have hallucinations or dream-like mental images when you are falling asleep or waking up? ☐ yes ☒ no
53. Do you have attacks of sudden physical weakness or paralysis during the day when laughing, angry or other emotional situations? ☒ yes ☐ no
54. Do you have significant muscular weakness, incoordination or dizziness during the day? ☒ yes ☐ no
55. Are you short of breath during the day? ☐ yes ☒ no
56. Do you have any ear, nose, throat or lung disease? ☐ yes ☒ no
57. Do your ankles swell up during the day? ☐ yes ☒ no
58. Do you have high blood pressure? ☐ yes ☒ no
59. Do you have anemia or any other blood problems? ☒ yes ☐ no
60. Do you have chest pain during the day? ☐ yes ☒ no
61. Do you have thyroid problems? ☒ yes ☐ no
62. Do you have low blood sugar? ☐ yes ☒ no
63. Do you have diabetes? ☐ yes ☒ no
64. Do you have severe headaches during the day? ☒ yes ☐ no
65. Do you ever suffer from fainting spells or loss of consciousness during the day? ☒ yes ☐ no
66. Have you ever had a significant head injury? ☐ yes ☒ no
67. Have you ever been interviewed by a psychiatrist or clinical psychologist? ☒ yes ☐ no
68. Have you ever taken thyroid pills? ☒ yes ☐ no
69. Have you ever used hallucinogenic drugs? ☐ yes ☒ no
70. Have you ever used narcotics or "street drugs?" ☐ yes ☒ no

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MR#: 001872478 DOB: 05/01/58
FLEHER, DIANE
St Francis OPC
PHYS: KLATCHKO-DO, TAL



ACCT#: 11160-00221 06/09/11

Please list any disabilities: _____

Please specify any special needs we should be aware of to make your stay with us better. (example: wheelchair, bedside commode, etc.)

Please add any other information you feel is pertinent to your sleep study.

MR#: 001672476 DOB: 05/01/59
FLEHER, DIANE
St Francis OPC
PHYS: KLATCHKO-DO, TAL

ACCT#: 11160-00221 06/09/11

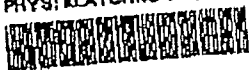
page 7

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107

PRINTED BY: Franwa DATE 8/16/2011

MRF: 001672476 DOB: 05/01/89
FLEHER, DIANE
St Francis OPC
PHYS: KLATCHKO-DO, TAL



ACCT#: 11180-00221

KUPER ST. FRANCIS CENTER
PRE-SLEEP QUESTIONNAIRE

08/08/11 Did you take any naps today: ☐ yes ☒ no

How long and what time? _____

2. Have you taken prescription medication today? ☒ yes ☐ no

3. Have you taken any non-prescription medication today? ☐ yes ☐ no

4. Are you on any new medication? ☐ yes ☒ no

5. Have you had any alcoholic beverages today? ☐ yes ☒ no
List type and quantity: _____

6. Have you felt ill today? ☒ yes ☐ no

7. Did you feel sleepy today? ☒ yes ☐ no

8. Did you have a strenuous day today? ☒ yes ☐ no

9. When did you eat last? 7:00 PM ☐ more ☐ less ☒ same amount

10. Are you physically tired now? ☐ no ☒ little ☐ a lot

11. Are you sleepy now? ☒ no ☐ little ☐ a lot

12. Do you feel alert? ☒ yes ☐ no ☐ a little

Is there anything you would like to add about your day, your concerns, etc?

Emergency Department Chart

Patient Name: FLEHER, DIANE
Medical Rec. Number: 001672476
Arrival Date: 08/04/2011 11:58
Visit Date: 08/04/2011 11:57

Account Number: 1121600970
Birthdate: 05/01/1959
Primary MD: Tal Klatchko DO
Robert Oliverio MD

Triage

4-Non-urgent (BJ01 08/04/2011 12:02)
No language barrier. (BJ01 12:02)
No language barrier. (BJ01 12:18)
Patient has no mental status changes. (BJ01 12:14)
History comes from patient. (BJ01 12:02)
Patient smokes 5 CIGARETTES A DAY pks/ day. (BJ01 12:14)
Patient drinks ONCE EVERY TWO WEEK 1 DRINK drinks per week. (BJ01 12:14)
Patient denies illicit drug use. (BJ01 12:14)
Patient is married. (BJ01 12:14)
Patient's support mechanism includes family. (BJ01 12:14)
Patient lives with SITTER LIVES WITH PT. (BJ01 12:14)
Patient has a living will. (BJ01 12:14)
Patient has a durable power of attorney for health care. (BJ01 12:14)
Patient indicates no infectious disease risk factors. (BJ01 12:14)
Denies weakness. (BJ01 12:16)
No dizziness. (BJ01 12:16)
No palpitations. (BJ01 12:16)
No history of irregular heart rate. (BJ01 12:16)
Denies orthostatic symptoms. (BJ01 12:16)
No vertigo. (BJ01 12:16)
No fever. (BJ01 12:16)
Denies chest pain. (BJ01 12:16)
No muscle aches. (BJ01 12:16)
No trouble breathing. (BJ01 12:16)
No history of diabetes. (BJ01 12:16)
No history of hypertension. (BJ01 12:16)
History comes from patient. (BJ01 12:18)
Onset of symptoms was about 28 days ago. (BJ01 12:18)
Patient is triaged directly to Main ER. (BJ01 12:02)

Height/Weight

Hgt: 68 inch (BJ01 08/04/2011 12:17)
Wgt: 95.5 kg (BJ01 12:17)

Nursing Assessment

GENERAL

NEGLECT/ABUSE: Survey shows NEGATIVE risk for this patient. (BJ01) 08/04/2011 12:14 Comfortable. Normal general appearance. Skin is clear. Neuro exam intact. Cardiac exam normal. No respiratory distress. Pulmonary exam normal. Normal abdominal exam. Normal extremity exam. (BJ01) 08/04/2011 12:16

SKIN

Skin risk measures N/A implemented. (BJ01) 08/04/2011 12:14

Nursing Continuation Notes - Refer to Orders section for all orders

Transported via wheelchair - placed in ED bed # 2. (BJ01 08/04/2011 12:02)
Call light provided to patient. (BJ01 12:02)
IV discontinued and local dressing applied. (BJ01 13:37)

Emergency Department Chart

Patient Name: FLEHER, DIANE
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Arrival Date: 08/04/2011 11:58
Visit Date: 08/04/2011 11:57

Account Number: 1121600970
Birthdate: 05/01/1959
Primary MD: Tal Klatchko DO
Robert Oliverio MD

Clinician History of Present Illness

Summary

52 yo wf with h/o lupus, fibromyalgia, and neurogenic syncope presents today after a syncopal episode. Pt has had neurogenic syncope for over 10 years now. She was hospitalized in the beginning and had a large workup including a tilt test. The tilt test was positive. Since then, she has been told to avoid bending over. She says she forgets sometimes and bends over. She then passes out. This is very quick and she regains consciousness almost as soon as she lays flat. Pt doesn't remember passing out but frequently has a headache afterwards. She has 1-2 episodes per month. Pt is currently being worked up by her pulmonologist for PPH. Had a normal echo 2 weeks ago. Was in the office today and bent over to get her purse. Pt says she passed out. Was told that she struck her head fairly hard on the floor. Now is c/o her typical post-syncope headache. Pt admits that her doctor "overreacted" and this is the same type of event that she has been dealing with for 10 years. Pt did not have a way to get home and her pulmonologist thought she would benefit from ER visit and possible admission. Pt has a sitter that stays with her when her husband is not there in case she passes out. (LGS2) 08/04/2011 12:28

PT STATES SHE LEANED OVER AND PASSED OUT. SHE HAS A KNOWN CONDITION THAT CAUSES THIS AND WAS SENT FROM HER FAMILY PHYSICIAN FOR A WORK UP. PT STATES SHE USUALLY DEVELOP A MIGRAINE HEADACHE POST FAINTING. (BJ01) 08/04/2011 12:02 Exam started at 12:03 Presenting problem started minutes ago. History comes from patient. Have reviewed and agree with RN note. Able to get a good history. (LGS2) 08/04/2011 12:03 Fall risk measures N/A implemented. (BJ01) 08/04/2011 12:14

Past Medical and Surgical History

SLE; Fibromyalgia; Syncope NEUROGENIC; S/P C-section S/P Hysterectomy S/P Breast Implants S/P Cholecystectomy Patient has no emotional, spiritual, or cognitive needs noted. Has discoid lupus; Hypothyroid; Depression; Pedal Edema; Migraine Headache; (BJ01) 08/04/2011 12:02 S/P Shoulder surgery x2 (LGS2) 08/04/2011 12:34

Review of Systems

Except as noted all other ROS negative. (LGS2) 08/04/2011 12:35

Social History

Is a smoker. Occasional use of alcohol. Patient is not employed. Does not take any drugs. Patient is married. Patient lives with family. (LGS2) 08/04/2011 12:35

Family History

No relevant family history related to current problem. (LGS2) 08/04/2011 12:35

Physical Exam

GENERAL:

Vital signs reviewed. Alert. The patient appears to be in no acute distress. (LGS2) 08/04/2011 12:35

ENT:

Pharynx normal. ENT inspection normal. No evidence of venous jugular distension. The neck is supple, with no evidence of meningismus. (LGS2) 08/04/2011 12:35

EYE EXAM:

Pupils are reactive to light. (LGS2) 08/04/2011 12:35

PULMONARY:

Currently in no acute respiratory distress. Normal, non labored respirations. The breath sounds are normal, with good equal air movement. The chest wall is not tender to palpation. (LGS2) 08/04/2011 12:35

CIRCULATORY:

Regular rate and rhythm. No murmur. No rub. No gallop. Peripheral pulses are strong and equal. (LGS2) 08/04/2011 12:35

Print Date: 08/04/2011 13:51

Confidential Medical Record

Page 3 of 7

Patient: FLEHER, DIANE

MRN: 001672476

Encounter: 1121600970

Page 3 of 7

Mount Pleasant Hospital
3500 Highway 17 North
Mount Pleasant, SC 29466
843-606-7000

Emergency Department Chart

Patient Name: FLEHER, DIANE
Medical Rec. Number: 001672476
Arrival Date: 08/04/2011 11:58
Visit Date: 08/04/2011 11:57

Account Number: 1121600970
Birthdate: 05/01/1959
Primary MD: Tal Klatchko DO
Robert Oliverio MD

Physical Exam

ABDOMEN:

The abdomen is soft and nontender to palpation. No organomegaly. No guarding. No rebound tenderness. (LGS2) 08/04/2011 12:35

NEUROLOGIC:

Alert, oriented to person, place, and time. Cranial nerves II through XII are intact. No motor deficit. No sensory deficit. (LGS2) 08/04/2011 12:35

MUSCULOSKELETAL:

No extremity tenderness. Full range of motion in all extremities. No extremity edema. (LGS2) 08/04/2011 12:35

SKIN:

Skin color is normal. No rash. (LGS2) 08/04/2011 12:35

Progress Notes

Re-evaluation: Patient has been having these episodes for 10 years now. She says today's episode has been no different than prior episodes. I do not feel that she needs to be admitted to the hospital. This can all be done as an outpatient. We also do not even have neurology here to consult. Patient is agreeable to this plan. She also feels that she does not need to be admitted. I still offered to call the hospitalist to see if she could talk to the patient about admission, but the patient has declined. Patient has agreed to not drive until she is cleared by the neurologist. She remained home and increased able throughout her emergency department course. Emergency department workup is negative. Patient had a recent echocardiogram that was normal. (LGS2) 08/04/2011 13:15

Primary Diagnosis

Free text DX: recurrent syncope, h/o neurogenic syncope, h/o fibromyalgia, h/o lupus (LGS2 08/04/2011 13:24)

Print Date: 08/04/2011 13:51

Confidential Medical Record

Page 4 of 7

Patient: FLEHER, DIANE

MRN: 001672476

Encounter: 1121600970

Page 4 of 7

Emergency Department Chart

Patient Name: FLEHER, DIANE	Account Number: 1121600970
Medical Rec. Number: 001672476	Birthdate: 05/01/1959
Arrival Date: 08/04/2011 11:58	Primary MD: Tal Klatchko DO Robert Oliverio MD
Visit Date: 08/04/2011 11:57	

Non-Drug Orders

BASIC METABOLIC PANEL (TOT CA)

Entered (LGS2 08/04/2011 12:20) Completed (LGS2 12:48) MD Sign (LGS2 12:20) Comments: [OS: D] Notes: Blood drawn. Blood obtained from the right antecubital fossa. No complications encountered. (BJ01 12:25)

CBC (COMPLETE BLOOD COUNT)

Entered (LGS2 08/04/2011 12:20) Completed (LGS2 12:37) MD Sign (LGS2 12:20) Comments: [OS: D] Notes: Blood drawn. Blood obtained from the right antecubital fossa. No complications encountered. (BJ01 12:25)

PLACE INT (ED POC)

Entered (LGS2 08/04/2011 12:20) Completed (BJ01 12:25) MD Sign (LGS2 12:20) Comments: [OS: D] Notes: IV was started in department. IV SITE # 1: Using sterile technique. IV access initiated with # 20 gauge catheter in the right antecubital fossa. Tubing dated, timed, and site labeled per protocol. Blood specimens collected with IV access. Tolerated IV insertion without complications. (BJ01 12:25)

CK MB FRACTION ONLY

Entered (LGS2 08/04/2011 12:20) Completed (LGS2 13:08) MD Sign (LGS2 12:20) Comments: [OS: D] Notes: Blood drawn. Blood obtained from the right antecubital fossa. No complications encountered. (BJ01 12:25)

CPK TOTAL

Entered (LGS2 08/04/2011 12:20) Completed (LGS2 13:08) MD Sign (LGS2 12:20) Comments: [OS: D] Notes: Blood drawn. Blood obtained from the right antecubital fossa. No complications encountered. (BJ01 12:25)

TROPONIN I QUANT

Entered (LGS2 08/04/2011 12:20) Completed (LGS2 13:09) MD Sign (LGS2 12:20) Comments: [OS: D] Notes: Blood drawn. Blood obtained from the right antecubital fossa. No complications encountered. (BJ01 12:25)

EKG ED MP

Entered (LGS2 08/04/2011 12:20) Completed (BJ01 12:33) MD Sign (LGS2 12:20) Comments: [OS: D]

EKG RESULTS EXPORTED TO TMVUE

Entered (LGS2 08/04/2011 12:20) Completed (AEW 12:47) MD Sign (LGS2 12:20) Comments: [OS: D]

CT HEAD W/O CONTRAST Head Injury

Entered (LGS2 08/04/2011 12:21) MD Sign (LGS2 12:21) Comments: [OS: D] Notes: Taken to ct. Patient dressed in gown (BJ01 12:53)

NURSING BEDSIDE SWALLOW SCREEN PRIOR TO PO INTAKE,

Entered (LGS2 08/04/2011 12:21) Completed (BJ01 12:02) MD Sign (LGS2 12:21) Comments: NPO if failed [OS: D]

CREATININE KINASE INDEX

Entered (08/04/2011 12:34) Completed (BJ01 12:25) MD Sign (LGS2 12:34) Comments: [OS: W]

Results

EKG; rate: 69 (LGS2 08/04/2011 12:40)

EKG interpretation done by me. (LGS2 12:40)

Normal sinus rhythm. (LGS2 12:40)

Normal ST segments. (LGS2 12:40)

CT HEAD W/O CONTRAST Head Injury - I have reviewed the radiologist's report for this film. (LGS2 13:24)

Normal brain imaging study. (LGS2 13:24)

No evidence of acute bleed. (LGS2 13:24)

No evidence of mass lesions or midline shift. (LGS2 13:24)

Disposition

Patient discharged from department. Condition at discharge - improved. I have reviewed the chart of DIANE FLEHER and it is ready for final disposition - LINDSAY G STEWART-MD MD. (LGS2 08/04/2011 13:28 Patient removed from Tracking Board by BRETT JACOBS EDNR. (BJ01) 08/04/2011 13:40 Patient discharged from department. Discharged home. Left department with family. Verbalizes understanding of after-care instructions. Verbalizes understanding of need for follow-up and how to access follow-up care. Verbalizes understanding of signs and symptoms to return to ED. Other - IV DC'D PRIOR TO DISCHARGE.

A discharge pain score was documented: Pain 0/10 (no pain) at 13:49. (BJ01) 08/04/2011 13:49 A disposition has been done for DIANE FLEHER. The dispositioning nurse is BRETT JACOBS EDNR (electronic signature). (BJ01) 08/04/2011 13:50 Arrange for a follow up appointment with patient's own Primary Care Provider in 3-5 days or immediately if your symptoms get worse. Arrange for a follow up appointment with James Bumgartner, MD in 3-5 days or immediately if your symptoms get worse. Call for an appointment with Dr. Bumgartner or one of his partners. Arrange for a follow up appointment with Kenneth Hanger, MD in 3-5 days or immediately if your symptoms get worse. Call for an appointment. (LGS2) 08/04/2011 13:26

Emergency Department Chart

Patient Name: FLEHER, DIANE
Medical Rec. Number: 001672476
Arrival Date: 08/04/2011 11:58
Visit Date: 08/04/2011 11:57

Account Number: 1121600970
Birthdate: 05/01/1959
Primary MD: Tal Klatchko DO
Robert Oliverio MD

Discharge Instructions

Syncope (Fainting Episode)

Syncope (Fainting Episode)

You have had a fainting (syncopal) spell. A fainting episode is a sudden, short-lived loss of consciousness. It results in complete recovery. It occurs because there has been a temporary shortage of oxygen and/or sugar (glucose) to the brain.

CAUSES

Blood pressure pills and other medications that may lower blood pressure below normal. Sudden changes in posture (sudden standing).

Over medication. Take your medications as directed.

Standing too long. This can cause blood to pool in the legs.

Seizure disorders.

Low blood sugar (hypoglycemia) of diabetes. This more commonly causes coma.

Bearing down to go to the bathroom. This can cause your blood pressure to rise suddenly. Your body compensates by making the blood pressure too low when you stop bearing down.

Hardening of the arteries where the brain temporarily does not receive enough blood.

Irregular heart beat and circulatory problems.

Fear, emotional distress, injury, sight of blood, or illness.

Your caregiver will send you home if the syncope was from non-worrisome causes (benign). Depending on your age and health, you may stay to be monitored and observed. If you return home, have someone stay with you if your caregiver feels that is desirable.

It is very important to keep all follow-up referrals and appointments in order to properly manage this condition. This is a serious problem which can lead to serious illness and death if not carefully managed.

WARNING: Do not drive or operate machinery until your caregiver feels that it is safe for you to do so.

SEEK IMMEDIATE MEDICAL ATTENTION IF:

You have another fainting episode or faint while lying or sitting down. **DO NOT DRIVE YOURSELF.** Call 911 if no other help is available.

You have chest pain, are feeling sick to your stomach (nausea), vomiting or abdominal pain.

You have an irregular heartbeat or one that is very fast (pulse over 120 beats per minute).

You have a loss of feeling in some part of your body or lose movement in your arms or legs.

You have difficulty with speech, confusion, severe weakness, or visual problems.

You become sweaty and/or feel light headed.

MAKE SURE YOU ARE RE-CHECKED AS INSTRUCTED

Document Released: 12/18/2006 Document Re-Released: 10/14/2008
ExitCare® Patient Information ©2009 ExitCare, LLC.

Additional Instructions

Do not drive until you're cleared by neurology. (LGS2) 08/04/2011 13:26

08/08/2011

DIANE FLEHER -

DOR: 05/01/1959

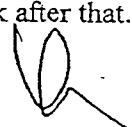
MR#: 86565

NEW PATIENT EVALUATION

HISTORY: The patient comes in today after recurrent syncope. She has been worked up for this before and has positive sulcus test. She had a syncopal episode at Dr. Glasgo's office shows has hypoxemia, being worked up for that by Dr. Spandorfer. She is up with weight on Cymbalta. Sees Dr. Robert Oliverio and also Dr. Gunn. She has fibromyalgia. She takes Plaquenil, benazepril, thyroid and knows when she is going to have an episode, she knows to bend down carefully. She stays well hydrated every day. She is allergic to Latex, Ancef _____. She underwent clavicle surgery on both sides and C-section. She recently had an echocardiogram, normal EKG and normal blood pressure. She had cholecystectomy in 2008. She has no chest pain or palpitations. Her only problem is recurrent syncope which she has had for some time. She has been worked up once for this. History of heart murmur. She smokes five cigarettes a day and not working, used to work. She is being worked up for sleep apnea.

PHYSICAL EXAMINATION: Weight to be 218. Blood pressure is 108/60. Pulse 74. HEENT unremarkable. Sclera normal, OP normal. Neck supple, thyroid nonpalpable. Lungs clear to auscultation and percussion. Carotid upstroke is normal without bruits, no JVD. PMI is midclavicular line, normoactive, normal S1 and S2. No other murmur, rub gallop or click. Abdominal exam is normal with good bowel sounds, no organomegaly. Extremities normal with good distal pulses. Skin is warm and dry.

IMPRESSION/PLAN: This lady has obvious neurocardiogenic syncope. We will see her back in a year. Since she does have risk factors for coronary artery disease and has syncope, we will get a nuclear stress test. We will bring a Holter monitor just to make sure everything is okay. She states she has been assaulted and now seems okay. She has a lot of different problems and I think again her basic problem is cardiogenic syncope. We will follow up on this test and see her back after that.


Kenneth Hanger, M.D.

KHH/tr/nm

cc: Robert R. Oliverio Jr., M.D.

Jason Gunn, M.D.

NAME:

Diane G. Meher

DATE:

8/8/11

DOB:

05/01/1959

AGE:

52

REASON TO SEE DOCTOR:

Ref by ER Doctor

ALLERGIES:

ANSEF, LATEX

CURRENT MEDICATIONS: LEVOTHYROXINE 0.100MG, Cymbalta 120 MG, ^{1/2 per day} Benazepril/HCT 20/12, BUPROPION XL 300MG, PIAQUENIL 200MG 2x day, OMEPRAZOLE 20mg, CLONAZEPAM 0.5 MG (3 at night/sleep) (1 during day if needed)

FAMILY HISTORY OF DISEASES: (check if appropriate)

CYCLOBENZAPRINE 10 MG as needed for muscle spasms

- ☐ HEART ATTACK
☒ HYPERTENSION
☐ DIABETES
☐ SUDDEN DEATH
☐ HEART MURMUR

- ☐ HEART FAILURE
☐ STROKE
☐ ELEVATED CHOLESTEROL
☐ ARRHYTHMIAS
☐ CONGENITAL HEART DISEASE

HOSPITAL ADMISSIONS: (date and release)

1982- C-Section, 1984- C-Section, 1989- Chicken Pox, 1990- Hysterectomy

1997- 3 days - Cardiac testing - TILT TABLE TEST - DIAGNOSED with Neuro-Cardio

1998 - Partial Clavelectomy Left shoulder, 2003 - Partial Clavelectomy ^{Genic} syncope2009 - Gallbladder Removal ^{RIGHT SHOULDER}

PAST MEDICAL PROBLEMS: (check if appropriate)

- ☒ HEADACHES
☐ HYPERTENSION
☐ STROKE
☐ SEIZURES
☐ SHORTNESS OF BREATH
☒ PALPITATIONS
☐ ANGINA
☐ ARRHYTHMIA
☐ BYPASS SURGERY
☐ KIDNEY STONES
☐ BRONCHITIS
☐ RHEUMATIC FEVER
☒ HYPERVENTILATION
☒ ANEMIA
☐ PROSTATE

- ☐ CLAUDICATION
☐ HEART ATTACK
☐ HEART FAILURE
☐ CONGENITAL HEART DISEASE
☒ FATIGUE
☐ MURMUR
☒ DIZZY SPELLS
☐ HEART CATH
☐ LEG SWELLING
☐ ASTHMA
☐ EMPHYSEMA
☒ ANXIETY
☐ ARTHRITIS
☐ RENAL FAILURE
☐ IMPOTENCE

- ☐ LIVER DISEASE
☒ STOMACH ULCER
☐ HIATAL HERNIA
☒ GALLSTONES
☐ CHOLESTEROL
☒ CHEST PAINS
☒ FAINING
☒ ANGIOPLASTY
☒ KIDNEY DISEASE
☐ PNEUMONIA
☐ GOUT
☐ DIABETES
☒ THYROID DISEASE
☐ AIDS
☐ DIALYSIS

Diane G. Fleher

WORK: TYPE OF JOB? NOT AT PRESENT TIME
MANUAL LABOR? _____
STRESS? _____

EXERCISE: Treadmill 30-45 minutes a day
When possible

SMOKE? 5 cig. per day packs per day? _____ how many years? 30

ALCOHOL INTAKE? _____ type/amount per day _____

COFFEE/CAFFEINE? 2 type/amount per day _____

DIET? _____ type/do you follow it? _____

SLEEP WELL AT NIGHT? NO why not? SLEEP Apnea test / never went past

STRESS AT HOME? _____ Stage 2 sleep

WHAT IS YOUR CHOLESTEROL? _____

PHYSICAL EXAMINATION

TEMPERATURE: _____ WEIGHT: 218 RESPIRATIONS: 16

PULSE: 74 BP/supine: _____ BP/upright: 108/60

HEIGHT: _____

Klatcho
- Oliver
- Reese

BB

HEENT:

SKIN:

LUNGS:

HEART:

ABDOMEN:

EXTREMITIES:

History and Physical

Patient Name: Diane Fleher
Patient ID: 101332
Sex: Female
Birthdate: May 1, 1959

Visit Date: July 13, 2010
Provider: Robert G. Thompson, II MD
Location: Knoxville Internal Medicine

Chief Complaint

- Hypertension w/o Heart Failure
- Hyperlipidemia
- Hypothyroidism
- COPD
- Fatigue
- Depression
- sleep apnea
- Evaluation of Chronic Conditions
- Neurogenic syncope
- "Dizziness"
- Syncopal episodes

History Of Present Illness

The patient is a 51 year old Caucasian female who has a history of neurogenic syncope, cutaneous Lupus, hypertension, hyperlipidemia, hypothyroidism, obesity, osteoarthritis, depression, and an anxiety disorder. Her blood pressure has been fairly well controlled on the patient's current medications. The patient's cholesterol, LDL, and low HDL levels were MORE THAN 2 YEARS AGO have been well controlled with diet alone. Her hypothyroidism that has stable slowly progressive. The patient's weight has improving with diet and exercise and improving with diet. The osteoarthritis primarily involves the knees and has been slowly progressive. The patient's mood has been improving with medication. The anxiety disorder has been STATUS OF ANXIETY DISORDER. She reports see below. The patient denies chest pain, dyspnea on exertion, syncope, palpitations, bilateral lower extremity edema, coughing, wheezing, paroxysmal nocturnal dyspnea, fever, chills, nasal congestion, fatigue, and malaise. Medications are listed in the medication list. The patient has not undergone any recent lab work, imaging studies or tests since the last visit.

The patient is a 51 year old caucasian female who presents with multiple syncopal episodes. The first syncopal episode occurred months ago and lasted for an uncertain amount of time. She has had several episodes. The episodes are associated with attempting to stand, in the process of standing up quickly, getting up quickly, and bending forward. The episodes generally last for an uncertain amount of time. The patient has not identified any triggering factors. The patient reports there are no additional symptoms that occur prior to or during the syncopal events. Following the episodes the patient's mental status returned to normal within seconds. The patient reports no associated symptoms. Known neurogenic syncope. The patient's general past medical history is notable for hypertension and obesity. The patient's family history is unremarkable. The patient has not undergone any recent lab work, imaging studies or tests. The patient is currently taking see med list. She has not had any recent care for this condition. Her social history is positive for smoking.

The patient presents with a months history of episodes of light-headedness, an off-balance sensation, a sensation of impending loss of consciousness, a passing out sensation, and a blacking out sensation. The patient reports having frequent episodes of lightheadedness that are described as severe. The episode was sudden in onset. The episodes were associated with getting up too quickly, head turning in either direction, and motion. The patient's past medical history is notable for hypertension. The onset of the symptom was not associated with a particular event. The symptoms are worsened by bending over. Alleviating factors: none identified. She has no additional complaints. She denies ear pain.

Past Medical History

Disease Name	Date Onset	Notes
COPD	--	--
Depression	--	--
Fatigue	--	--
Hyperlipidemia	--	--
Lupus erythematosus	--	--
Menopausal Syndrome	--	--
Tetanus Vaccine	03/2000	--

Past Surgical History

Procedure Name	Date	Notes
Breast implants	--	--
Cholecystectomy	2009	--
Shoulder surgery	--	--

Medication List

Name	Date Started	Instructions
Alprazolam Oral Tablet 0.5 mg	03/28/2008	take 1 tablet (0.5mg) by oral route q6h prn anxiety
Aspirin Oral Tablet 81 mg		take 1 tablet by oral route QD
Calcium + Vitamin D Oral Tablet 600-200 mg-unit		take 1 tablet by oral route QD
Chantix Oral Tablet 1 mg	03/28/2008	take 1 tablet (1 mg) with a glass of water by oral route 2 times per day after meals for 12 weeks
Cymbalta Oral Capsule, Delayed Release (E.C.) 60 mg	03/28/2008	take 1 capsule (60mg) by oral route once daily for 30 days
Lotensin HCT Oral Tablet 20-12.5 mg	03/28/2008	take 1 tablet by oral route QD
Maxalt Oral Tablet 10 mg	03/28/2008	take 1 tablet (10mg) by oral route x1 dose, may repeat at 2 hour intervals; do not exceed 30mg in 24 hours for 30 days
Pantoprazole Oral Tablet, Delayed Release (E.C.) 40 mg	07/13/2010	take 1 tablet (40 mg) by oral route once daily before largest meal of the day
Synthroid Oral Tablet 100 mcg	03/28/2008	take 1 tablet (100mcg) by oral route once daily
Toprol XL Oral Tablet Sustained Release 24 hr 25 mg	07/13/2010	take 1 tablet by oral route daily
Tramadol Oral Tablet 50 mg	07/13/2010	take 1 -2 tablet (50-100 mg) by oral route every 6 hours as needed for pain no more than 6 tablets in 24 hours
Valtrex Oral Tablet 1 g	03/28/2008	take 1 tablet (1,000 mg) by oral route 3 times per day for 7 days
Vicoprofen Oral Tablet 7.5-200 mg	09/30/2008	take 1 tablet by oral route every 6 hours as needed for pain not to exceed 5 tablets per day
Wellbutrin XL Oral Tablet Sustained Release 24HR 300 mg	03/28/2008	take 1 tablet by oral route QD

Allergy List

Reviewed None Changed

Family Medical History

Disease Name	Relative/Age	Notes
Hypertension	/	--
	Mother/	
	/	
Lupus erythematosus	Aunt/	--

Social History

Reviewed None Changed

Immunizations

Reviewed None Changed

Review of Systems

Constitutional

- o Admits : fatigue
- o Denies : malaise

Eyes

- o Denies : discharge from eye, scotoma, changes in vision

HENT

- o Denies : headaches, recent head injury

Cardiovascular

- o Denies : chest pain, syncope

Genitourinary

- o Denies : urgency, nocturia

Musculoskeletal

- o Denies : joint pain, limitation of motion

Vitals

Date	Time	BP	Position	Body Site	L\R	Cuff Size	HR	RR	TEMP(°F)	WT	HT	BMI kg/m ²	BSA m ²	O2 Sat	H
07/13/2010	01:52 PM	130/72	Standing												
07/13/2010	01:20 PM	100/70	Sitting				70 - R	12		212lbs 0oz					

Physical Examination**Constitutional**

- o Appearance : *overweight*, well developed, alert, oriented, in no acute distress, well-tended appearance, *appears younger than reported age, large body habitus*, no obvious deformities present

Eyes

- o Conj, Sclera, Lids : conjunctiva normal, sclera white without injection, eyelid appearance normal, no exudates present
- o eye moisture level normal, cornea within normal limits, no exophthalmus present
- o Pupils and Irises : pupils equal and round, pupils reactive to light bilaterally
- o Funduscopic Exam : lens clear

HENT

- o Ears - External : external ears within normal limits
- o Ears - Otoscopic : tympanic membranes translucent and non-bulging, canal walls pink without discharge
- o Nose : external nose normal appearance, nares patent, nasal mucosa pink, *nasal turbinates edematous*, nasal discharge absent, nasal septum midline, appearance normal
- o Oropharynx : oropharynx clear without erythema or exudates, no lesions present, tonsils present, not inflamed, adenoids present, not inflamed

Neck

- o Neck : normal appearance, range of motion normal, no deformities
- o Thyroid : gland size normal, nontender, no nodules or masses present on palpation, gland position midline, thyroid motion normal during swallowing, trachea midline

Chest

- o Respiratory Effort : breathing unlabored
- o Palpation of chest : nontender, no masses present
- o Auscultation : normal breath sounds

Cardiovascular

- o Auscultation : regular rate and rhythm, no murmurs present
- o Palpation : normal apical impulse, no cardiac thrill present
- o Carotid arteries : normal pulses bilaterally
- o Abdominal aorta : aortic pulse normal without bruits
- o Femoral a. : normal femoral pulses
- o Peripheral circulation : no edema, no cyanosis, no distal hair loss, no purpura present, normal capillary refill, no varicosities present

Gastrointestinal

- o Palpation/Auscultation : abdomen nontender to palpation, normal bowel sounds, tone normal without rigidity or guarding, no masses present, no abdominal bruits present, no incisions present, *abdominal obesity present*, no fluid wave present, abdomen nondistended

Lymphatic

- o Neck : no lymphadenopathy present

- o Groin : no lymphadenopathy present
- Musculoskeletal**
 - o Head and Neck : normocephalic, head atraumatic, neck supple with full range of motion, no facial lesions, TMJ's nontender to palpation
 - o Gait and station : normal gait, able to stand without difficulty
 - o Spine, ribs, pelvis : no spinal tenderness or misalignment
 - o RUE : range of motion normal, strength normal, no tenderness to palpation, no edema present, no ecchymosis present, no joint crepitus present, no atrophy of limb muscles, no deformities present
 - o LUE : range of motion normal, strength normal, no tenderness to palpation, no edema present, no ecchymosis present, no joint crepitus present, no atrophy of limb muscles, no deformities present
 - o RLE : range of motion normal, strength normal, no tenderness to palpation, no edema present, no ecchymosis present, no joint crepitus present, no atrophy of limb muscles, no deformities present
 - o LLE : range of motion normal, strength normal, no tenderness to palpation, no edema present, no ecchymosis present, no joint crepitus present, no atrophy of limb muscles, no deformities present
- Skin**
 - o Inspection : no rashes present, no lesions present, no areas of discoloration present, skin turgor normal
 - o Palpation : no abnormalities on palpation, no masses present on palpation, no tenderness to palpation
- Neurologic**
 - o Cranial Nerves : cranial nerves intact bilaterally
 - o Reflexes : DTRs 2+ bilaterally
 - o Sensation : sensation intact to light touch in extremities
- Psychiatric**
 - o Orientation : oriented to person, oriented to place, oriented to time
 - o Memory : memory intact
 - o Mood and affect : normal, appropriate

Assessment

- Depressive State 311
- Fatigue & Malaise 780.71
- High Risk Meds/ Long Term Use V58.69
- Hyperlipidemia 272.4
- Hypothyroidism, Acquired 244.9
- Menopause/Menopausal States 627.2
- Obesity 278.00
- Syncope, Neurocardiogenic 780.2
- Migraine 346.00
- Photodermatitis 692.79
- Syncope 780.2
- Dizziness 780.4
- Benign Paroxysmal Positional Vertigo 386.10

Plan

Orders

- o Physical Therapy Consultation - 07/13/2010
- o ENT Consultation - 07/13/2010
- o CBC, with automated H&H, WBC, platelets and automated differential (85025) - 07/13/2010
- o Comprehensive metabolic panel (Albumin, Bilirubin, Total, Calcium, Carbon Dioxide (Bicarbonate), Chloride, Creatinine, Glucose, Alkaline Phosphatase, Potassium, Total Protein, Sodium, Transferase, Alanine Amino (ALT) (SGPT) Transferrase, Aspartate Amino, SGOT) Urea Nitrogen (BUN) (80053) - 07/13/2010
- o Thyroid stimulating hormone (TSH) (84443) - 07/13/2010
- o U/A Auto W/Micro (81001) - 07/13/2010
- o Hgb A1C (83036) - 07/13/2010
- o Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) (80061) - 07/13/2010

Medications

- o Savella Oral Tablet 50 mg
SIG: take 1 tablet (50 mg) by oral route 2 times per day
DISP: (60) tablets with 11 refills

Prescribed on 07/13/2010

- Imitrex Oral Tablet 100 mg
SIG: take 1 tablet (100 mg) by oral route once with fluids as early as possible after the onset of a migraine attack; may repeat after 2 hours if headache returns, not to exceed 200mg in 24hrs
DISP: (10) tablets with 11 refills
Prescribed on 07/13/2010
- Align Oral Capsule 4 mg
SIG: take 1 capsule by oral route daily
DISP: (30) capsules with 10 refills
Prescribed on 07/13/2010
- Lotensin HCT Oral Tablet 20-12.5 mg
SIG: take 1/2 tablet by oral route QD holds id SBP < 125
DISP: (90) tablets with 11 refills
Adjusted on 07/13/2010
- Metoprolol Succinate Oral Tablet Sustained Release 24 hr 25 mg
SIG: take 1 tablet by oral route 2 times a day
DISP: (60) tablets with 3 refills
Adjusted on 07/13/2010
- Budeprion XL Oral Tablet Sustained Release 24 hr 300 mg
SIG: take 1 tablet (300 mg) by oral route once daily
DISP: (90) tablets with 11 refills
Adjusted on 07/13/2010
- Chantix Oral Tablet 1 mg
SIG: take 1 tablet (1 mg) with a glass of water by oral route 2 times per day after meals for 12 weeks
DISP: (168) tablets with 1 refills
Discontinued on 07/13/2010
- Cymbalta Oral Capsule, Delayed Release(E.C.) 60 mg
SIG: take 1 capsule (60mg) by oral route once daily for 30 days
DISP: (90) capsules with 3 refills
Discontinued on 07/13/2010
- Maxalt Oral Tablet 10 mg
SIG: take 1 tablet (10mg) by oral route x1 dose, may repeat at 2 hour intervals; do not exceed 30mg in 24 hours for 3 days
DISP: (9) tablets with 11 refills
Discontinued on 07/13/2010

Instructions

- Vestibular rehabilitation exercises recommended and discussed in detail
- Recommend low-salt diet (below 2 grams)
- consider holter and echo
- see local ENT for HEARING LOSS AND VESTIBULAR STUDIES
- Advised patient to stop the use of oral tobacco

Disposition

- Call or RTC if symptoms worsen or persist.

Electronically Signed by: Robert G. Thompson, II MD on July 13, 2010 02:08:00 PM

Progress Note

Patient Name: Diane Comer
Patient ID: 101332
Sex: Female
Birthdate: May 1, 1959

Visit Date: March 28, 2008
Provider: Robert G. Thompson, II MD
Location: Knoxville Internal Medicine

Chief Complaint

- Hypertension w/o Heart Failure
- Hyperlipidemia
- Hypothyroidism
- COPD
- Fatigue
- Depression
- sleep apnea
- Evaluation of Chronic Conditions
- Neurogenic syncope

History Of Present Illness

The patient is a 48 year old female who has a history of hypertension, hyperlipidemia, hypothyroidism, obesity, osteoarthritis, depression, and an anxiety disorder. Her blood pressure has been poorly controlled on the patient's current medications. The patient's cholesterol, LDL, and low HDL levels were MORE THAN 2 YEARS AGO have been well controlled with diet alone. Her hypothyroidism that has recent change in doseage slowly progressive. The patient's weight has improving with diet and exercise and improving with diet. The osteoarthritis primarily involves the knees and has been slowly progressive. The patient's mood has been improving with medication. The anxiety disorder has been STATUS QF ANXIETY DISORDER. She reports hot flashes. The patient denies chest pain, dyspnea on exertion, syncope, palpitations, bilateral lower extremity edema, coughing, wheezing, paroxysmal nocturnal dyspnea, fever, chills, and nasal congestion. Medications are listed in the medication list. The patient has not undergone any recent lab work, imaging studies or tests since the last visit.

Past Medical History

Disease Name	Date Onset	Notes
COPD	--	--
Depression	--	--
fatigue	--	--
Hyperlipidemia	--	--
Lupus erythematosus	--	--
Menopausal Syndrome	--	--

Past Surgical History

Procedure Name	Date	Notes
Breast implants	--	--
Shoulder surgery	--	--

Medication List

Name	Date Started	Instructions
Alprazolam Oral Tablet 0.5 mg	03/28/2008	take 1 tablet (0.5mg) by oral route q6h prn anxiety
Aspirin Oral Tablet 81 mg		take 1 tablet by oral route QD
Calcium + Vitamin D Oral Tablet 600-200 mg-unit		take 1 tablet by oral route QD
Chantix Oral Tablets, Dose Pack 0.5 (11)-1(3X14) mg	03/28/2008	take as directed for 30 days
Chantix Oral Tablet 1 mg	03/28/2008	take 1 tablet (1 mg) with a glass of water by oral route 2 times per day

		after meals for 12 weeks
Cymbalta Oral Capsule, Delayed Release (E.C.) 60 mg	03/28/2008	take 1 capsule (60mg) by oral route once daily for 30 days
Elidel Topical Cream 1 %	05/04/2007	apply a thin layer to the affected skin by topical route 2 times per day and rub in gently and completely for 90 days
EpiPen Intramuscular Syringe 1:1,000	02/15/2007	inject 0.3mg by subcutaneous route once for 1 day
Lotensin HCT Oral Tablet 20-12.5 mg	03/28/2008	take 1 tablet by oral route QD
Maxalt Oral Tablet 10 mg	03/28/2008	take 1 tablet (10mg) by oral route x1 dose, may repeat at 2 hour intervals; do not exceed 30mg in 24 hours for 30 days
Synthroid Oral Tablet 100 mcg	03/28/2008	take 1 tablet (100mcg) by oral route once daily
Vicoprofen Oral Tablet 7.5-200 mg	03/28/2008	take 1 tablet by oral route every 6 hours as needed for pain not to exceed 5 tablets per day
Wellbutrin XL Oral Tablet Sustained Release 24HR 300 mg	03/28/2008	take 1 tablet by oral route QD

Allergy List

Reviewed None Changed

Family Medical History

Disease Name	Relative/Age	Notes
Hypertension	/	--
	Mother/	
Lupus erythematosus	/	--
	Aunt/	

Reproductive History

Reviewed None Changed

Social History

Reviewed None Changed

Review of Systems

- Constitutional
 - o Denies : fatigue, malaise
- Eyes
 - o Denies : discharge from eye, scotoma, changes in vision
- Cardiovascular
 - o Denies : chest pain, syncope
- Genitourinary
 - o Denies : urgency, nocturia
- Musculoskeletal
 - o Denies : joint pain, limitation of motion

Physical Examination

- Constitutional
 - o Appearance : *overweight*, well developed, alert, oriented, in no acute distress, well-tended appearance, *appears younger than reported age*, *large body habitus*, no obvious deformities present
- Eyes
 - o Conj, Sclera, Lids : conjunctiva normal, sclera white without injection, eyelid appearance normal, no exudates present
 - o eye moisture level normal, cornea within normal limits, no exophthalmus present
 - o Pupils and Irises : pupils equal and round, pupils reactive to light bilaterally
 - o Funduscopic Exam : lens clear

HENT

- Ears - External : external ears within normal limits
- Ears - Otoloscopic : tympanic membranes translucent and non-bulging, canal walls pink without discharge
- Nose : external nose normal appearance, nares patent, nasal mucosa pink, *nasal turbinates edematous*, nasal discharge absent, nasal septum midline, appearance normal
- Oropharynx : oropharynx clear without erythema or exudates, no lesions present, tonsils present, not inflamed, adenoids present, not inflamed

Neck

- Neck : normal appearance, range of motion normal, no deformities
- Thyroid : gland size normal, nontender, no nodules or masses present on palpation, gland position midline, thyroid motion normal during swallowing, trachea midline

Chest

- Respiratory Effort : breathing unlabored
- Palpation of chest : nontender, no masses present
- Auscultation : normal breath sounds

Cardiovascular

- Auscultation : regular rate and rhythm, no murmurs present
- Palpation : normal apical impulse, no cardiac thrill present
- Carotid arteries : normal pulses bilaterally
- Peripheral circulation : no edema, no cyanosis, no distal hair loss, no purpura present, normal capillary refill, no varicosities present

Gastrointestinal

- Palpation/Auscultation : abdomen nontender to palpation, normal bowel sounds, tone normal without rigidity or guarding, no masses present, no abdominal bruits present, no incisions present, *abdominal obesity present*, no fluid wave present, abdomen nondistended

Lymphatic

- Neck : no lymphadenopathy present
- Groin : no lymphadenopathy present

Musculoskeletal

- Head and Neck : normocephalic, head atraumatic, neck supple with full range of motion, no facial lesions, TMJ's nontender to palpation
- Gait and station : normal gait, able to stand without difficulty
- Spine, ribs, pelvis : no spinal tenderness or misalignment
- RUE : range of motion normal, strength normal, no tenderness to palpation, no edema present, no ecchymosis present, no joint crepitus present, no atrophy of limb muscles, no deformities present
- LUE : range of motion normal, strength normal, no tenderness to palpation, no edema present, no ecchymosis present, no joint crepitus present, no atrophy of limb muscles, no deformities present
- RLE : range of motion normal, strength normal, no tenderness to palpation, no edema present, no ecchymosis present, no joint crepitus present, no atrophy of limb muscles, no deformities present
- LLE : range of motion normal, strength normal, no tenderness on palpation, no edema present, no ecchymosis present, no joint crepitus present, no atrophy of limb muscles, no deformities present

Skin

- Inspection : no rashes present, no lesions present, no areas of discoloration present, skin turgor normal
- Palpation : no abnormalities on palpation, no masses present on palpation, no tenderness to palpation

Neurologic

- Cranial Nerves : cranial nerves intact bilaterally
- Reflexes : DTRs 2+ bilaterally
- Sensation : sensation intact to light touch in extremities

Psychiatric

- Orientation : oriented to person, oriented to place, oriented to time
- Memory : memory intact
- Mood and affect : normal, appropriate

Assessment

- Depressive State 311
- Fatigue & Malaise 780.71
- High Risk Meds/ Long Term Use V58.69
- Hyperlipidemia 272.4
- Hypothyroidism, Acquired 244.9
- Menopause/Menopausal States 627.2

- Obesity 278.00
- Syncope, Neurocardiogenic 780.2
- Migraine 346.00
- Photodermatitis 692.79
- Vesicular Eruption 709.8
- Shingles 053.9

Plan

Orders

- o CBC, with automated H&H, WBC, platelets and automated differential (85025) - 03/28/2008
- o Comprehensive metabolic panel (Albumin, Bilirubin, Total, Calcium, Carbon Dioxide (Bicarbonate), Chloride, Creatinin Glucose, Alkaline Phosphatase, Potassium, Total Protein, Sodium, Transferase, Alanine Amino (ALT) (SGPT) Transfer Aspartate Amino, SGOT) Urea Nitrogen (BUN) (80053) - 03/28/2008
- o Thyroid stimulating hormone (TSH) (84443) - 03/28/2008
- o U/A Auto W/Micro (81001) - 03/28/2008
- o Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) (80061) - 03/28/2008
- o Estradiol (82670) - 03/28/2008
- o Follicle stimulating hormone (FSH) (83001) - 03/28/2008

Medications

- o Valtrex Oral Tablet 1 g
SIG: take 1 tablet (1,000 mg) by oral route 3 times per day for 7 days
DISP: (21) tablets with 5 refills
Prescribed on 03/28/2008

Disposition

- o RTC in/on 6 months +/- 2 days (23302).

Electronically Signed by: Robert G. Thompson, II MD on March 28, 2008 11:01:00 AM

Progress Note

Patient Name: Diane Comer
Patient ID: 101332
Sex: Female
Birthdate: May 1, 1959

Visit Date: May 4, 2007
Provider: Robert G. Thompson, II MD
Location: Knoxville Internal Medicine

Chief Complaint

- Hypertension w/o Heart Failure
- Hyperlipidemia
- Hypothyroidism
- COPD
- Fatigue
- Depression
- sleep apnea
- Evaluation of Chronic Conditions
- Neurogenic syncope
- Rash
- Itching skin

History Of Present Illness

The patient is a 48 year old female who has a history of hypertension, hyperlipidemia, hypothyroidism, obesity, osteoarthritis, depression, and an anxiety disorder. Her blood pressure has been poorly controlled on the patient's current medications. The patient's cholesterol, LDL, and low HDL levels were MORE THAN 2 YEARS AGO have been well controlled with diet alone. Her hypothyroidism that has recent change in doseage slowly progressive. The patient's weight has improving with diet and exercise and improving with diet. The osteoarthritis primarily involves the knees and has been slowly progressive. The patient's mood has been improving with medication. The anxiety disorder has been STATUS OF ANXIETY DISORDER. She see below The patient denies chest pain, dyspnea on exertion, syncope, palpitations, bilateral lower extremity edema, coughing, wheezing, paroxysmal nocturnal dyspnea, fever, chills, and nasal congestion. Medications are listed in the medication list. The patient has not undergone any recent lab work, imaging studies or tests since the last visit.

The patient presents with a rash and eruptions with vesicles involving the hands, back, right foot, and left foot. The symptoms began 2 weeks ago and have been progressively worsening. The onset of the condition was not associated with any obvious exposures or conditions. The patient states the condition is not aggravated by The patient has not identified any alleviating factors. The patient states the symptoms are not responsive to antihistamines. She has no additional complaints. The patient denies pain, dryness, and local warmth. Current activities are non-contributory.

Past Medical History

Disease Name	Date Onset	Notes
COPD	--	--
Depression	--	--
fatigue	--	--
Hyperlipidemia	--	--
Lupus erythematosus	--	--
Menopausal Syndrome	--	--

Past Surgical History

Procedure Name	Date	Notes
Breast implants	--	--
Shoulder surgery	--	--

Medication List

Name	Date Started	Instructions
Advair Diskus Inhalation with Device 100-50 mcg/Dose	02/15/2007	take 1 puff by inhalation route BID
Alprazolam Oral Tablet 0.5 mg	02/15/2007	take 1 tablet (0.5mg) by oral route q6h prn anxiety

Aspirin Oral Tablet 81 mg		take 1 tablet by oral route QD
Calcium + Vitamin D Oral Tablet 600-200 mg-unit		take 1 tablet by oral route QD
Chantix Oral Tablets, Dose Pack 0.5 (11)-1(3X14) mg	02/15/2007	take as directed for 30 days
Chantix Oral Tablet 1 mg	02/15/2007	take 1 tablet (1 mg) with a glass of water by oral route 2 times per day after meals for 12 weeks
Cymbalta Oral Capsule, Delayed Release(E.C.) 60 mg	02/15/2007	take 1 capsule (60mg) by oral route once daily for 30 days
EpiPen Intramuscular Syringe 1:1,000	02/15/2007	inject 0.3mg by subcutaneous route once for 1 day
LUNESTA Oral Tablet 2 mg	03/16/2007	take 1 tablet (2mg) by oral route once daily at bedtime for 30 days
Maxalt Oral Tablet 10 mg	02/15/2007	take 1 tablet (10mg) by oral route x1 dose, may repeat at 2 hour intervals; do not exceed 30mg in 24 hours for 30 days
Requip Oral Tablet 0.5 mg	02/15/2007	take 2 tablets (1 mg) by oral route 1-3 hours before bedtime
Synthroid Oral Tablet 75 mcg	03/16/2007	take 1 tablet (75mcg) by oral route once daily
Toprol XL Oral Tablet Sustained Release 24HR 25 mg	02/15/2007	take 1 tablet by oral route daily
Valtrex Oral Tablet 1 g	03/16/2007	take 1 caplet (1,000mg) by oral route 3 times per day for 7 days
Vicoprofen Oral Tablet 7.5-200 mg	02/15/2007	take 1 tablet by oral route every 6 hours as needed for pain not to exceed 5 tablets per day
Wellbutrin XL Oral Tablet Sustained Release 24HR 300 mg	02/15/2007	take 1 tablet by oral route QD

Family Medical History

Disease Name	Relative/Age	Notes
Hypertension	Mother/	--
Lupus erythematosus	Aunt/	--

Review of Systems**Constitutional**

- o Admits : weight gain
- o Denies : fatigue, malaise, weight loss

Eyes

- o Denies : discharge from eye, scotoma, changes in vision

HEENT

- o Denies : headaches, vertigo, lightheadedness, recent head injury, sinus pain, nasal congestion, nose bleeding, ging bleeding, dentures, sore throat, tinnitus, dysphagia, hoarseness

Cardiovascular

- o Denies : chest pain, rapid heart rate, syncope, dyspnea on exertion, paroxysmal nocturnal dyspnea, varicosities, claudication

Respiratory

- o Denies : shortness of breath, wheezing, cough, hoarseness, abnormal sputum production, hemoptysis, pleuritic chest pain, dry cough, productive cough

Gastrointestinal

- o Denies : nausea, vomiting, diarrhea, constipation, obstipation, loss of appetite, dysphagia, heartburn, blood in stool, bloating, early satiety, retching, reflux

Genitourinary

- o Denies : nocturia

Integument

- o Denies : rash, pigmentation changes, skin dryness, new skin lesions

Neurologic

- o Denies : muscular weakness, difficulty concentrating, memory difficulties, altered mental status

Musculoskeletal

- o Denies : joint pain, muscle pain, back pain, neck pain, shoulder pain, elbow pain, wrist pain, hip pain, knee pain, ankle pain, foot pain

Endocrine

- o Denies : polyuria, polydipsia, cold intolerance, heat intolerance, central obesity, weight gain, weight loss, hot flashes

Psychiatric

- o Admits : difficulty sleeping
- o Denies : anxiety, depression, delusions, feeling confused, inattentiveness

Heme-Lymph

- o Denies : lightheadedness, easy bleeding, easy bruising, petechiae, pallor

Allergic-Immunologic

- o Denies : environmental allergies

Physical Examination**Constitutional**

- o Appearance : *overweight*, well developed, alert, oriented, in no acute distress, well-tended appearance, *appears younger than reported age*, *large body habitus*, no obvious deformities present

Eyes

- o Conj, Sclera, Lids : conjunctiva normal, sclera white without injection, eyelid appearance normal, no exudates present, eye moisture level normal, cornea within normal limits, no exophthalmus present
- o Pupils and Irises : pupils equal and round, pupils reactive to light bilaterally
- o Funduscopic Exam : lens clear

HENT

- o Ears - External : external ears within normal limits
- o Ears - Otoscopic : tympanic membranes translucent and non-bulging, canal walls pink without discharge
- o Nose : external nose normal appearance, nares patent, nasal mucosa pink, *nasal turbinates edematous*, nasal discharge absent, nasal septum midline, appearance normal
- o Oropharynx : oropharynx clear without erythema or exudates, no lesions present, tonsils present, not inflamed, adenoids present, not inflamed

Neck

- o Neck : normal appearance, range of motion normal, no deformities
- o Thyroid : gland size normal, nontender, no nodules or masses present on palpation, gland position midline, thyroid motion normal during swallowing, trachea midline

Chest

- o Respiratory Effort : breathing unlabored
- o Palpation of chest : nontender, no masses present
- o Auscultation : normal breath sounds
- o Percussion of chest : no dullness, flatness, or hyperresonance

Cardiovascular

- o Auscultation : regular rate and rhythm, no murmurs present
- o Palpation : normal apical impulse, no cardiac thrill present
- o Carotid arteries : normal pulses bilaterally
- o Pedal pulses : pulses 2+ bilaterally
- o Peripheral circulation : no edema, no cyanosis, no distal hair loss, no purpura present, normal capillary refill, no varicosities present

Gastrointestinal

- o Palpation/Auscultation : abdomen nontender to palpation, normal bowel sounds, tone normal without rigidity or guarding, no masses present, no abdominal bruits present, no incisions present, *abdominal obesity present*, no fluid wave present, abdomen nondistended
- o Liver and spleen : no hepatomegaly present, liver nontender to palpation

Lymphatic

- o Neck : no lymphadenopathy present
- o Axilla : no lymphadenopathy present
- o Groin : no lymphadenopathy present

Musculoskeletal

- o Head and Neck : normocephalic, head atraumatic, neck supple with full range of motion, no facial lesions, TMJ's nontender to palpation
- o Gait and station : normal gait, able to stand without difficulty
- o Spine, ribs, pelvis : no spinal tenderness or misalignment
- o RUE : range of motion normal, strength normal, no tenderness to palpation, no edema present, no ecchymosis present, no joint crepitus present, no atrophy of limb muscles, no deformities present
- o LUE : range of motion normal, strength normal, no tenderness to palpation, no edema present, no ecchymosis present

- no joint crepitus present, no atrophy of limb muscles, no deformities present
- o RLE : range of motion normal, strength normal, no tenderness to palpation, no edema present, no ecchymosis present, no joint crepitus present, no atrophy of limb muscles, no deformities present
- o LLE : range of motion normal, strength normal, no tenderness on palpation, no edema present, no ecchymosis present, no joint crepitus present, no atrophy of limb muscles, no deformities present

Skin

- o **Inspection** : *mild bilateral upper arm dorsum of foot maculopapular eruption present*, no lesions present, no areas of discoloration present, skin turgor normal
- o **Palpation** : no abnormalities on palpation, no masses present on palpation, no tenderness to palpation

Neurologic

- o **Cranial Nerves** : cranial nerves intact bilaterally
- o **Reflexes** : DTRs 2+ bilaterally
- o **Sensation** : sensation intact to light touch in extremities

Psychiatric

- o **Orientation** : oriented to person, oriented to place, oriented to time
- o **Memory** : memory intact
- o **Mood and affect** : normal, appropriate

Assessment

- Depressive State 311
- Fatigue & Malaise 780.71
- High Risk Meds/ Long Term Use V58.69
- Hyperlipidemia 272.4
- Hypothyroidism, Acquired 244.9
- Menopause/Menopausal States 627.2
- Obesity 278.00
- Syncope, Neurocardiogenic 780.2
- Migraine 346.00
- Photodermatitis 692.79
- Vesicular Eruption 709.8
- FOLLICULITIS 704.8

Plan**Orders**

- o DEXA scan, bone densitometry; axial skeleton (eg, hips, pelvis, spine) (76075) - 05/04/2007
- o CBC, with automated H&H, WBC, platelets and automated differential (85025) - 05/04/2007
- o Comprehensive metabolic panel (Albumin, Bilirubin, Total, Calcium, Carbon Dioxide (Bicarbonate), Chloride, Creatinine, Glucose, Alkaline Phosphatase, Potassium, Total Protein, Sodium, Transferase, Alanine Amino (ALT) (SGPT) Transferrase, Aspartate Amino, SGOT) Urea Nitrogen (BUN) (80053) - 05/04/2007
- o Thyroid stimulating hormone (TSH) (84443) - 05/04/2007
- o U/A Auto W/Micro (81001) - 05/04/2007
- o Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) (80061) - 05/04/2007

Medications

- o Lotensin HCT Oral Tablet 20-12.5 mg
SIG: take 1 tablet by oral route QD
DISP: (30) tablets with 11 refills
Prescribed on 05/04/2007
- o Bactroban Topical Ointment 2 %
SIG: apply a small amount to the affected area by topical route 3 times per day for 14 days
DISP: (1) 30 gm tube with 6 refills
Prescribed on 05/04/2007
- o Elidel Topical Cream 1 %
SIG: apply a thin layer to the affected skin by topical route 2 times per day and rub in gently and completely for 90 days
DISP: (1) 100 gm tube with 4 refills
Prescribed on 05/04/2007

Electronically Signed by: Robert G. Thompson, II MD on May 4, 2007 09:17:00 AM

History and Physical

Patient Name: Diane Comer
Patient ID: 101332
Sex: Female
Birthdate: May 1, 1959

Visit Date: February 15, 2007
Provider: Robert G. Thompson, II MD
Location: Knoxville Internal Medicine

Chief Complaint

- Hypertension w/o Heart Failure
- Hyperlipidemia
- Hypothyroidism
- COPD
- Fatigue
- Depression
- sleep apnea
- Evaluation of Chronic Conditions
- Neurogenic syncope

History Of Present Illness

The patient is a 47 year old female who has a history of hyperlipidemia, hypothyroidism, obesity, osteoarthritis, depression, and family h/o colon cancer. The patient's cholesterol, LDL, and low HDL levels were MORE THAN 2 YEARS AGO have been well controlled with diet alone. Her hypothyroidism that has recent change in doseage slowly progressive. The patient's weight has improving with diet and exercise and improving with diet. The osteoarthritis primarily involves the knees and has been slowly progressive The patient's mood has been improving with medication. She has no current symptoms. The patient denies chest pain, dyspnea on exertion, syncope, palpitations, bilateral lower extremity edema, coughing, wheezing, paroxysmal nocturnal dyspnea, fever, chills, and nasal congestion. Medications are listed in the medication list. The patient has not undergone any recent lab work, imaging studies or tests since the last visit.

Past Medical History

Disease Name	Date Onset	Notes
COPD	--	--
Depression	--	--
fatigue	--	--
Hyperlipidemia	--	--
Lupus erythematosus	--	--
Menopausal Syndrome	--	--

Past Surgical History

Procedure Name	Date	Notes
Breast implants	--	--
Shoulder surgery	--	--

Medication List

Name	Date Started	Instructions
Alprazolam Oral Tablet 0.5 mg	10/30/2006	take 1 tablet (0.5mg) by oral route q6h prn anxiety
Ambien Oral Tablet 10 mg	08/08/2005	take 1 tablet (10mg) by oral route once daily at bedtime as needed
Aspirin Oral Tablet 81 mg		take 1 tablet by oral route QD
Calcium + Vitamin D Oral Tablet 600-200 mg-unit		take 1 tablet by oral route QD
Ciloxan Ophthalmic Drops 0.3 %	09/13/2005	instill 1 drop into affected eye(s) by ophthalmic route every 2 hours while awake for 2 days then 1 drop every 4 hours while awake for 5 days
Cymbalta Oral Capsule, Delayed Release(E.C.) 60 mg	12/12/2005	take 1 capsule (60mg) by oral route once daily for 30 days

EpiPen Intramuscular Syringe 1:1,000	07/14/2005	inject 0.3mg by subcutaneous route once for 1 day
Flexeril Oral Tablet 10 mg	07/29/2005	take 1 tablet (10mg) by oral route 3 times per day
Maxalt Oral Tablet 10 mg		take 1 tablet (10mg) by oral route x1 dose, may repeat at 2 hour intervals; do not exceed 30mg in 24 hours for 1 day
Requip Oral Tablet 0.5 mg	02/15/2007	take 2 tablets (1 mg) by oral route 1-3 hours before bedtime
Synthroid Oral Tablet 50 mcg	05/22/2006	take 1 tablet by oral route QD
Valtrex Oral Tablet 1 g	10/30/2006	take 1 caplet (1,000mg) by oral route 3 times per day
Vicoprofen Oral Tablet 7.5-200 mg	07/20/2006	take 1 tablet by oral route every 6 hours as needed for pain not to exceed 5 tablets per day
Wellbutrin XL Oral Tablet Sustained Release 24HR 300 mg	01/12/2006	take 1 tablet by oral route QD

Allergy List

Reviewed None Changed

Family Medical History

Disease Name	Relative/Age	Notes
Hypertension	Mother/	--
Lupus erythematosus	Aunt/	--

Reproductive History

Reviewed None Changed

Social History

Reviewed None Changed

Review of Systems**Constitutional**

- o Admits : weight gain
- o Denies : fatigue, malaise, weight loss

Eyes

- o Denies : discharge from eye, scotoma, changes in vision

HENT

- o Denies : headaches, vertigo, lightheadedness, recent head injury, sinus pain, nasal congestion, nose bleeding, ging bleeding, dentures, sore throat, tinnitus, dysphagia, hoarseness

Cardiovascular

- o Denies : chest pain, rapid heart rate, syncope, dyspnea on exertion, paroxysmal nocturnal dyspnea, varicosities, claudication

Respiratory

- o Denies : shortness of breath, wheezing, cough, hoarseness, abnormal sputum production, hemoptysis, pleuritic chest pain, dry cough, productive cough

Gastrointestinal

- o Denies : nausea, vomiting, diarrhea, constipation, obstipation, loss of appetite, dysphagia, heartburn, blood in stool, bloating, early satiety, retching, reflux

Genitourinary

- o Denies : nocturia

Integument

- o Denies : rash, pigmentation changes, skin dryness, new skin lesions

Neurologic

- o Denies : muscular weakness, difficulty concentrating, memory difficulties, altered mental status

Musculoskeletal

- o Denies : joint pain, muscle pain, back pain, neck pain, shoulder pain, elbow pain, wrist pain, hip pain, knee pain, 132

pain, foot pain

Endocrine

- o Denies : polyuria, polydipsia, cold intolerance, heat intolerance, central obesity, weight gain, weight loss, hot flashes

Psychiatric

- o Admits : difficulty sleeping
- o Denies : anxiety, depression, delusions, feeling confused, inattentiveness

Heme-Lymph

- o Denies : lightheadedness, easy bleeding, easy bruising, petechiae, pallor

Allergic-Immunologic

- o Denies : environmental allergies

Physical Examination

Constitutional

- o Appearance : *overweight*, well developed, alert, oriented, in no acute distress, well-tended appearance, *appears younger than reported age, large body habitus*, no obvious deformities present

Eyes

- o Conj, Sclera, Lids : conjunctiva normal, sclera white without injection, eyelid appearance normal, no exudates present, eye moisture level normal, cornea within normal limits, no exophthalmus present
- o Pupils and Irises : pupils equal and round, pupils reactive to light bilaterally

HENT

- o Ears - External : external ears within normal limits
- o Ears - Otoscopic : tympanic membranes translucent and non-bulging, canal walls pink without discharge
- o Nose : external nose normal appearance, nares patent, nasal mucosa pink, *nasal turbinates edematous*, nasal discharge absent, nasal septum midline, appearance normal
- o Oropharynx : oropharynx clear without erythema or exudates, no lesions present, tonsils present, not inflamed, adenoids present, not inflamed

Neck

- o Neck : normal appearance, range of motion normal, no deformities
- o Thyroid : gland size normal, nontender, no nodules or masses present on palpation, gland position midline, thyroid motion normal during swallowing, trachea midline

Chest

- o Respiratory Effort : breathing unlabored
- o Palpation of chest : nontender, no masses present
- o Auscultation : normal breath sounds
- o Percussion of chest : no dullness, flatness, or hyperresonance

Cardiovascular

- o Auscultation : regular rate and rhythm, no murmurs present
- o Palpation : normal apical impulse, no cardiac thrill present
- o Carotid arteries : normal pulses bilaterally
- o Pedal pulses : pulses 2+ bilaterally
- o Peripheral circulation : no edema, no cyanosis, no distal hair loss, no purpura present, normal capillary refill, no varicosities present

Gastrointestinal

- o Palpation/Auscultation : abdomen nontender to palpation, normal bowel sounds, tone normal without rigidity or guarding, no masses present, no abdominal bruits present, no incisions present, *abdominal obesity present*, no fluid wave present, abdomen nondistended
- o Liver and spleen : no hepatomegaly present, liver nontender to palpation

Lymphatic

- o Neck : no lymphadenopathy present
- o Axilla : no lymphadenopathy present
- o Groin : no lymphadenopathy present

Musculoskeletal

- o Head and Neck : normocephalic, head atraumatic, neck supple with full range of motion, no facial lesions, TMJ's nontender to palpation
- o Gait and station : normal gait, able to stand without difficulty
- o Spine, ribs, pelvis : no spinal tenderness or misalignment
- o RUE : range of motion normal, strength normal, no tenderness to palpation, no edema present, no ecchymosis present, no joint crepitus present, no atrophy of limb muscles, no deformities present
- o LUE : range of motion normal, strength normal, no tenderness to palpation, no edema present, no ecchymosis present, no joint crepitus present, no atrophy of limb muscles, no deformities present
- o RLE : range of motion normal, strength normal, no tenderness to palpation, no edema present, no ecchymosis present

- no joint crepitus present, no atrophy of limb muscles, no deformities present
- o LLE : range of motion normal, strength normal, no tenderness on palpation, no edema present, no ecchymosis present
- no joint crepitus present, no atrophy of limb muscles, no deformities present

Skin

- o **Inspection** : no rashes present, no lesions present, no areas of discoloration present, skin turgor normal

Neurologic

- o **Sensation** : sensation intact to light touch in extremities

Psychiatric

- o **Orientation** : oriented to person, oriented to place, oriented to time
- o **Memory** : memory intact
- o **Mood and affect** : normal, appropriate

Assessment

- Depressive State 311
- Fatigue & Malaise 780.71
- Hyperlipidemia 272.4
- Hypothyroidism, Acquired 244.9
- Menopause/Menopausal States 627.2
- Obesity 278.00
- Syncope, Neurocardiogenic 780.2
- Migraine 346.00

Plan**Orders**

- o ECG (12-lead electrocardiogram) (93000) - 02/15/2007
- o Spirometry with bronchodilator (94060) - 02/15/2007
- o Spirometry (94010) - 02/15/2007
- o Screening mammography, bilateral (two view film study of each breast) (76092) - 02/15/2007
- o Gastroenterology Consultation family h/o colon cancer I - 02/15/2007
- o Chest X-ray, PA and lateral (71020) - 02/15/2007
- o DEXA scan, bone densitometry; axial skeleton (eg, hips, pelvis, spine) (76075) - 02/15/2007
- o CBC, with automated H&H, WBC, platelets and automated differential (85025) - 02/15/2007
- o Comprehensive metabolic panel (Albumin, Bilirubin, Total, Calcium, Carbon Dioxide (Bicarbonate), Chloride, Creatinine, Glucose, Alkaline Phosphatase, Potassium, Total Protein, Sodium, Transferase, Alanine Amino (ALT) (SGPT) Transfer Aspartate Amino, SGOT) Urea Nitrogen (BUN) (80053) - 02/15/2007
- o Thyroid stimulating hormone (TSH) (84443) - 02/15/2007
- o U/A Auto W/Micro (81001) - 02/15/2007
- o Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) (80061) - 02/15/2007
- o Hemocult (82270) - 02/15/2007

Medications

- o Toprol XL Oral Tablet Sustained Release 24HR 25 mg
SIG: take 1 tablet by oral route daily
DISP: (90) tablets with 11 refills
Prescribed on 02/15/2007
- o Chantix Oral Tablets, Dose Pack 0.5(11)-1(3X14) mg
SIG: take as directed for 30 days
DISP: (1) 53 ct dose-pack with 0 refills
Prescribed on 02/15/2007
- o Chantix Oral Tablet 1 mg
SIG: take 1 tablet (1 mg) with a glass of water by oral route 2 times per day after meals for 12 weeks
DISP: (168) tablets with 1 refills
Prescribed on 02/15/2007
- o Alprazolam Oral Tablet 0.5 mg
SIG: take 1 tablet (0.5mg) by oral route q6h prn anxiety

DISP: (60) tablets with 6 refills

Refilled on 02/15/2007

- Cymbalta Oral Capsule, Delayed Release(E.C.) 60 mg
SIG: take 1 capsule (60mg) by oral route once daily for 30 days
DISP: (90) capsules with 11 refills
Refilled on 02/15/2007
- EpiPen Intramuscular Syringe 1:1,000
SIG: inject 0.3mg by subcutaneous route once for 1 day
DISP: (1) Syringe with 3 refills
Refilled on 02/15/2007
- Maxalt Oral Tablet 10 mg
SIG: take 1 tablet (10mg) by oral route x1 dose, may repeat at 2 hour intervals; do not exceed 30mg in 24 hours for days
DISP: (9) tablets with 11 refills
Refilled on 02/15/2007
- Synthroid Oral Tablet 50 mcg
SIG: take 1 tablet by oral route QD
DISP: (90) tablets with 11 refills
Refilled on 02/15/2007
- Vicoprofen Oral Tablet 7.5-200 mg
SIG: take 1 tablet by oral route every 6 hours as needed for pain not to exceed 5 tablets per day
DISP: (30) tablets with 5 refills
Refilled on 02/15/2007
- Wellbutrin XL Oral Tablet Sustained Release 24HR 300 mg
SIG: take 1 tablet by oral route QD
DISP: (90) tablets with 11 refills
Refilled on 02/15/2007
- Ambien Oral Tablet 10 mg
SIG: take 1 tablet (10mg) by oral route once daily at bedtime as needed
DISP: (90) tablet with 4 refills
Discontinued on 02/15/2007
- Ciloxan Ophthalmic Drops 0.3 %
SIG: instill 1 drop into affected eye(s) by ophthalmic route every 2 hours while awake for 2 days then 1 drop every 4 hours while awake for 5 days
DISP: (1) 2.5 ml drop btl with 0 refills
Discontinued on 02/15/2007
- Flexeril Oral Tablet 10 mg
SIG: take 1 tablet (10mg) by oral route 3 times per day
DISP: (30) tablets with 0 refills
Discontinued on 02/15/2007
- Valtrex Oral Tablet 1 g
SIG: take 1 caplet (1,000mg) by oral route 3 times per day
DISP: (21) tablets with 6 refills
Discontinued on 02/15/2007

Electronically Signed by: Robert G. Thompson, II MD on February 15, 2007 04:25:04 PM

Progress Note

Patient Name: Diane Comer
Patient ID: 101332
Sex: Female
Birthdate: May 1, 1959

Visit Date: July 14, 2005
Provider: Robert G. Thompson, II MD
Location: Knoxville Internal Medicine

Chief Complaint

- Evaluation of Chronic Conditions

History Of Present Illness

The patient is a 46 year old female who has a history of hyperlipidemia, hypothyroidism, obesity, and depression. The patient's cholesterol, LDL, and low HDL levels were MORE THAN 2 YEARS AGO have been well controlled with diet alone. Her hypothyroidism that has recent change in doseage slowly progressive. The patient's weight has improving with diet and exercise and improving with diet. The patient's mood has been has been worsening. She reports bilateral tendonitis of elbows. The patient denies chest pain, syncope, palpitations, bilateral lower extremity edema, and paroxysmal nocturnal dyspnea. Medications are listed in the medication list. The patient has not undergone any recent lab work, imaging studies or tests since the last visit.

Past Medical History

Disease Name	Date Onset	Notes
COPD	--	--
Hyperlipidemia	--	--
Menopausal Syndrome	--	--
fatigue	--	--
Depression	--	--
Lupus Erythematosus	--	--

Past Surgical History

Procedure Name	Date	Notes
Shoulder Surgery	--	--
breast implants	--	--

Medication List

Name	Date Started	Instructions
Ambien Oral Tablet 10 mg	07/14/2005	take 1 tablet (10mg) by oral route once daily at bedtime as needed
Aspirin Oral Tablet 81 mg		take 1 tablet by oral route QD
Calcium + Vitamin D Oral Tablet 600-200 mg-unit		take 1 tablet by oral route QD
Cymbalta Oral Capsule, Delayed Release(E.C.) 60 mg	07/14/2005	take 1 capsule (60mg) by oral route once daily for 30 days
EpiPen Intramuscular Syringe 1:1,000	07/14/2005	inject 0.3mg by subcutaneous route once for 1 day
Maxalt Oral Tablet 10 mg		take 1 tablet (10mg) by oral route x1 dose, may repeat at 2 hour intervals; do not exceed 30mg in 24 hours for 1 day
synthroid 0.125 oral	07/14/2005	1 po QD
Wellbutrin XL Oral Tablet Sustained Release 24HR 300 mg		take 1 tablet by oral route QD
Xanax XR Oral Tablet Sustained Release 24HR 1 mg	07/14/2005	take 1 tablet by oral route PRN

Family Medical History

Disease Name	Relative/Age	Notes
Hypertension	Mother/	--
Lupus erythematosus	Aunt/	--

Review of Systems

Constitutional

- o Denies : fatigue, weight loss, weight gain

HENT

- o Denies : headaches, vertigo, recent head injury, nose bleeding, gingival bleeding, dentures, sore throat, tinnitus, dysphagia, hoarseness

Cardiovascular

- o Denies : chest pain, rapid heart rate, syncope, paroxysmal nocturnal dyspnea, claudication

Respiratory

- o Denies : shortness of breath, wheezing, cough, hoarseness, hemoptysis, pleuritic chest pain, dry cough, productive cough

Gastrointestinal

- o Denies : nausea, vomiting, diarrhea, constipation, heartburn, blood in stools, bloating, early satiety, retching, reflux

Genitourinary

- o Denies : nocturia

Integument

- o Denies : rash, pigmentation changes, skin dryness, new skin lesions

Neurologic

- o Denies : muscular weakness, difficulty concentrating, memory difficulties, altered mental status

Musculoskeletal

- o Denies : joint pain, muscle pain, back pain, neck pain, shoulder pain, elbow pain, wrist pain, hip pain, knee pain, ankle pain, foot pain

Endocrine

- o Denies : polyuria, polydipsia, cold intolerance, heat intolerance, central obesity, weight gain, weight loss, hot flashes

Psychiatric

- o Admits : difficulty sleeping
- o Denies : anxiety, depression, inattentiveness

Heme-Lymph

- o Denies : easy bleeding, easy bruising, pallor

Allergic-Immunologic

- o Denies : environmental allergies

Physical Examination

Constitutional

- o Appearance : well nourished, well developed, alert, oriented, in no acute distress

Eyes

- o Conj, Sclera, Lids : conjunctiva normal, sclera white without injection, eyelid appearance normal, no exudates present, eye moisture level normal, cornea within normal limits, no exophthalmus present
- o Pupils and Irises : pupils equal and round, pupils reactive to light bilaterally

HENT

- o Ears - External : external ears within normal limits
- o Ears - Otoscopic : tympanic membranes translucent and non-bulging, canal walls pink without discharge
- o Nose : external nose normal appearance, nares patent, nasal mucosa pink, nasal turbinates pink, nasal discharge absent, nasal septum midline, appearance normal
- o Mouth and Lips : oral cavity appearance normal, lip appearance normal, gums pink, non-swollen, no bleeding present, normal dentition for age, tongue appearance normal, hard palate normal, soft palate appearance normal, breath odor normal, oral mucosa pink and moist
- o Oropharynx : oropharynx clear without erythema or exudates, no lesions present, tonsils present, not inflamed, adenoids present, not inflamed

Neck

- o Neck : normal appearance, range of motion normal, no deformities
- o Thyroid : gland size normal, nontender, no nodules or masses present on palpation, gland position midline, thyroid motion normal during swallowing, trachea midline

Chest

- o Respiratory Effort : breathing unlabored
- o Palpation of chest : nontender, no masses present
- o Auscultation : normal breath sounds

- Percussion of chest : no dullness, flatness, or hyperresonance
- Cardiovascular**
 - Auscultation : regular rate and rhythm, no murmurs present
 - Palpation : normal apical impulse, no cardiac thrill present
 - Carotid arteries : normal pulses bilaterally
 - Pedal pulses : pulses 2+ bilaterally
 - Peripheral circulation : no edema, no cyanosis, no distal hair loss, no purpura present, normal capillary refill, no varicosities present
- Gastrointestinal**
 - Palpation/Auscultation : abdomen nontender to palpation, normal bowel sounds, tone normal without rigidity or guarding, no masses present, no abdominal bruits present
 - Liver and spleen : no hepatomegaly present, liver nontender to palpation
- Lymphatic**
 - Neck : no lymphadenopathy present
 - Axilla : no lymphadenopathy present
 - Groin : no lymphadenopathy present
- Musculoskeletal**
 - Head and Neck : normocephalic, head atraumatic, neck supple with full range of motion, no facial lesions, TMJ's nontender to palpation
 - Gait and station : normal gait, able to stand without difficulty
 - Spine, ribs, pelvis : no spinal tenderness or misalignment
 - RUE : range of motion normal, strength normal, no tenderness to palpation, no edema present, no ecchymosis present, no joint crepitus present, no atrophy of limb muscles, no deformities present
 - LUE : range of motion normal, strength normal, no tenderness to palpation, no edema present, no ecchymosis present, no joint crepitus present, no atrophy of limb muscles, no deformities present
 - RLE : range of motion normal, strength normal, no tenderness to palpation, no edema present, no ecchymosis present, no joint crepitus present, no atrophy of limb muscles, no deformities present
 - LLE : range of motion normal, strength normal, no tenderness on palpation, no edema present, no ecchymosis present, no joint crepitus present, no atrophy of limb muscles, no deformities present
- Skin**
 - Inspection : no rashes present, no lesions present, no areas of discoloration present, skin turgor normal
- Neurologic**
 - Sensation : sensation intact to light touch in extremities
- Psychiatric**
 - Orientation : oriented to person, oriented to place, oriented to time

In Office Procedure Results

- Right elbow cleaned in sterile technique injected with 4 mg decadron into the right epicondyle left elbow cleaned in sterile technique injected with 4 mg of decadron into the left epicondyle

Assessment

- Depressive State 311
- Fatigue & Malaise 780.71
- Hyperlipidemia 272.4
- Hypothyroidism, Acquired 244.9
- Obesity 278.00

Plan

Orders

- CBC, with automated H&H, WBC, platelets and automated differential (85025)
- Comprehensive metabolic panel (Albumin, Bilirubin, Total, Calcium, Carbon Dioxide (Bicarbonate), Chloride, Creatin Glucose, Alkaline Phosphatase, Potassium, Total Protein, Sodium, Transferase, Alanine Amino (ALT) (SGPT) Transfe Aspartate Amino, SGOT) Urea Nitrogen (BUN) (80053)
- Thyroid stimulating hormone (TSH) (84443)
- Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measuremer high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) (80061)

Medications

- Cymbalta Oral Capsule, Delayed Release(E.C.) 60 mg
- SIG: take 1 capsule (60mg) by oral route once daily for 30 days

DISP: (30) capsules with 11 refills

Prescribed on 07/14/2005

- Toradol IM Intramuscular Cartridge 30 mg/mL
SIG: inject 2 milliliters (60mg) by intramuscular route x1 dose for 1 day
DISP: (2) 2 ml cartridges with 0 refills
Prescribed on 07/14/2005
- Ambien Oral Tablet 10 mg
SIG: take 1 tablet (10mg) by oral route once daily at bedtime as needed
DISP: (30) tablet with 11 refills
Refilled on 07/14/2005

Disposition

- RTC in/on 3 months +/- 2 days (3432).

Electronically Signed by: Robert G. Thompson, II MD on July 14, 2005 05:53:33 PM

MAY-19-2011 12:39

SSA CHARLESTON-SC

843 573 36163 P.002/031

WHOSE Records to be Disclosed		Form Approved OMB No. 0930-0031
NAME (First, Middle, Last) <u>Diana Fleher</u>		
SSN <u>251-23-3603</u>	Birthdate (mm/dd/yy) <u></u>	

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

**** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW ****

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange) **OF WHAT** All my medical records, also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 48 CFR 154.5011)
 - Drug abuse, alcoholism, or other substance abuse
 - Epilepsy or seizures
 - Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS
 - Genetic-related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work
- Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations; and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consenting examiners used by SSA
- Employers, insurance companies, workers' compensation programs
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DOs (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:
615 WESTLEY DR., STE 300
CHARLESTON SC 29407

From 10/01/09 to present

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.
☐ Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my source to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask. I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY

IF NOT signed by subject of disclosure, specify basis for authority to sign

INDIVIDUAL authorizing disclosure

☐ Parent of minor ☐ Guardian ☐ Other person(s) representative (explain)

SIGN Diana S. Fleher

(Parent/guardian/personal representative sign here if two signatures required by State law)

Date Signed 05/16/2011

Street Address
7720 Eagle Lake Road

Phone Number (with area code)
(865) 805-4550

City North Charleston

State
SC

ZIP
29418

WITNESS

I know the person signing this form or am satisfied of this person's identity.

SIGN [Signature]

If needed, second witness sign here (e.g., if signed with "X" above)

SIGN

Phone Number (or Address)

843-566-3638

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7302; 38 CFR 1.475; 20 U.S. Code section 1222g ("FERPA"); 34 CFR parts 99 and 300; and State law.

Form SSA-627 (4-2009) of (04-2009) Use 2-2003 and Later Editions Until Supply is Exhausted

Page 1 of 2



DISABILITY DETERMINATION SERVICES
SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT
Providing quality disability determination services to South Carolinians in a responsive, timely and cost-effective manner.
 Barbara G. Hollis, Commissioner

Charleston Regional Office • P.O. Box 190029 • North Charleston, SC 29419 • (843) 953-0300
 Toll-free: (800) 868-0100 • Medical Information Fax: (866) 827-7369

May 24, 2011

CAIN LACKEY MAGUIRE & OLIVERIO
 615 WESLEY DR, STE 300
 CHARLESTON SC 29407

RE: DIANE G FLEHER
 AKA:
 ADD: 7720 EAGLE LAKE ROAD
 NORTH CHARLESTON SC 29418
 Ref. No: K96445
 DOB: 05/01/59

Your patient has applied for disability benefits under the Social Security Act. We need the following information:

Treatment Records: 10/01/09 TO PRESENT

PLEASE SEND US COPIES OF YOUR RECORDS OR A NARRATIVE describing the HISTORY, OBJECTIVE FINDINGS, SEVERITY, ONSET, AND DURATION of impairment. For adults note the individual's ability to perform work-related physical and mental activities. For children note the child's functional abilities in learning, motor functioning, communicating and socializing, performing self-care activities, and attending and completing tasks, and include the cumulative effects of treatment and therapy.

We pay S.C. physicians \$15.00 for a copy of treatment records or for a narrative submitted through our teledictation system or prepared in a physician's office. Out of state physicians are paid according to the fee schedule effective in that state. Do not complete payment instructions unless records/reports are sent with this request.

Is your patient capable of handling monthly benefits in his/her own best interest? _____ YES _____ NO

Physician's Signature _____

If a consultative examination is necessary, are you willing to perform the examination (including history, examination, and written report)? Yes _____ No _____

See the attached page for instructions on returning your report to the DDS. If you request payment for your records/reports, please sign on the line for "Provider's Signature" on the attached page and include that page as the TOP document with your report, with this letter underneath. You may fax your records using the 2D Bar Code Coversheet to our toll free medical fax number.

10/1/09 - pres
all records
J. Maguire
5/26/11

Sincerely,

Pam Harris

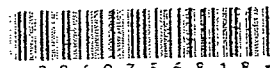
Pam Harris, Disability Examiner

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT

ENC: Release
 PHA/306

Claim No: K96445

LI (2/07) DMA: Y



TDN: 0069756818



DISABILITY DETERMINATION SERVICES
SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT

Providing quality disability determination services to South Carolinians in a responsive, timely and cost-effective manner.

Barbara G. Holtz, Commissioner

Charleston Regional Office • P.O. Box 190029 • North Charleston, SC 29419 • (843) 953-0300
Toll-free: (800) 868-0100 • Medical Information Fax: (866) 827-7369

June 23, 2011

CAIN LACKEY MAGUIRE & OLIVERIO
615 WESLEY DR, STE 300
CHARLESTON SC 29407

RE: DIANE G FLEHER
AKA:

ADD: 7720 EAGLE LAKE ROAD
NORTH CHARLESTON SC 29418

Ref. No: K96445
DOB: 05/01/59

Your patient has applied for disability benefits. We appreciate your response to our previous request. However, we need additional information to adjudicate your patient's claim. Please complete the attached brief questionnaire concerning your patient's mental condition.

See the attached page for instructions on returning your report to the DDS. We are authorized to pay \$15 for your report. We are not authorized to pay government agencies. If you require payment, sign on the line for "Provider's Signature" on that page. Please include that page as the TOP document with your report with this letter underneath.

Sincerely,

Pam Harris, Disability Examiner

PLEASE RETURN THIS LETTER AS THE SECOND PAGE OF YOUR RESPONSE.

ENCLOSURES: Release, Envelope, Questionnaire
PHA/306
Claim No: K96445
L2MS (2/07)

DMA: Y



* 0 0 7 0 3 5 3 8 6 3 *

TDN: 0070353863



Diane Comer-Fleher
7720 Eagle Lake Rd.
N. Charleston, SC 29418

July 14, 2011

Re: Request for Financial Assistance

Covered Individuals: Diane Comer-Fleher xxx-xx-3523

Expiration Date: Qualified RSFH Hospital Accts expires on December 31, 2011.

Disclaimer: Charity valid on qualified RSFH accounts only.

(Some exclusions include, but are not limited to: Cosmetic, bariatric procedures and accounts involved in litigation, do not qualify for charitable adjustments).

Dear Mrs. Comer-Fleher:

Thank you for sharing your financial hardship with us and allowing us the opportunity to assist you. Since you provided the necessary financial information we were able to process your charity application. Based on the government's published guidelines, in which the hospital follows, we were able to provide you with 100% coverage through our charity program. This provided an adjustment in the amount of approximately \$3,755.00 and assisted with the below account.

The account resolved with this program is:

Account Number	Total Charges	Charity Adjustment	Current Balance
C1116000221	\$3,755.00	\$3,755.00	0.00

I hope that this adjustment will be helpful to you.

Once approved for Financial Assistance, there is no need to reapply until after your coverage expiration date which is listed above. Please call 843-402-5200 or 1-800-242-9990 once you receive a Hospital Bill, Hospital Statement, or Summary Notice from Roper Saint Francis Healthcare to have the account reviewed for the charitable discount.

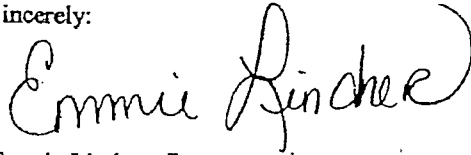
If you have any questions or would like to discuss your accounts in detail, please contact one of our Customer Service Representatives at 843-402-5200, or 1-800-242-9990, Monday through Friday, from 9:00am – 5:00pm and someone will be happy to help you.

Also, should the RSFH Financial Counselors contact you, you **MUST** respond and comply with their requests or your Charity Care may be delayed. They may be able to assist you in applying for important benefits should you qualify.

1 South Park Centre, Suite # 500, Charleston, South Carolina 29407 843-402-5200

I hope this letter finds you enjoying improved health and thank you for selecting Roper St. Francis for your healthcare needs.

Sincerely:

A handwritten signature in cursive script that reads "Emmie Lindner". The signature is written in dark ink and is positioned above the printed name and title.

Emmie Lindner, Representative
Financial Assistance Program
Patient Financial Services

As a reminder to our Patients/Guarantors,

The Roper St. Francis Financial Assistance Department was happy to assist you with your hospital bill(s). However, you may receive separate bills from doctors who provided care during your visit with us. You will need to contact the attending or billing physician's practice directly regarding payment for their services.

Sincerely,
Roper St. Francis Financial Assistance

1 South Park Centre, Suite # 500, Charleston, South Carolina 29407 843-402-5200

Hayden C. Jeffords

From: Hayden C. Jeffords
Sent: Tuesday, February 14, 2012 3:57 PM
To: 'Sean Edge'
Subject: RE: Diane Fleher vs. Dolphin Cove Marina
Importance: High

Hey Sean,

I never received these deposition transcripts (as referenced below) Can you email me the etran versions you have? Also, we have yet to receive the signed release back from you guys for the records we requested from the State Office of Victims Assistance. Do you know what the hold up is there?

Thanks for your help,
hayden

Hayden C. Jeffords
Paralegal to Morgan T. McQueeney & Lynnley D. Ross
Willson Jones Carter & Baxley, P.A.
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
Phone: (843) 284-1099
Fax: (843) 284-1081

From: Sean Edge [mailto:sedge@wiggerlawfirm.com]
Sent: Tuesday, February 07, 2012 4:05 PM
To: Hayden C. Jeffords
Subject: RE: Diane Fleher vs. Dolphin Cove Marina 10100845: Diane Fleher vs. Dolphin Cove Marina

Just heard back from the court reporter. The depositions are ready for her to proof and she will have them sent out e-tran to you by tomorrow afternoon.

Sean

From: Hayden C. Jeffords [mailto:hcejffords@wjlaw.net]
Sent: Tuesday, February 07, 2012 3:28 PM
To: 'Sean Edge'
Cc: 'Paul Ribeiro'; Lynnley D. Ross
Subject: RE: Diane Fleher vs. Dolphin Cove Marina

Hey Sean,

I'm checking on the status of this release (attached) that we sent you a few weeks ago to have Ms. Fleher sign. Have you received the signed one? Please let us know where we are with it... Also, can you give me your court reporter's email address please? We still haven't received copies of the transcripts from our clients' depositions on Jan. 18th.

Thanks, Sean!

hayden

Hayden C. Jeffords
Paralegal to Morgan T. McQueeney & Lynnley D. Ross
Willson Jones Carter & Baxley, P.A.
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
Phone: (843) 284-1099
Fax: (843) 284-1081

From: Hayden C. Jeffords
Sent: Wednesday, January 25, 2012 3:21 PM
To: 'Sean Edge'
Cc: Paul Ribeiro; Lynnley D. Ross
Subject: Diane Fleher vs. Dolphin Cove Marina
Importance: High

Hi Sean,

The State Office of Victim Assistance will not produce records in response to our subpoena without a signed release. Please have Ms. Fleher sign the attached authorization and return it to us as soon as possible. We appreciate your prompt attention in this matter.

Thanks again,
hayden

Hayden C. Jeffords
Paralegal to Morgan T. McQueeney and
Lynnley D. Ross
Willson Jones Carter & Baxley, P.A.
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
Phone: (843) 284-1099
Fax: (843) 284-1081

✓
WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

GREENVILLE

CHARLESTON

COLUMBIA

CHARLOTTE

RALEIGH

Lynnley D. Ross
Direct (843) 284-1090
Fax (843) 284-1081
ldross@wjlaw.net

421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
www.wjcbllaw.net

January 30, 2012

Mr. Paul Ribeiro
Wigger Law Firm
8086 Rivers Avenue, Suite A
North Charleston, SC 29406

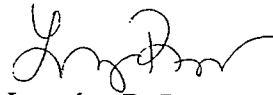
Re: Diane Fleher vs. Dolphin Cove Marina
WCC File No.: 1014489 DOI: 10/12/2010
Carrier: Carolina Casualty Insurance Co. - Claim No.: 10100845
WJC&B File No.: 0310.00973

Dear Paul:

As you know, we have issued a subpoena to the State Office of Victim's Assistance for a complete copy of their file. They have responded that the Claimant needs to execute the enclosed release prior to production of the documents. Please have the Claimant sign where indicated, notarize the document, and return it to me. If you are unable or unwilling to do so, please simply let me know. Otherwise, I look forward to receiving the execute release shortly.

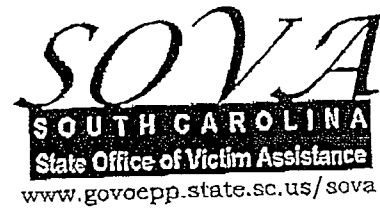
With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.


Lynnley D. Ross

LDR/lbs

Release of Information



Notice: The South Carolina Code of Laws §16-3-1240 requires written consent to disclose the names of applicants or confidential claims records. Therefore, by signing this form, the victim voluntarily gives written authorization to release such information, thereby relieving the State Office of Victim Assistance of any claim or liability which arises out of the release and/or disclosure.

I, _____, do hereby consent to the disclosure or use of my name in any list, or information concerning my application for or receipt of an award(s) from the State Office of Victim Assistance. Further, I release the State Office of Victim Assistance and all other sources from liability for such disclosure and/or use.

Victim's signature: _____

Sworn and subscribed before me this _____ day of _____ Two Thousand Twelve.

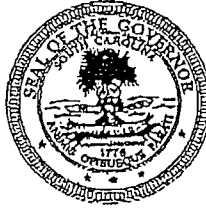
Notary Public for South Carolina _____

My Commission Expires: _____

County: _____

Expiration of notary commission: _____

State Office of Victim Assistance
1205 Pendleton Street, Edgar A. Brown Building, Room 401
Columbia, SC 29201
Telephone: (803) 734-1900 Fax: (803) 734-1708



State of South Carolina
Office of the Governor

NIKKI R. HALEY
GOVERNOR

OFFICE OF EXECUTIVE
POLICY AND PROGRAMS

January 25, 2012

Willson Jones Carter & Baxley, P.A.,
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464

Re: Diane Fleher Vs. Dolphin Cove Marina
WCC file No: 1014489
Our File No: C2011-081252

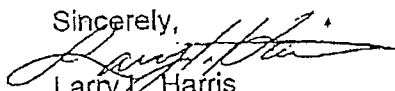
Dear Ms. Jeffords:

Our office has received a copy of your subpoena regarding release of information from our agency. South Carolina Law (16-3-1240) prohibits the State Office of Victim Assistance from releasing information on behalf of a victim who has applied for or received crime victims' compensation, without written consent from the victim.

Because of the confidentiality of our clients' information, I am enclosing a **Release of Information** form that the victim must sign, have notarized and return to our office for review. Once we have received a completed notarized copy of the Release form, we will provide you with a response as soon as possible.

Upon receipt of this letter, please call if you have questions regarding the release form, our agency or services. Thanking you in advance for your assistance, I am

Sincerely,


Larry L. Harris
Program Manager

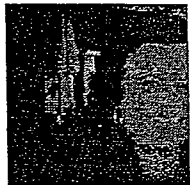
Enclosure

Victims' Compensation - Victim/Witness Assistance - Training - Information - Referrals

State Office of Victim Assistance
1205 Pendleton Street, Edgar A. Brown Building, Room 401
Columbia, SC 29201 (803) 734-1900
www.sova.sc.gov

Diane has the new timeline.

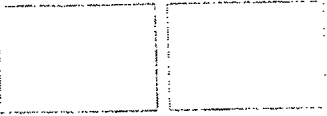
Get Timeline Learn More



Diane Gerald Fleher

Add Friend Message

Worked at HAPPILY RETIRED
Studied at University of South Carolina



4

About

Friends 144

Photos

Likes 16

You and Diane aren't friends. If you know Diane, send her a friend request or message her.

Diane's Friends

See All



Joel Hodges
Add Friend



Karen Furr
Add Friend



Sarah Clarke
Add Friend



Mac Comer



Chuck Slaughter
Add Friend

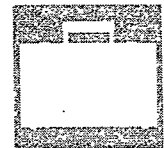


Bill Daniel
Add Friend



Ray Comer
Add Friend

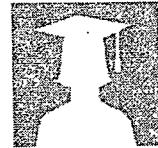
About Diane



HAPPILY
RETIRED



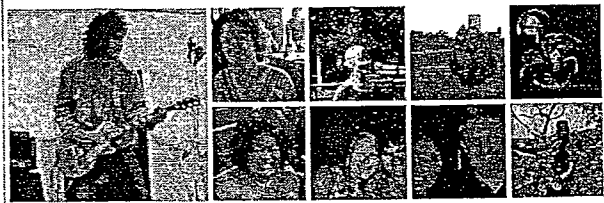
University of
South Carolina
Class of 1980



North Charleston
high School
Class of 1976

Friends
February

Added 9 Friends



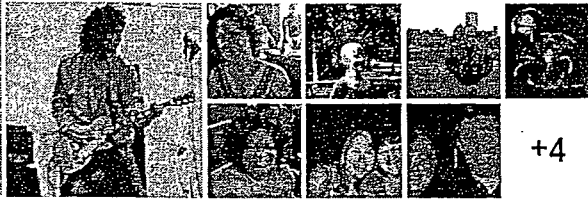
Recent Activity

Diane and Oran McClellan are now friends.

Earlier in 2012



Added 12 Friends



2011

2010

2009



Diane Gerald Fleher became friends with Cindy Gerald Weaks.
October 4, 2009

Joined Facebook

February 28, 2009

Chat (1)



Search
Cindy Gerald Weaks

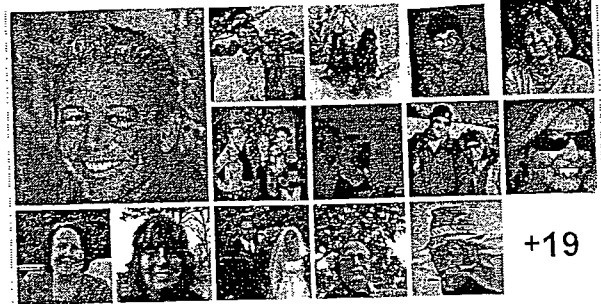
Add Friend

Friends
2009



Lynnley Miles Ross Find

Added 33 Friends





Diane Gerald Fleher · About

Add Friend

Work and Education

Employers



HAPPILY RETIRED

■ Enjoying Puerto Rico with my wonderful husband Clayton

College



University of South Carolina
Class of 1980

High School



North Charleston high School
Class of 1976

Basic Info

Sex Female

Contact Info

Facebook <http://facebook.com/dfleher>

Sponsored

The American Heart Association



Save 10% on heart-healthy gifts from the American Heart Association. A portion of the proceeds will help fund our lifesaving efforts.

Like: Amy Monahan likes this.

Careers with Us



\$28/hr Data Entry. Must have a computer. 7 Positions Open

Like: 25,502 people like this.

Get \$1 off Liquid-Plumr®

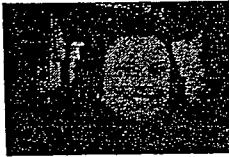


Win the war on dogs with a complete arsenal of dog-fighting products from Liquid-Plumr®. Like us now and get \$1 off!

Establish Your Credit
landing.orchardbank.com



Establish or Rebuild Your Poor Credit with an Orchard Bank MasterCard. Even Bankruptcy is ok. Get an offer in just 30 seconds.



Wall
Info
Photos
Friends

Friends (138)



Karen Furr



Emma Tuttle

Mac Comer
TennesseeCaroline Tuttle
MUSC

Julie Davis



Vicki Strezlec S...



William John Po...

Ray Comer
South Carolina

Kelly Jones Gille...



Susan Fikes

Report/Block

Diane Gerald Fleher

Worked at HAPPILY RETIRED Studied at University of South Carolina

Work and Education

Employers



HAPPILY RETIRED

■ Enjoying Puerto Rico with my wonderful husband Clayton

College



University of South Carolina
Class of 1980

High School



North Charleston High School
Class of 1976

Basic Information

Sex Female

Contact Information

Facebook <http://facebook.com/dfleher>

Add Friend

Message

Sponsored

See All

Target



Be the first to get the exclusive Breaking Dawn - Part 1 DVD and see a sneak peek of Breaking Dawn - Part 2, Friday 2/10 at Target!

Like: Liselle Konig likes this.

Study Psychology

olp.argosy.edu



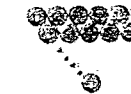
Earn your doctorate online from The American School of Professional Psychology at Argosy University. Find out more now.

The Clorox Lounge



Like the Ode to the Commode Facebook page to find out how you can WIN \$10,000! Click here now!

New Game on Facebook



Bubble Witch Saga - The new Bubble shooter! Take your skills to a new level now. Warning - Highly Addictive!

Party Dress

ideeli.com



Now: \$40 (Was \$110!) Sales sell out quickly.

60 SECOND RESPONSE



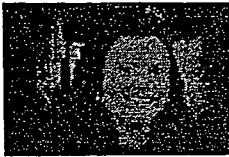
In under 60 seconds, find the right card for you. Earn more miles, get cash back, or save with a low intro APR

Dress MUST Go (\$9 Today)

dailydealfinder.org

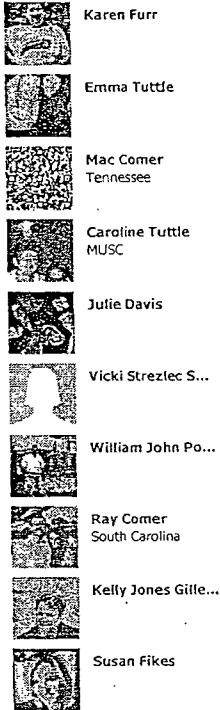


Ending soon. Today only. Up to 90% off. Limited coupons available. Act now!



Wall
Info
Photos
Friends

Friends (138)



Report/Block

Diane Gerald Fleher

Worked at HAPPILY RETIRED Studied at University of South Carolina

Wall

RECENT ACTIVITY

Diane is now friends with Sharon Owens and 2 other people.

RECENT ACTIVITY

Diane and Matthew Frnerson are now friends. Add Friend



Diane Gerald Fleher added HAPPILY RETIRED to her work (added 1 project).

January 5 at 7:47pm

RECENT ACTIVITY

Diane activated Facebook Mobile.

Diane is now friends with Cassandra Singleton and Allen Grimes.

RECENT ACTIVITY

Diane is now friends with Chuck Johnson and 6 other people.

RECENT ACTIVITY

Diane is now friends with Janet York Collins and 4 other people.

RECENT ACTIVITY

Diane and Carolyn Monkus are now friends. Add Friend

RECENT ACTIVITY

Diane is now friends with Ricky Siebert and Rita Froemgen.

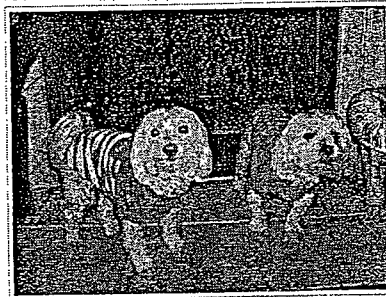
RECENT ACTIVITY

Diane and Jerry Monkus are now friends. Add Friend

Diane and Brad Prause are now friends. Add Friend



Diane Gerald Fleher
ONCE a VOL...ALWAYS a VOL!



"B.B." & CHARLIE COMER-FLEHER in Charleston, SC and their Mom, Diane Comer Fleher LOVE PAT SUMMIT

By: Diane Gerald Fleher

Share · August 26, 2011 at 7:17pm ·

2 people like this.



Twila Sipe She a Wonderful Lady and a Coach!! Prayers goes out.
August 27, 2011 at 6:59am



Karen Lucke Great picture of my adopted babies
September 5, 2011 at 11:00am

There are no more posts to show.

Add Friend

Message

Sponsored Story

See All



Dorothy Bastek Hoolihan likes Walmart.



Walmart
Like

Sponsored

See All

Study Psychology
olp.argosy.edu



Earn your doctorate online from The American School of Professional Psychology at Argosy University. Find out more now.

Target



Be the first to get the exclusive Breaking Dawn - Part 1 DVD and see a sneak peek of Breaking Dawn - Part 2, Friday 2/10 at Target!

Like: Liselle Konig likes this

The Clorox Lounge



Like the Ode to the Commode Facebook page to find out how you can WIN \$10,000! Click here now!

60 SECOND RESPONSE



In under 60 seconds, find the right card for you. Earn more miles, get cash back, or save with a low intro APR.

Party Dress
ideell.com



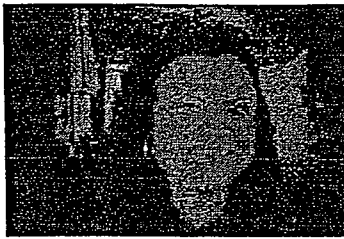
Now: \$40 (Was \$110!)
Sales sell out quickly.

My Precious Daughter
bradfordexchange.com



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Diane Gerald Fleher

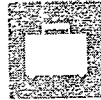
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Has worked at DOLPHIN COVE MARINA

Studied at University of South Carolina

Education and Work

Employers



DOLPHIN COVE MARINA

College



University of South Carolina

Class of 1980

High School



North Charleston high School

Class of 1976

Basic Information

Sex

Female

Contact Information

Facebook

<http://facebook.com/dfleher>
[Wall](#)
[Info](#)
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Friends (115)



Anne Hoff-mizzell



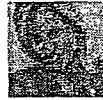
Norma Daniel



Kieron Grey



Andrea Dupree



Susan G. Fikes



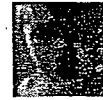
Sandra Livingston Henry



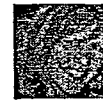
Vicki Strezlec Showalter



Mara Mercado Roy



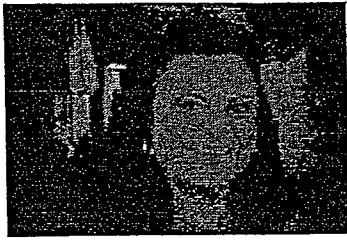
Laura Fail



Cindi Gresham DeBusk

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Search



Diane Gerald Fleher

[Add Friend](#)

Has worked at DOLPHIN COVE MARINA

Studied at University of South Carolina

Wall



Diane Gerald Fleher

ONCE a VOL...ALWAYS a VOL!



"B.B." & CHARLIE COMER-FLEHER in Charleston, SC and their Mom, Diane Comer Fleher LOVE PAT SUMMIT

By: Diane Gerald Fleher

Share · August 26 at 7:17pm

Twila Sipe likes this.



Twila Sipe She a Wonderful Lady and a Coach!! Prayers goes out.

August 27 at 6:59am

There are no more posts to show.

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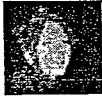
Friends (115)



Anne Hoff-mizzell



Norma Daniel



Kieron Grey



Andrea Dupree



Susan G. Fikes



Sandra Livingston Henry



Vicki Strezlec Showalter



Mara Mercado Roy



Laura Fail



Cindi Gresham DeBusk

[Report/Block](#)

Recorded Statement of Diane Fleher
871-10100845

DD: Okay, Miss Fleher?

DF: Yes.

DD: Um, okay, I have the recording on now. Uh...

DF: Okay.

DD: ...my name is Debbie Dozier and I'm with Key Risk Claims Management. Today's October 14th approximately 12:20 p.m., speaking with Diane Fleher, um, in reference to a work injury.

Um, Ma'am, do you understand that this is being recorded and do I have your permission to do so?

DF: Yes you do.

DD: Okay, if you would state your full name they way it appears on your social security card?

DF: Diane G. Fleher.

DD: That's F-L-E-H-E-R, correct?

DF: That's right.

DD: Okay, and Diane's with one N?

DF: Uh huh.

DD: Okay, and your address?

DF: 7720 Eagle Lake Road, North Charleston, South Carolina.

DD: Okay, and that's 29418?

DF: Yes, Ma'am.

DD: Okay, now the 865-885-4550, is that your cell number?

DF: My cell and I, I don't have a home phone. I use this.

DD: Okay. Okay, and what is your social security number?

DF: 251-23-3523.

DD: Okay, and your date of birth?

Recorded Statement of Diane Fleher
871-10100845

DF: May 1, 1959.

DD: Okay, and are you married or single?

DF: I'm married.

DD: Okay, any dependents?

DF: No, I mean all our kids are grown.

DD: Okay, and what's your approximate height and weight?

DF: I'm 5'8 and do I have to say my weight, I will... 200.

DD: Okay, that's fine.

DF: That was really difficult. Only my doctor knows my husband didn't, doesn't even know what I weigh.

DD: I understand. Um, let's see. And what is your highest level of education?

DF: Um, four years of college.

DD: Okay, what was your degree in?

DF: Well I, I didn't finish my degree.

DD: Okay.

DF: Um, I was just you know a little bit short but it was in, um, Psychology and English.

DD: Okay. Okay, and where were you employed now when this took place?

DF: At Dolphin Cove Marina which goes by, also Coastal Marine Enterprises Incorporated doing business as Dolphin Cove Marina.

DD: Okay, and how long have you been employed there?

DF: Since May 15, 2006.

DD: Okay, and what did you do there?

DF: I was the manager of the Marina. I am still I guess.

DD: Okay. Okay, and who is your supervisor there?

DF: *(Transcriber note: all proper names not spelled are typed as they sound)*

Recorded Statement of Diane Fleher
871-10100845

David G. Race who is president of the company and part owner and he's also my brother.

DD: Okay, and were you paid salary or by the hour or?

DF: By the hour.

DD: Okay, and how much per hour?

DF: \$19.00 Monday through Friday an hour and \$20.00 on Saturdays and Sundays.

DD: Okay, how many hours do you normally work?

DF: Well normally up until recently I worked a 40 hour week. However in an attempt we were wanting to do some radio advertising so for the past month I had agreed to take two days, additional days off without pay so that, that money could go into a budget for radio adds. So you know the last month isn't indicative of my hours is what I'm trying to say.

DD: Okay.

DF: That was volunteered but we were just trying to come up with a way to have money to advertise.

DD: Okay. Okay, and of office manager what were your duties or what is your duties?

DF: I was a manager of the Mariner so my duties would be to, um, wherever I was needed to fill in. I helped to do reports. I, um, there's another girl in the office who's an office manager so if she couldn't get through some taxes I would do the taxes. It just depended on where I was needed.

DD: Okay, and...

DF: I was...

DD: ...how many employees are there?

DF: At this time I guess we're probably down to, I want to say 11. I might be off one or two.

DD: Okay, and is this like something on the water front where people come in and park the ...

DF: Yes, well...

DD: ...or is it just...

Recorded Statement of Diane Fleher
871-10100845

DF: ...where our office is located is further in on the property.

DD: Mm hmm.

DF: But we, the whole Marina is located on 15 acres and not only is it a Marina it, there are wet slips but there's dry storage. There's also a full service department and we have a restaurant.

DD: Okay. Okay, and did you have any other employment?

DF: No.

DD: Okay.

DF: My husband and I have an LLC Revel Enterprises. It's a partnership.

DD: Mm hmm. And what is that now?

DF: Revel, R-E-V-E-L, Enterprises, LLC.

DD: Okay, what type of business is that?

DF: For example, my husband does work on, um, like helps out a guy who owns a company called Harbor Master and they, um, repair electronics on boats and you know fix things on boats.

DD: Okay.

DF: But it's totally independent of the Marina. It has nothing to do with the Marina.

DD: Okay.

DF: I'm the bookkeeper.

DD: Okay, now when did this injury occur?

DF: On the 4th of October.

DD: *(Spoke but is unintelligible.)*

DF: Yes, Ma'am.

DD: Okay, about what time?

DF: At 1:20 in the afternoon.

DD: Okay.

Recorded Statement of Diane Fleher
871-10100845

DF: I basing that you know when I made my first phone call to my husband and looked at that time and you know what I figured it took me to get out of the building and get in my car and start driving.

DD: Okay, and tell me what happened?

DF: Okay, my brother and I started having a verbal disagreement if you will. And, um, he, he's been acting lately even more angry and cussing you out and just, he's been doing that more lately. But in, in this incidence I don't know if he just got extra mad or what because I caught him in a lie and so he came around his desk and started shoving me backwards and screaming at me, telling me to get the goddamn, I'm, I'm going to say it, I don't normally talk this way.

DD: That's fine.

DF: Get the goddamn fuck out of his office and to take my fucking ass home and I said this is my job. And he goes well you better goddamn very well know I'm, I sure as hell am not going to fire you 'cause I wouldn't ever let you get on unemployment but I'll make your life so goddamn fucking miserable you're going to feel like you've been kicked to the curb and you will leave on your own. And, and he talked like that before but he never ever laid his hands on me.

DD: Okay.

DF: And, and I know he's 78 years old and he's elderly. The reason I came into Charleston was to come and help my family. He begged me to come work for him and I listened to this abuse. This is, has traumatized me. I don't feel I can go back there. I don't feel like I'm safe. I, I've been begging to get into see a counselor for two days 'cause I haven't stopped crying for two, two days now because I can't believe, I can't believe my brothers would do that to me.

DD: Okay, you say he's 78?

DF: Yes and I, so when I left there I was crying so hard and my husband took me to the police station to file a re, report and they did and so now they're being investigated and then my husband took me to the doctor and the doctor told me and, and he, he wrote a note and sent to my office that I had to be out of work at least until the 18th if not longer because I'm so, I'm so, I'm sorry.

DD: That's fine. Um, which police station did you go to?

DF: The City of Charleston.

DD: The City of North Charleston?

Recorded Statement of Diane Fleher
871-10100845

DF: No the City of Charleston.

DD: City of Charleston, okay.

DF: Uh huh.

DD: Okay.

DF: And they made me sign a report and asked me if I wanted to, um, press charges and I said yes because nobody deserves to be treated like, like this.

DD: Okay, um, what were, what was the disagreement about?

DF: Well it started really Sunday because he had asked me to, this trailer on our property got vandalized. Somebody hit it with a sledge hammer and just tore it up, you know? And I had been out of town and I came back and I found out and he, and so I did some snooping around and found out that, um, the story was that it was some, some of our employees and he came in on Sunday and he said I need you to call the police, file a police report. And then, um, file this with insurance. And I said I won't do it. I'm not breaking the law. You know who did this. And so he act like just a bunch of, what do you call it like, um, people vagrant to whatever came in and did this. That's lying. I will not, I will not lie for you. I will not get in trouble and go to jail for insurance fraud for you. That started Sunday and I think he was still mad at me. And then our restaurant manager getting ready to quit so I spent three days working up at the restaurant trying to help learn how to do everything so I could step in 'cause he told me, my brother told me he wanted me to step in, and so the three days had gone great. It was positive. And so my brother, when I got back to the office Tuesday afternoon before all this started he said to me I hear you out there 'causing all kinds of hate and discontent. And I looked at him like he had grown two heads because that was the last thing it was, I mean. So he, well he didn't count on was that David Ackerman the guy who's leaving, who was the restaurant manager came in his office to say goodbye and so I went around the corner and I stood at my brother's office at the door and I said David Ackerman I just need to know one thing. Did you tell my brother I was causing hate and discontent up at the restaurant? He went absolutely not. And my brother realizing that he had made, been caught in a lie jumped up from his desk and came around after me and started telling me to get the fuck out of there. Shut the fuck up. It was his goddamn office he could do what the fuck he wanted. I mean it just went on from there. I can't even, my, I can't even think of enough cuss words to say.

DD: Okay, um...

DF: And so I went to another employee and I said Annie you were up at the restaurant. I just have to know did you tell me Mr. Race that? She went no

Recorded Statement of Diane Fleher
871-10100845

I told him it was awesome. It was great. And I said to him again. I said see I don't know why you make these things up and that's when he got mad and came around his desk and started shoving me. Because he knew he was caught in a lie. Now he's probably still angry at me for the things said because I stood up to him and said I will not lie for you.

DD: Okay.

DF: I will not lie.

DD: Okay, you didn't fall down or anything were they just little shoves, like, you know?

DF: They were shoves and, and I can honestly tell you I have no bruises. I have nothing like that. It, but I, I'm traumatized. I mean I am, I'm so tore up because every kind of, thing that I have ever read or studied about abuse says that when they start hitting it will continue. And I mean, I, I, I couldn't handle anymore anyhow. I mean to be told you're scum of earth and I mean just to be belittled constantly and cursed at constantly in front of other people.

DD: Okay, now how, so this has been going on but not to this extent for quite some time?

DF: Yes he treats a lot of people this way.

DD: Okay, so it's not just you?

DF: No, oh, no, uh, uh.

DD: Okay.

DF: He, he does this to a lot of people.

DD: Okay. Okay, so there weren't really.

DF: We've had venders in our office who witnessed it.

DD: Okay, now was there anyone who witnessed what went on Tuesday with you all?

DF: Okay, the people that were sitting in my brother's office was Mike Sage, he's the dock master there, the manager, his name is, M-I-K-E and then Sage, S-A-G-E.

DD: Mm hmm.

DF: And David Ackerman who is the restaurant manager. That was his last

Recorded Statement of Diane Fleher
871-10100845

day.

DD: Okay, so he's no longer there?

DF: No, that was his last day. It happened because I asked him if that's what he told my brother 'cause I couldn't believe it. And then my brother's business partner and (*unintelligible*) of the company, Thomas Blocker. But now where he was sitting in the chair he had his back to us so I don't know if he saw the shoving but he heard the verbal.

DD: Okay, Thomas Blocker that's the partner you say?

DF: Uh huh.

DD: Okay, and how long would you say that this type of verbal abuse had been going on with, with...

DF: Me or others?

DD: Well if you have kind of a time frame for both.

DF: Um, I personally have witnessed it the entire time I've been there, four and a half years.

DD: Mm hmm.

DF: His daughter used to work for him and she told me that she had to quit and go work somewhere else because she went home crying every day.

DD: And who was that?

DF: His daughter.

DD: Okay. Okay, so basically the only thing that might have been different this time was the shoving?

DF: Well when he told me that he would make my life so miserable at work.

DD: Right.

DF: That I, I would end up leaving because there, he didn't want to fire me because he doesn't want to pay unemployment and he said he would make my life so goddamn miserable I would end up leaving and I would feel like I'd been kicked to the curb. So I mean knowing that, that's how it's going to feel to go back to work.

DD: Right.

Recorded Statement of Diane Fleher
871-10100845

DF: That he's determined to make my life miserable.

DD: Okay, now...

DF: Then there's also, this is very difficult for me psychologically because he is my brother.

DD: Right.

DF: And I have to take these steps but this just can't, this kind of stuff just cannot continue because I mean people do not deserve to be treated like this.

DD: Okay, does he have any physical problems or?

DF: Yeah, he's on a lot of medication and recently he has been forgetting things. Like for example, um, I twisted my foot in June and like two weeks later he saw me limping and he goes why are you limping and I was like David you took me to the hospital. You sat there while I had my x-ray made and you took me to the doctor. We spent the whole afternoon together. I twisted it. He had no memory of it. Didn't know, I mean could not comprehend that, that had happened. He told me he thought I fainted.

DD: Okay.

DF: That's what he told me. And then, um, one day earlier this week he told me that all of this radio advertising money we've spent on the restaurant was through radio ads. And I'm like we haven't done a single radio ad. And he was just convinced that we had. And I mean I was like we don't have any, any receipts where we paid for it. I'm, I'm in charge of advertising. I would know. We have not done any radio ads. And I mean he has been getting forgetful and confused and more argumentative and when I went to see my doctor I mean he even told me you know having not seen my brother he can't say he's got earlier onset dementia or whatever. But that people that do if they're sweet when they start they're usually sweet going through it but if they're mainly just getting meaner and meaner.

DD: Okay.

DF: Are you still there?

DD: Yeah, mm hmm.

DF: Okay.

DD: Okay, now...

DF: My doctor even said I feel like you need to file a police report. That's what

Recorded Statement of Diane Fleher
871-10100845

I'm going to tell you and I said actually we just came from the police station before we came here.

DD: Okay, now was there any, so there weren't really any physical injuries? Okay, it's just, um, metal trauma, correct?

DF: Very mental, yes, yeah. I mean this is mental abuse.

DD: Okay, now, um, which doctor's office did you go to? Is this your personal physician or?

DF: Internal Medicine, uh huh.

DD: Internal Medicine.

DF: It's Dr. Robert Oliverio.

DD: Robert Oliverio. Okay, and you just, you saw him that day, correct?

DF: Immed, immediately after the police station. Everything that, the police station and seeing him was all within two hours.

DD: Okay.

DF: And right now I'm working with the South Carolina crime victim's assistance group to try and get into to see a therapist. You know how hard it is to get in to see a therapist? It takes days and I'm like, but I'm waking up crying in the middle of the night over this can I not get help immediately. Why does it have to take so long? I mean I need to see someone soon.

DD: Okay, um, now did you have any prior disability?

DF: No.

DD: Okay, so you haven't received any mental counseling or anything like that in the past, have you?

DF: Um, a long time ago I saw a counselor on my own of course because I had an ill child.

DD: About how many years ago?

DF: 1995.

DD: 1995, okay.

DF: And then in 1987 I was a victim of domestic violence from my husband. So I went and talked with someone on how to get out of the marriage. You

Recorded Statement of Diane Fleher
871-10100845

know how to get away safely.

DD: Okay. Okay, and do you take any medicine for any, depressors, problems or?

DF: Okay, I have lupus and fibromyalgia and so for those I take, um, Cymbalta and Wellbutrin. And I also take Platinol which is an anti malaria drug to treat lupus.

DD: Okay, Cymbalta, Wellbutrin.

DF: Right.

DD: And Platinol?

DF: The Cymbalta and Wellbutrin are used to treat the fiber myelgia, the pain. So they're not being used as a depression medicine per se. You know they're used, because it's been used to help with fibromyalgia.

DD: Mm hmm.

DF: And lupus symptoms. And I take a thyroid pill.

DD: Do you know what that is?

DF: Synthroid.

DD: Synthroid?

DF: Uh huh.

DD: Okay, any other medicines...

DF: And I take...

DD: on a regular basis?

DF: ...yeah, let's see, the thyroid pill, fiber, there's one more, (*transcriber note: sounds like*) Danasapril.

DD: Okay, and what was that, ma'am?

DF: Danasapril, it's like a fluid pill.

DD: Okay, Danasapril.

DF: And I...

Recorded Statement of Diane Fleher
871-10100845

DD: They give that for blood pressure sometimes, don't they?

DF: It, sometimes, yeah. But my blood pressure's is good. This is because sometimes I retain fluid and then, um, also, recently my doctor prescribed Percalzion, Percalzion but it's for night time so I thought it was just when you went to bed and had restless legs right. And that day when I was (garbled) crying he goes why didn't you take two percalzion and I said 'cause it says it's for bedtime. I didn't know you could, I mean you know I didn't know, I thought it was just for bedtime and he's like, oh, no you need to take a couple of those it will help you calm down. I said, oh, I didn't know that's what that was for. When some, when a pill bottle says for bedtime that's when I'm going to take it normally not other times, you know?

DD: Okay, and this Dr. Oliveria is your family physician, correct?

DF: Uh huh, it is.

DD: Okay, and do you currently receive any type of social security or government benefits?

DF: No.

DD: Okay, alright, do you have anything you would like to add before I turn off the recording?

DF: First of all I just want to say that from my stand point I really feel like I need to get in to see a therapist as soon as possible. This has been extremely traumatic and very trying and I just keep crying and it is really, and I just can't believe it that I'm being told it could be a week before I get an appointment with someone. And I just feel like this is so important because the issue here is you know to be verbally and physically abused at work and then not only that to have to deal with the fact that the person who did it is my brother. And to have to go up against him is just breaking my heart, it really is. But you know I feel like if any good comes out of this maybe he'll get tested and get some help and maybe I can get over my pain and sorrow. But I, you know I don't know what to do next. Quite honestly I don't know what the next step is.

DD: Okay, let me stop the recording, okay. You're going to hear a number and I'm going to be right back on the phone with you then, okay?

DF: I'm supposed to write that down?

DD: No, Ma'am, it's just for my reference.

Recorded Statement of Diane Fleher
871-10100845

DF: Okay.

DD: Hold on.

Certificate of Accuracy

This is to state that I, Kristen Walkup, transcribed the foregoing recorded statement and completed it on July 22, 2011 and have herein rendered a complete and accurate transcription of the auditory contents of the recorded statement to the best of my ability.

WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

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CHARLESTON

COLUMBIA

CHARLOTTE

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September 2, 2011

BY FACSIMILE - (843) 724-7171

City of Charleston Municipal Court
180 Lockwood Blvd
Charleston, SC 29403
Attn: Records Custodian

Re: Diane Fleher vs. Dolphin Cove Marina
WCC File No.: 1014489 DOI: 10/12/2010
Carrier: Carolina Casualty Insurance Co. - Claim No.: 10100845
WJC&B File No.: 0310.00973

Dear Sir or Madam:

We are writing to kindly request a copy of the disposition for: CASE# 1-600498 CSW
(Diane Fleher vs. David G. Race). The hearing was held on 11/09/10).

Please forward the disposition to my attention at the above address **BEFORE 09/09/11**.
If possible, please fax it to me at (843)284-1081. If there is a fee for copying the disposition,
please forward the bill. If the bill will be more than \$50.00, please contact us for authorization
before copying. If we do not give authorization, we will not be responsible for charges above
\$50.00. Thank you for your prompt assistance in this matter.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.



Hayden C. Jeffords
Paralegal to Lynnley D. Ross

HCJ

****PLEASE RETURN A COPY OF THIS REQUEST WITH RECORDS****

9/6/11 - No Records Available.

Norman
Kathleen A. Smith
Clerk.

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO.	0476
DESTINATION ADDRESS	7247171
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	09/06 10:04
USAGE T	01' 02
PGS.	3
RESULT	OK

WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

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Hayden C. Jeffords
Paralegal to Lynnley D. Ross

HCJ

648

174

WILLSON JONES CARTER & BAXLEY, P.A.

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Hayden C. Jeffords
Paralegal to Lynnley D. Ross

HCI

****PLEASE RETURN A COPY OF THIS REQUEST WITH RECORDS****

☐ County/ ☒ Municipality of
City of Charleston

1017254

THE STATE
against

David G. Race

Address: 1118 John Rutledge Avenue
Hanahan, SC 29406

Phone: (843)296-7148 SSN: 251-44-4747
Sex: M Race: W Height: 5 7 Weight: 200
DL State: SC DL #: 714649
DOB: 3/14/1932 Agency ORI #:

Offense: Assault and Battery 3rd Degree

Offense Code: 03414

Code/Ordinance Sec: 16-3-600E

This courtesy summons is CERTIFIED FOR SERVICE in the
☐ County/ ☒ Municipality of
City of Charleston. The accused
is to be served and given a court date to appear before the
issuing Judge to be dealt with according to the law.

Signature of Countersigning Judge

(L.S.)

Date:

RETURN

A copy of this Summons was delivered to
defendant

David G. Race
10/29/10
Signature of Constable/Law Enforcement Officer

RETURN SUMMONS TO:

City of Charleston Municipal Court
180 Lockwood Boulevard
Charleston, SC 29403

Personally appeared before me the affiant Diane Fleher
being duly sworn deposes and says that defendant David G. Race
did within this county and state on or about 10/12/2010

at State of South Carolina (or ordinance of ☐ County/ ☒ Municipality of City of Charleston)
in the following particulars:

DESCRIPTION OF OFFENSE:

Assault and Battery 3rd Degree

I further state that there is probable cause to believe that the defendant named above did commit
the crime set forth and that probable cause is based on the following facts:

SEE ATTACHED AFFIDAVIT

Signature of Affiant

STATE OF SOUTH CAROLINA

☐ County/ ☒ Municipality of
City of Charleston

Affiant's Address: 2079 Austin Avenue
Charleston, SC 29403

Affiant's Telephone: (843)744-2562

Courtesy Summons

YOU ARE SUMMONED TO APPEAR BEFORE THE COURT:

at 180 Lockwood Blvd Charleston SC 29403
on 11-9-10
at @ 830

IF YOU FAIL TO APPEAR YOU MAY BE TRIED IN YOUR ABSENCE
OR A BENCH WARRANT MAY BE ISSUED FOR YOUR ARREST

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to serve the defendant and require that the
defendant appear at the date, time, and place provided above to be dealt with according to law. A copy of this courtesy summons shall be delivered to the

Sworn to and subscribed before me
on 10/29/10

Signature of Issuing Judge

Judge Code: 6199

Judge's Address

Judge's Telephone

Issuing Court:

☐ Magistrate

☐ Municipal

ORIGINAL

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

AFFIDAVIT

Personally appear before me, a magistrate of this county one, Diane Fleher,

who first being duly sworn deposed and says that, David G Race,

did within this county and state on the October 12th, 2010 violate the criminal laws of the State of South

Carolina in the following particular:

DESCRIPTION OF OFFENSE

Assault and Battery 3rd Degree
16-3-600(E)(1)

The affiant states there is probable cause to believe that the defendant named did commit the crime set forth and that such probable cause is based on the following facts:

That on 10/12/10 at approximately 1000 hrs while at 2079 Austin Ave which is in the city and county of Charleston, SC 29403, the above named defendant one David G Race, w/m, 3/14/32 did willfully and unlawfully commit the offense of Assault and Battery 3rd Degree 16-3-600(E)(1). The victim and the defendant are co-workers, and family members at the Dolphin Cove Marina, the victim came to the entrance of the defendant's office to inquire about a work-related issue, she was confronted by the defendant who began yelling at her, to get out of his office. He then approached her and started to push her several times on her shoulder forcing her back down the hallway. The above facts are true and believable based on the personal experiences of the victim Diane Fleher, w/f, 5/1/59.

SWORN TO AND SUBSCRIBED BEFORE ME

THIS

DAY OF

10/29/10

SIGNATURE OF JUDGE

(L.S.)

Diane A Fleher

AFFIANT

180 Lockwood Blvd.
Charleston, SC 29403
843-577-7434

COMPLAINT #: 1017254

WARRANT#

CPD Form OT3

WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

GREENVILLE CHARLESTON COLUMBIA CHARLOTTE

Hayden C. Jeffords
Direct (843) 284-1099
Fax (843) 284-1081
hcjeffords@wjlaw.net

421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
www.wjclaw.net

September 6, 2011

BY FACSIMILE - (843) 724-7171

City of Charleston Municipal Court
180 Lockwood Blvd
Charleston, SC 29403
Attn: Joyce or Brenda

Re: Diane Fleher vs. Dolphin Cove Marina
WCC File No.: 1014489 DOI: 10/12/2010
Carrier: Carolina Casualty Insurance Co. - Claim No.: 10100845
WJC&B File No.: 0310.00973

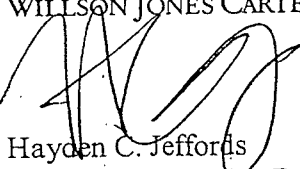
Dear Sir or Madam:

This is to request a copy of the hearing transcript for: CASE# 1-600498 CSW (Diane Fleher vs. David G. Race). The hearing was held on 11/09/10- see enclosed documents).

Please forward the transcript as soon as possible. **If possible, please email it to me (at hcjeffords@wjlaw.net) or fax it to (843)284-1081.* If there is a fee for copying the disposition, please forward the bill. Thank you for your prompt assistance in this matter.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.


Hayden C. Jeffords
Paralegal to Lynnley D. Ross

HCI

****PLEASE RETURN A COPY OF THIS REQUEST WITH RECORDS****

STATE OF SOUTH CAROLINA

☐ County/ ☒ Municipality of

City of Charleston

1017254

THE STATE

against

David G. Race

Address: 1118 John Rutledge Avenue
Hanahan, SC 29406

Phone: (843)296-7148 SSN: 251-44-4747
Sex: M Race: W Height: 5 7 Weight: 200
DL State: SC DL #: 714649
DOB: 3/14/1932 Agency ORI #: _____

Offense: Assault and Battery 3rd Degree

Offense Code: 03414

Code/Ordinance Sec: 16-3-600E

This courtesy summons is CERTIFIED FOR SERVICE in the
☐ County/ ☒ Municipality of

City of Charleston The accused
is to be served and given a court date to appear before the
Issuing Judge to be dealt with according to the law.

Signature of Countersigning Judge

(L.S.)

Date: _____

RETURN

A copy of this Summons was delivered to
defendant on _____

David G. Race

10/29/10

Signature of Constable/Law Enforcement Officer

RETURN SUMMONS TO:

City of Charleston Municipal Court
180 Lockwood Boulevard
Charleston, SC 29403

Personally appeared before me the affiant Diane Fleher
being duly sworn, deposes and says that defendant David G. Race
did within this county and state on or about 10/12/2010
at _____ who

State of South Carolina (or ordinance of ☐ County/ ☒ Municipality of City of Charleston) violate the criminal laws of the
in the following particulars:

DESCRIPTION OF OFFENSE:

Assault and Battery 3rd Degree

I further state that there is probable cause to believe that the defendant named above did commit
the crime set forth and that probable cause is based on the following facts:

SEE ATTACHED AFFIDAVIT

Signature of Affiant

Diane Fleher

STATE OF SOUTH CAROLINA

☐ County/ ☒ Municipality of

City of Charleston

Affiant's Address 2079 Austin Avenue
Charleston, SC 29403

Affiant's Telephone (843)744-2562

Courtesy Summons

YOU ARE SUMMONED TO APPEAR BEFORE THE COURT:

at 180 Lockwood Blvd Char. SC 29403 on

at

11-9-10

@ 830

IF YOU FAIL TO APPEAR YOU MAY BE TRIED IN YOUR ABSENCE
OR A BENCH WARRANT MAY BE ISSUED FOR YOUR ARREST

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to serve the defendant and require that the
defendant appear at the date, time, and place provided above to be dealt with according to law. A copy of this courtesy summons shall be delivered to the
defendant at the time of its execution.

Sworn to and subscribed before me

on 10/29/10

(L.S.)

Signature of Issuing Judge

Judge Code: 6199

Judge's Address

Judge's Telephone

Issuing Court:

☐

Magistrate

☐

Municipal

ORIGINAL

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

AFFIDAVIT

Personally appear before me, a magistrate of this county one, Diane Fleher,

who first being duly sworn deposed and says that, David G Race,

did within this county and state on the October 12th, 2010 violate the criminal laws of the State of South Carolina in the following particular:

DESCRIPTION OF OFFENSE

Assault and Battery 3rd Degree
16-3-600(E)(1)

The affiant states there is probable cause to believe that the defendant named did commit the crime set forth and that such probable cause is based on the following facts:

That on 10/12/10 at approximately 1000 hrs while at 2079 Austin Ave which is in the city and county of Charleston, SC 29403, the above named defendant one David G Race, w/m, 3/14/32 did willfully and unlawfully commit the offense of Assault and Battery 3rd Degree 16-3-600(E)(1). The victim and the defendant are co-workers, and family members at the Dolphin Cove Marina, the victim came to the entrance of the defendants office to inquire about a work-related issue, she was confronted by the defendant who began yelling at her, to get out of his office. He then approached her and started to push her several times on her shoulder forcing her back down the hallway. The above facts are true and believable based on the personal experiences of the victim Diane Fleher, w/f, 5/1/59.

SWORN TO AND SUBSCRIBED BEFORE ME

THIS

DAY OF

10/29/10

(L.S.)

SIGNATURE OF JUDGE

COMPLAINT #: 1017254

WARRANT#

CPD Form OT3

Diane G Fleher

AFFIANT

180 Lockwood Blvd.
Charleston, SC 29403
843-577-7434

OFFICE OF THE SOLICITOR NINTH JUDICIAL CIRCUIT

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Charleston and Berkeley Counties
101 Meeting Street
Charleston, South Carolina 29401

Phone: (843) 958-1900
Fax: (843) 958-1905

Scarlett A. Wilson
SOLICITOR

GO

SOLICITOR'S OFFICE

NEWS

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BERKELEY OFFICE

BERKELEY KEY PERSONNEL

CHARLESTON OFFICE

CHARLESTON KEY PERSONNEL

COURT INFORMATION

CRIMINAL DOCKETING ORDER

BOND HEARING SCHEDULE

PLEA DOCKET

ROLL CALL

2ND APPEARANCE

TRIAL DOCKET

LEGISLATIVE INFORMATION

COMMONLY USED TERMS

HISTORY

SOLICITORS IN THE COMMUNITY

CONTACT INFORMATION

FEEDBACK FORM

Expungement Data for Case # 1600498 - No Data f

ACTION

Date

Application Received File
created

Sent to SLED

Received from SLED

To Asst Solicitor for signature

Received from Asst Solicitor

To Clerk for Judge's signature

Signed copy received

File with Clerk's Office

Stamped Expungement Order
received

Mail out complete/File Closed

CORRECTIONS

Date

Return

Applica
Correct

Date

Return

SLED C

E-mail your comments or questions about this site to publicinfo@charlestonor
Report technical problems with this site to webmaster@charlestoncounty
This is the official web site for Ninth Judicial Circuit Office of the Solicitor
Copyright © 2000-2009, Charleston County, South Carolina. All rights reserved.
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[illegible]

08/16/2011 11:52

Page 2

Charleston Police Department

Case# 10-17254

INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 10-17254

Charleston Police Department

Page 2

NARRATIVE

The above victim Diane Gerald Fleher came to the Charleston Police Department on 10-12-10 to file a police report reference to an Assault. The victim stated that she went to work this morning for training at her job, Dolphin Cove Marina at 2079 Austin Ave Charleston, SC 29405. The suspect David G Race (manager) which is her brother got into an altercation which resulted into him shoving and pushing the victim three times on the shoulder. The victim stated that the suspect said to " GET THE FUCK OUT OF HIS OFFICE " he also stated that "HE'S GOING TO MAKE HER LIFE A LIVING HELL". The victim stated that the suspect also stated he is not going to fire her because he's not going to pay her unemployment . The victim was advised and given a case number.

Incident Report Suspect List

Charleston Police Department

OCA: 10-17254

1	Name (Last, First, Middle)					Also Known As					Home Address																																		
	Race, David G										1118 JOHN RUTLEDGE AVE HANAHAN, SC 29406 843-296-7148																																		
	Business Address																																												
	DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State																																		
03.14.1932	78	W	M	N	507	200	GRY	BLU	FAR	714649 SC																																			
Scars, Marks, Tattoos, or other distinguishing features																																													
<table border="1"> <tr> <td colspan="2">Reported Suspect Detail</td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td>Height</td> <td>Weight</td> <td>SSN</td> </tr> <tr> <td>Weapon Type</td> <td>Feature</td> <td>Make</td> <td colspan="2">Model</td> <td>Color</td> <td>Caliber</td> <td colspan="2">Dir of Travel</td> <td>Mode of Travel</td> </tr> <tr> <td>Veh Yr/Make/Model</td> <td>Drs</td> <td>Style</td> <td>Color</td> <td>Lic/St</td> <td colspan="2">VIN</td> <td colspan="3"></td> </tr> </table>																Reported Suspect Detail		Suspect Age		Race	Sex	Eth	Height	Weight	SSN	Weapon Type	Feature	Make	Model		Color	Caliber	Dir of Travel		Mode of Travel	Veh Yr/Make/Model	Drs	Style	Color	Lic/St	VIN				
Reported Suspect Detail		Suspect Age		Race	Sex	Eth	Height	Weight	SSN																																				
Weapon Type	Feature	Make	Model		Color	Caliber	Dir of Travel		Mode of Travel																																				
Veh Yr/Make/Model	Drs	Style	Color	Lic/St	VIN																																								
Notes								Physical Char																																					

WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

GREENVILLE CHARLESTON COLUMBIA CHARLOTTE RALEIGH

Lynnley D. Ross
Direct (843) 284-1090
Fax (843) 284-1081
ldross@wjlaw.net

421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
www.wjcbllaw.net

November 2, 2012

Ms. Virginia L. Crocker
Judicial Director
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

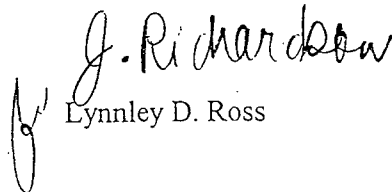
Re: Diane Fleher vs. Dolphin Cove Marina
WCC File No.: 1014489 DOI: 10/12/2010
Carrier: Carolina Casualty Insurance Co. - Claim No.: 10100845
WJC&B File No.: 0310.00973

Dear Ms. Crocker:

Enclosed please find the original and three copies of the Brief of Defendants/Respondents, including a Certificate of Service indicating that a copy of the Brief has been served on claimant's attorney, in the above-referenced matter.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.


Lynnley D. Ross

LDR/ldr

Enclosures

cc (w/enclosure): Paul Ribeiro, Esquire
Ms. Debbie Dozier (via e-mail)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1014489

Diane Fleher,	)
Employee,	)
Claimant/Appellant,	)
vs.	)
Dolphin Cove Marina,	)
Employer,	)
and	)
Carolina Casualty Insurance Co.,	)
Carrier,	)
Defendants/Respondents.	)

BRIEF OF
DEFENDANTS/RESPONDENTS

STATEMENT OF THE CASE

The Claimant alleges that, on October 12, 2010 she suffered a compensable mental/mental injury when her half-brother David Race, owner of her employer, Dolphin Cove Marina, became angry with her when she interrupted a meeting Mr. Race was holding with other employees, specifically David Ackerman, Tom Blocker, and Mike Sage. She indicated that she politely asked who had been talking about her at the Marina and, unprovoked, in response, Mr. Race jumped up, yelled at her, and shoved her down the hallway. Specifically, he told her to get the fuck out of his office, that he would make her life a living hell, and that she would feel like she had been kicked to the curb at the end of every day. The Claimant alleges that, while he was saying these things, he shoved her three times, pushing her down the hallway each time. As a result of this incident, she alleges that she suffered a mental/mental injury. She also alleges that she developed fecal incontinence, developed a facial tic, and aggravated her pre-existing lupus and fibromyalgia. She

requested medical treatment and TTD. She did not allege any type of physical injury to her shoulders.

In response, the Defendants called to the stand every last one of the men present at the time of the Claimant's alleged accident, specifically David Race, David Ackerman, Tom Blocker, and Mike Sage. As outlined more thoroughly below, each gentleman testified consistently that, actually, the Claimant was the aggressor in the incident. Each man testified that, actually, the Claimant barged into the meeting and was shouting and yelling, making wild statements and accusations. Each man testified that Mr. Race asked the Claimant to leave, but she would not leave and continued her tirade. Each man further testified that, as the Claimant would not leave, Mr. Race placed his hands on her shoulders and guided her out of the office, to the threshold of the door, but not down the hallway. Not one person corroborated the Claimant's story of being shoved three times down the hallway, told to get the fuck out of the office, told that David Race would make her life a living hell, or told that she would feel like she would be kicked to the curb.

After hearing the testimony of the Claimant as well as David Race, David Ackerman, Tom Blocker, and Mike Sage, and reviewing the medical evidence, Commissioner Beck "specifically and emphatically" found that the Claimant's claim was not compensable. He specifically found that the Claimant was the aggressor in the incident and that David Race instructed the Claimant numerous times to leave his office, which she ignored. He found that the Claimant was loud, screaming, yelling, and making accusations as she interrupted the meeting. He found that David Race placed his hands on the Claimant's shoulder to guide her out of the office with a mild amount of force because she refused to leave. He found the Claimant's allegations to be so unbelievable, so against the greater weight of the evidence, that he assessed hearing costs of \$1,014.86 to the Claimant.

The Claimant then appealed this decision to the Appellate Panel. The Employer/Carrier asserts that Commissioner Beck's decision to deny the case is appropriate in light of the testimony and medical evidence introduced in the case. The Employer/Carrier requests that the Appellate Panel affirm in full.

PROCEDURAL HISTORY

The Claimant herself filed a Form 12A on October 13, 2010, the day after the alleged work injury. See Commission's file. No further pleading or filing was made for nine months, until July 18, 2011, when the Claimant's attorney filed a Form 50. Id. The Form 50 alleged an injury to her "brain and nervous system." Id. On August 15, 2011, the Employer/Carrier denied the case via a timely filed Form 51. Id. A hearing was set for September 27, 2011, to determine issues set on Forms 50 and 51. Id. On September 7, 2011, the Claimant withdrew her request for a hearing. Id.

Three months passed with no action taken on behalf of the Claimant. Id. Thus, on December 2, 2011, well over a year after the alleged work injury, Defendants filed a Petition for Hearing to determine whether Claimant sustained a compensable injury. Id. On that date, December 2, 2011, Defendants also filed a Motion to Compel MUSC to produce medical records. Id. On December 13, 2011, the Commission served a Notice of Hearing, setting the case for adjudication on December 21, 2011 "to determine issues in the Motion." Id.

On December 14, 2011, the Claimant filed a Motion for Continuance, asserting that the Claimant's assigned counsel had changed and that "the new attorney has not had a chance to do necessary things in the file that will be prejudicial to the Claimant's case should it go forward on the scheduled docket." Id. An informal telephone conference was held on December 15, 2011 with the then-Jurisdictional Commissioner, Commissioner Wilkerson. Id. On December 22, 2011, Commissioner Wilkerson executed an Order compelling MUSC to produce medical records for the

Claimant. Id. Via correspondence from Commissioner Wilkerson's office dated January 9, 2012, it was determined that Commissioner Wilkerson ruled only on the Motion to Compel MUSC and that the Defendant's Petition for Hearing remained pending. Id.

A hearing was set for January 31, 2012 to "determine the issues in the Motion." Id. For this hearing, Defendants timely filed a Form 58 outlining their position regarding the request for a merits hearing. Id. Via the Form 58, the Employer/Carrier argued that the case involved a denied mental/mental injury, which is necessarily a very fact-specific inquiry. Id. The Defendants indicated that there were five people in the room at the time of the alleged incident. Id. Two of the people are elderly, and one had already moved out of state. Id. The Defendants argued that prejudice was present in further delay of the claim, in that the witnesses may be lost. Id. Further, the Defendants asserted that the facts of the case and the testimony of the witnesses would not change with time. Id. Thus, there was no prejudice to the Claimant in proceeding with the case, but there may be significant harm to the Defendants, should the case be delayed. Id. Finally, the Defendants argued that pursuant to § 42-17-20 and relevant caselaw, the Defendants can request a hearing at any point fourteen days after the employer has knowledge of the injury. Id. The Claimant did not file a Form 58 or any APA submissions for the January 31, 2012 hearing. Id.

The January 31, 2012 hearing was cancelled in favor of an informal telephone conference, which occurred on February 7. Id. At the February 7, 2012 telephonic hearing, the Defendants argued consistently with Defendants Form 58 and also argued that the Claimant continued to seek treatment with unauthorized providers, which caused additional prejudice to Defendants, should the case be held to be compensable, as the Act vests the right to control medical treatment with the Defendants. Id. Finally, Defendants asserted that the Claimant would certainly request TTD and that the Defendants were extremely prejudiced in that exposure for TTD was accruing with the

Defendants having no control over the medical aspect of the claim. Id.

In response, the Claimant asserted that the Workers' Compensation Act allowed her a two year time period to develop her claim. Id. Claimant asserted that her claim was "not yet ready" although it "would be soon." Id. After hearing arguments of Counsel, the Commissioner ordered that a hearing take place pursuant to Regulation 67-601, which provides that "the Commission may, on its own Motion, order a hearing." Id. As an administrative matter, the Commissioner retroactively granted the Motion for Continuance, effective December 13, 2011, as no Order had yet been rendered on that Motion, which had clearly been granted. Id. A hearing was set for March 1, 2012.

At the hearing, the Claimant alleged an entitlement to workers' compensation benefits for the December 12, 2010 incident. Tr. 5-6. In addition to medical treatment, she requested TTD from October 12, 2010 to December 1, 2010, as well as from April 26, 2011 to the date of the hearing and continuing. Id. The Claimant acknowledged that she was on a pre-planned vacation to the Bahamas between December 1, 2010 and April 26, 2011 and did not allege an entitlement to TTD for that period of time. Tr. 18-20. She alleged an average weekly wage of \$800, which resulted in a compensation rate of \$532.80. Tr. 6. **At no point did the Claimant object to going forward with a merits hearing on March 1, 2012. See Transcript. Indeed, when asked "are there any objections to APAs, jurisdiction, venue, or any other matter?," the attorney for the Claimant replied simply "No, Your Honor." Tr. 5.**

The Defendants denied compensability of the claim in its entirety. Tr. 6. The Defendants asserted that the events of October 12, 2010, did not occur as alleged by the Claimant. Id. Further, even if the events did occur as the Claimant alleged, the events still failed to rise to the level of unusual or extraordinary as required by the Workers' Compensation Act. Id. The Defendants

alleged that the Claimant had an average weekly wage of \$555.69, which resulted in a compensation rate of \$370.40. Id. Defendants also asserted any TTD, if owed, should only be paid from August 15, 2011 and should only extend until October 19, 2011 due to Claimant's non-compliance with her treatment after October 19, 2011. Tr. 6-7. Lastly, the Defendants asserted that the Claimant's entire claim was barred by *res judicata*. Tr. 7-8. The Defendants argued that after the October 12, 2010 incident, the parties appeared in Magistrate's Court to determine issues related to a warrant issued by the Claimant against the owner of the Marina. Tr. 7-8. This matter was dismissed by the Magistrate's Court. Id. Thus, the Defendants asserted that the doctrine of *res judicata* applied and the claim should be dismissed by the Commission. Id. Commissioner Beck ruled that the Magistrate Court's decision had no bearing on the workers' compensation claim and declined to apply the doctrine of *res judicata*. Tr. 8.

On July 25, 2012, the Hearing Commissioner issued a Decision and Order in which he denied Claimant's assertions and "specifically and emphatically" found that the Claimant's mental injuries did not rise to the level of extraordinary and unusual as required by the Workers' Compensation Act. See Commission's File. Further, the Hearing Commissioner assessed hearing costs in the amount of \$1,014.86. Id. The Claimant has appealed the finding of lack of compensability and the assessment of hearing costs. See Form 30. The Claimant has also asserted that the Commissioner did not have jurisdiction to hear the claim. Id.

ISSUES PRESENTED

- I. The Hearing Commissioner clearly had jurisdiction.
- II. The Hearing Commissioner properly found that the Facts do not support the Claimant's version of events.
- III. The Hearing Commissioner properly found that the medical evidence fails to support the Claimant's claim.

IV. The Hearing Commissioner properly assessed hearing costs.

ARGUMENTS/DISCUSSION

I. The Hearing Commissioner clearly had jurisdiction.

A. The Hearing Commissioner had jurisdiction to hear the claim pursuant to Regulation 67-601.

Regulation 67-601 provides that “The Commission may, on its own motion, order a hearing” once “a conflict arises.” It cannot reasonably be argued that in a denied mental/mental claim that no conflict had arisen. The pleadings themselves are evidence of a conflict, as the Claimant alleges an entitlement to benefits under the Act, and the Defendants deny both the Claimant’s entitlement to benefits and also the facts alleged by the Claimant. The Claimant alleged that she was “injured when she was physically assaulted by her employer” and the Defendants denied the Claimant suffered a compensable injury. See Forms 50 and 51. There can be no credible argument that no conflict existed.

B. The Claimant waived any argument that the Commissioner did not have jurisdiction.

Counsel for the Claimant was specifically asked “Are there any objections to APAs, jurisdiction, venue, or any other matter?” Tr. 5. The response was “No, Your Honor.” Id. After the Commissioner outlined the Claimant’s position on the record – with no mention of any objection to going forward – the Commissioner asked again “Anything in addition to that with regard to the Claimant’s position, sir?” Tr. 6. The response was, again, “No, Your Honor.” Id. The witness testimony then proceeded. At the end of the hearing, counsel for the Claimant was specifically asked, “Anything else?” Tr. 110. The response was “No, sir.” Id. Absolutely no objection was lodged by the Claimant, on the record, to going forward on March 1, 2012. **Thus, any objection to personal jurisdiction, notice, venue, or any similar issue was waived.**

The only "jurisdictional issue" which cannot be waived is subject matter jurisdiction. "Subject matter jurisdiction is the power to hear and determine cases of the general class to which the proceedings in question belong." Majors v. S.C. Sec. Comm'n, 373 S.C. 153, 159, 644 S.E.2d 710, 713 (2007). "The jurisdiction of a court over the subject matter of a proceeding is determined by the Constitution, the laws of the state, and is fundamental." Peterson v. Peterson, 333 S.C. 538, 547, 510 S.E.2d 426, 431 (Ct.App.1998). The General Assembly has vested the South Carolina Workers' Compensation Commission with exclusive original jurisdiction over an employee's work-related injuries. Poch v. Bayshore Concrete Prods., 386 S.C. 13, 686 S.E.2d 689 (Ct. App. 2009).

"The Workers' Compensation Act provides the exclusive remedy against an employer for an employee's work-related accident or injury." Posey v. Proper Mold & Engineering, 378 S.C. 10, 661 S.E.2d 395 (Ct. App. 2008) (citing Edens v. Bellini, 359 S.C. at 441, 597 S.E.2d at 867 and Fuller v. Blanchard, 358 S.C. 536, 541, 595 S.E.2d 831, 833 (2004). See also Strickland v. Galloway, 348 S.C. 644, 646, 560 S.E.2d 448, 449 (Ct.App.2002) ("In circumstances in which the South Carolina Workers' Compensation Act covers an employee's work-related accident, the Act provides the exclusive remedy against the employer.").

At no point was subject matter jurisdiction an issue. Via the Form 50, the Claimant alleged that the Claimant and the employer were subject to the Workers' Compensation Act and that the employer/employee relationship existed. See Commission's file. Via the Defendants' Form 51, the Defendants agreed that the parties were subject to the Workers' Compensation Act and that the Claimant was an employee on the date of accident. Id. The Claimant testified that she was an employee of Dolphin Cove Marina at the time of her alleged injury. Tr. 9-11. She testified that she suffered a mental injury occurring as part of her job at Dolphin Cove Marina.

Thus, the Workers' Compensation Commission was vested with exclusive original jurisdiction to adjudicate a claim for an injury occurring at work. As subject matter jurisdiction was present, and any objection to any other type of jurisdiction was waived, the Commissioner clearly had the authority to proceed with a merits hearing.

C. The Claimant's claim that a Form 50 or a Form 21 must be filed for a hearing to be set is misplaced and against both statute and relevant caselaw.

S.C. Code § 42-17-20 could not be more clear. It provides that:

if the employer and the injured employee...fail to reach an agreement in regard to compensation under this Title within fourteen days after the employer has knowledge of the injury..., either party may make application to the Commission for a hearing in regard to the matters at issue and for a ruling thereon. Immediately after such application has been received the Commission shall set a date for a hearing, which shall be held as soon as practicable, and shall notify the parties at issue of the time and place of such hearing. (emphasis added)

It is well-established that "[t]he cardinal rule of statutory construction is to ascertain and effectuate the intent of the legislature." Hodges v. Rainey, 341 S.C. 79, 85, 533 S.E.2d 578, 581 (2000). "What a legislature says in the text of a statute is considered the best evidence of the legislative intent or will. Therefore, the courts are bound to give effect to the expressed intent of the legislature." Id. (quotation omitted). Thus, we must follow the plain and unambiguous language in a statute and have "no right to impose another meaning." Id.

It cannot reasonably be argued that the words "either party may make application to the Commission for a hearing" means anything other than that either party may apply for a hearing, once the parties fail to reach agreement within fourteen days of notice of the injury. The Claimant's claim that a Form 50 or a Form 21 is required to set a hearing is contrary to the clear meaning of the statute.

Further, the Claimant's claim that a Form 50 or a Form 21 is required is against the

relevant caselaw. See McMillan v. Midlands Human Resources, 409 S.E.2d 443, 305 S.C.532 (Ct. App. 1991) (holding that “the statute still allows for either party to make application for a hearing where the employer and employee have failed to reach an agreement for compensation within fourteen days of knowledge of the injury by the employer.”). See also Richey v. Dickinson, 598 S.E.2d 307, 359 S.C. 609 (2004), (holding that the parties have a “shared responsibility in requesting a hearing” and that “the responsibility to request a hearing following a Form 50 filing rests not only on the Claimant, but also on the responding parties and the Commission.”)

Based on the plain meaning of Section 42-17-20 and the applicable caselaw, the Claimant’s argument that a Form 50 or a Form 21 is required to set a hearing is misplaced and should be dismissed.

II. The Hearing Commissioner properly found that the Claimant’s injuries were not compensable because the actions alleged did not rise to the level of unusual and extraordinary as required by the Act.

“Mental/mental” injuries are compensable under workers’ compensation law if caused by unusual or extraordinary conditions of employment. Getsinger v. Owens-Corning Fiberglas Corp., 335 S.C. 77, 515 S.E.2d 104 (S.C. App. 1999). In Shealy v. Aiken County, the South Carolina Supreme Court defined the “unusual or extraordinary conditions in employment” as conditions extraordinary to the particular job in which the injury occurs, and not employment in general. 341 S.C. 448, 535 S.E.2d 438 (S.C. 2000).

A. Claimant’s Testimony

As outlined thoroughly in the Order, pages 8-11, the Claimant alleges that she became aware of some vandalism to a trailer on the Marina property on October 10 and that her half-brother, David Race, instructed her to file an insurance claim, but she refused, as she believed that

Marina employees were responsible for the damage. See also Tr. 30-32. After that date, the Claimant felt that she was “the enemy” for refusing to file the insurance claim, although she testified to no problems or difficulty with Mr. Race or any other employee the next day, October 11. Tr. 34.

On the morning of the alleged accident, the Claimant began texting Portia, a new bartender, about the work schedule. Tr. 34. Then, according to the Claimant, David Race approached her and accused her of causing “hate and discontent” in the restaurant. Tr. 36. David Race then went into a meeting with David Ackerman, Tom Blocker, and Mike Sage. Tr. 36. The Claimant went to the meeting and, according to the Claimant, politely asked David Ackerman if he said that she was causing hate and discontent. Tr. 36-37. When he said no, the Claimant asked another employee, Annie, who said no, and the Claimant returned to the meeting. Id. At that point, according to the Claimant she simply asked who said that she was causing hate and discontent when, unprovoked, David Race jumped up, shoving, yelling, and cursing at her. Tr. 37-38. She claimed that David Race “shoved me three times. Boom, boom, boom.” Tr. 38. She claimed that David Race yelled at her, while shoving her, and told her to “get the fuck out of [his] office.” Tr. 37. She claimed that he also said that he was going to “make [her] life such a living hell each and every day that [the Claimant was] going to feel like you’ve been kicked to the curb at the end of the day.” Tr. 38. She then left work and went to the police station to file a police report. Tr. 38-39.

B. Defense Witness Testimony

David Race was the first witness to testify. Mr. Race first confirmed that the trailer was vandalized by two Marina employees but explained that he asked the Claimant to file an insurance claim *before* he knew that the Marina employees were the vandals. Tr. 79. Mr. Race testified that

the vandals paid for the damage and that no insurance claim was filed. Tr. 85-86.

With regard to the events on October 12, Mr. Race explained that David Ackerman was resigning from the Marina "due to Diane's interference" and that the new bartender had also complained about the Claimant's interference with the Marina restaurant. Tr. 81-83. Mr. Race testified that he instructed the Claimant to not involve herself with the restaurant any more, then immediately went into the meeting in question. Tr. 84. Mr. Race then testified that the Claimant began hollering, asserting that Mr. Race was a liar, and was making "wild statements and accusations." Tr. 84-85. Mr. Race testified that he instructed the Claimant to leave and she refused, so he physically pushed her out the door, one time. Tr. 79-80. Mr. Race testified that he did not have a security guard at the Marina so he felt it his responsibility to remove someone who comes into his office uninvited and refuses to leave. Tr. 81.

David Ackerman was next to testify. He testified that the Claimant caused "constant drama" and that she would "start problems where there didn't need to be problems." Tr. 90. Mr. Ackerman confirmed the testimony of David Race with regard to the incident on October 12. Tr. 91-92. In short, he confirmed that the Claimant was yelling about someone talking about her (claiming that she was starting trouble), that Mr. Race asked her to leave several times, and that the Claimant refused. Id., APA 95. Mr. Ackerman did not specifically recall whether Mr. Race pushed the Claimant or whether she left on her own, but "certainly the encounter did not involve any type of distance" traveled. Tr. 93.

Tom Blocker testified next. Mr. Blocker again confirmed that the Claimant entered the meeting, "created a scene," and "disrupted the meeting." Tr. 99. Mr. Blocker also confirmed that the Claimant was yelling about someone saying that she was "causing hate and discontent" in the restaurant. Mr. Blocker confirmed that Mr. Race told her several times to leave but she refused.

Then, Mr. Race went by the door and pushed her by the shoulders with both hands, but only until she was outside the door. Tr. 99-100.

Mike Sage was the last person to testify. He also confirmed that the Claimant entered the meeting to find out “why everybody was saying that she was causing hate and discontent up in the restaurant.” Tr. 105. Mr. Sage testified that the Claimant would not leave and that David Race told her three times to leave, but she refused. He testified Mr. Race then pushed her by the shoulders out the door, maybe twice, but he was not sure. Tr. 107. Mr. Race was clear that she was pushed “just enough to get her out the door.” Tr. 108.

C. Argument

The Commissioner was absolutely correct in his decision to give greater weight to the testimony of David Race, David Ackerman, Tom Blocker, and Mike Sage. Having viewed the demeanor of the witnesses, the Commissioner was in the best position to determine credibility, and he chose to believe the testimony of the Defense witnesses over the testimony of the Claimant. The Employer/Carrier asserts that the greater weight of the evidence supports that decision and requests that the Panel affirm the Commissioner’s decision in full.

The Claimant claims that what did the most damage to her psyche was “being shoved” and David Race saying that he “would make her life a living hell and that [she] would feel like [she] had been kicked to the curb each day.” Tr. 48. However, not one witness supported her claim that any of these things happened. As outlined above, each and every witness to the event claimed that David Race simply pushed her outside the door when she refused to leave and that he did not shove her three times down the hallway. Not one of the witnesses corroborated her story of being told that David Race would “make her life a living hell” or that she would feel like she had “been kicked to the curb.” The Commissioner was correct in his decision to refuse to believe the

Claimant's self-serving, uncorroborated testimony.

The Commissioner was also correct in his findings that the precipitating event was the allegations that the Claimant was "causing hate and discontent" in the restaurant, and not any allegations of vandalism. The Claimant testified that she asked, at the meeting, who had been talking about her, saying that she was causing hate and discontent. Tr. 36-38. David Ackerman testified that he left his job because of the Claimant's interference in the restaurant. Tr. 90. David Race testified that the current restaurant manager also complained of the Claimant's interference in the restaurant. Tr. 83. David Ackerman testified that part of what the Claimant was yelling at the meeting was that someone was "saying that she was starting trouble. . . ." Tr. 91. Tom Blocker testified that the Claimant was yelling, not about any type of insurance claim, but about the allegations of "having creating [sic] hate and discontent at the café." Tr. 99. Mike Sage testified that the Claimant interrupted the meeting and "wanted to know why everybody was saying that she was causing hate and discontent in the restaurant." Tr. 105. The Commissioner's decision that the precipitating event was based on the allegations that the Claimant was causing trouble at the restaurant is correct and should be affirmed.

Considering that the greater weight of the evidence supports a finding that the events of October 12, 2010 occurred as testified to by David Race, David Ackerman, Tom Blocker, and Mike Sage, and that the precipitating event was the allegation that the Claimant was causing trouble in the restaurant, the sole issue for the Commissioner was whether the events as testified to by the Defense witnesses qualify as "unusual or extraordinary circumstances of employment." The Commissioner was also correct in finding that they do not reach this standard.

As an initial matter, the evidence is clear that it was not usual or extraordinary for the Claimant and Mr. Race to touch. As stated, they are half-siblings. APA 1. The Claimant testified

that she cleaned Mr. Race's catheter after he had a surgery, so certainly the parties have touched each other. Tr. 41-42. The Claimant admitted under cross-examination that David Race has touched her before, given her hugs, helped her walk over uneven terrain, etc. Tr. 55-56.

Further, the evidence is clear that the Claimant has caused trouble in the restaurant for years, as evidenced by the testimony of David Ackerman, who quit his job at the restaurant due to the Claimant's interference and the testimony of David Race, who indicated that the current bar manager complained of the Claimant's interference. Tr. 90, 83. Thus, it is not unusual or extraordinary for the Claimant to be accused of causing trouble in the restaurant.

Although multiple witnesses indicated that David Race did tell the Claimant to get the "hell" out of his office, the evidence is clear that it is not unusual for David Race to curse from time to time at the Marina. Each witness, including the Claimant, agreed that David Race does curse at work from time to time. Again, not one witness corroborated the Claimant's testimony of being told that David Race told the Claimant to get the "fuck" out of his office, that he would make her life a living hell or that she would feel as though she got kicked to the curb.

Finally, the Commissioner's decision that the Claimant's claim involved normal employer/employee relations, specifically the Claimant being instructed by her supervisor to limit her involvement in the restaurant, is supported by the greater weight of the evidence. Indeed, the Claimant agreed that, immediately prior to the meeting in question, David Race talked with her about allegations that she was causing hate and discontent in the restaurant. Tr. 36. David Race testified that he told the Claimant that "she would no longer be doing any of the activity up there as far as the bar is concerned." Tr. 83. In turn, the Claimant became angry, yelling, interrupted the meeting, and refused to leave, and it is the Claimant's anger and refusal to leave the meeting which caused a confrontation in the first place, not any type of action by David Race.

In light of the above, ample evidence exists to support the Defendants' allegation, and the Commissioner's finding, that the circumstances of the October 12, 2010 meeting do not meet the standards of compensability of a mental/mental claim.

III. The Hearing Commissioner properly found that the medical evidence is not relevant and, if it is relevant, it fails to support the Claimant's claim

As an initial matter, the Defendants assert that the Commissioner was correct in holding that, based on the fact that the Claimant was not subjected to any unusual or extraordinary circumstances of employment, any medical causation is rendered moot. The law is clear that a Claimant must prove two prongs in a "mental/mental" claim. The first is that she was subjected to unusual or extraordinary circumstances of employment; the second is that the unusual or extraordinary circumstances of employment caused psychological injury. See Frame v. Resort Services Inc., 357 S.C. 520, 593 S.E.2d 491 (Ct. App. 2004). Frame states specifically that

In order for [a claimant] to recover workers compensation benefits, he must prove both: (1) that he was exposed to unusual and extraordinary conditions in his employment; and (2) that these unusual and extraordinary conditions were the proximate cause of his mental breakdown.

In this case, the Claimant fell well short of sustaining her burden as to the first prong. Thus, the Commission does not need to even consider any type of medical evidence. The Claimant's claim necessarily fails.

However, in the interests of completeness, the Defendants will address the Claimant's arguments regarding medical causation. The Claimant claims a litany of complaints resulting from this alleged injury, including fecal incontinence, a facial tic, and aggravation of her pre-existing lupus and fibromyalgia. Tr. 5. To be fair to the Claimant, she has introduced some medical records which ostensibly establish medical causation. See APA 1, 17, 74. However, these records are based on the Claimant's version of events, a version which is affirmatively disputed by every

single person that witnessed or was involved in the encounter. Thus, it was not error for the Commissioner to dismiss the medical records relied upon by the Claimant.

For example, APA 1, a letter from the Claimant's psychologist, says that the Claimant's current psychological impairments are related to the assault she experienced at work. However, APA 1 also says that David Race pushed her three to four times, all while verbally abusing the Claimant – which is not what happened on October 12, 2010. The Claimant claimed that David Race was physically aggressive with her on October 12, 2010. APA 1. Again, that did not happen either. David Race simply gently pushed the Claimant out the door after the *Claimant* became aggressive and ignored David Race's repeated demands that she leave the meeting. Because the medical record which ostensibly provides causation is based on facts not supported by the evidence, the Commissioner's decision to discount this medical submission is correct and should be affirmed.

The same can be said for APA 17, which states that the Claimant's stress-related physical problems are exacerbated by her mental health condition. This submission is again, signed by the Claimant's psychologist, the same one who signed APA 1, which is rife with inaccuracies and misstatements of the events of October 12, 2010. APA 17 is also signed by Dr. Guille, the Claimant's psychiatrist, who was also under the incorrect impression of what happened on October 12. As evidenced by APA 53, Dr. Guille believed that "her brother became agitated and angry and physically pushed her three times" – which did not happen. APA 74, from the Claimant's family MD, states that the Claimant has PTSD but does not provide a cause. It is undisputed that the Claimant suffered from a number of medical problems prior to her work injury. See APA 117, dated July 13, 2010, only a few months prior to the work injury, which shows that the Claimant "has a history of neurogenic syncope, cutaneous lupus, hypertension, hyperlipidemia,

hypothyroidism, obesity, osteoarthritis, **depression, and an anxiety disorder.**" (emphasis added).

APA 74, which the Claimant asserts provides causation for PTSD, does not indicate the cause of the Claimant's PTSD or whether it was caused by or aggravated by anything that occurred on October 12, 2010.

Because the records of the mental health providers are based on erroneous, incorrect information, the Commissioner was correct to reject these submissions.

With regard to the fecal incontinence, the Claimant claimed an utter inability to control her bowels. Tr. 15. It cannot reasonably be argued that this symptom is unimportant or easily forgotten. Despite this unassailable truth, the Claimant treated with Dr. Smith (psychologist) twenty two (22) times and did not mention fecal incontinence one time, not one. (See page 24 of the Order which shows specific dates and APA pages). She did mention one episode of diarrhea, which is not the same as fecal incontinence. APA 31. She also treated with Dr. Guille five times (May 9, 2011 - APA 53; July 15, 2011 - APA 35; August 4, 2011 - APA 29; September 7, 2011 - APA 20, October 5, 2011 - APA 6) and did not mention any type of fecal incontinence. The Claimant also saw her family physician, Dr. Oliverio, on June 2, 2011 (APA 85), June 23, 2011 (APA 83), and July 15, 2011 (APA 80) and mentioned nothing whatsoever about fecal incontinence. She also called two additional times to complain of other problems - but not of fecal incontinence. (APA 79, 82). To be fair, she did mention rectal spasms one time to Dr. Bumgartner, a neurologist, but did not complain of any type of incontinence to him. APA 81.

The other records outlined by the Claimant in her Brief to the Panel are simply re-statements by her physicians of statements made by the Claimant, not independent diagnoses from qualified medical providers. For example, the May 26, 2011 report of Dr. Klatchko, a pulmonologist, simply reiterates the Claimant's statement to him that she had been diagnosed with

PTSD. APA 83. Dr. Klatchko does not render a diagnosis, nor is there any evidence that he would be qualified to do so. The November 1, 2010 note of Dr. Roane simply states that the Claimant has been through a stressful event. APA 86. Dr. Roane, a rheumatologist, does not render a diagnosis, nor is there any evidence she would be qualified to do so. The January 31, 2012 note from Jean Hutchinson is from a vocational evaluator and is not medical evidence. APA 89. It is axiomatic that the Social Security Disability Determination Explanation mentioned by the Claimant in her Brief is not binding or relevant in workers' compensation claims. APA 12.

Again, as the Claimant failed to prove that she was exposed to "unusual or extraordinary circumstances of employment," any medical causation is rendered moot. Even if the medical evidence should be considered, the Commissioner was well within his discretion to discount this alleged "medical evidence" as based on facts not supported by the record or because it was simply a regurgitation of the Claimant's statements to her physicians, not independent diagnoses from qualified providers.

IV. The Hearing Commissioner properly assessed hearing costs pursuant to § 42-17-80, totaling \$1,014.86.

"If the Commission or any court before whom any proceedings are brought under this Title shall determine that such proceedings have been brought...without reasonable grounds, it may assess the whole cost of the proceedings upon the party who has brought...them." SC Workers' Compensation Law Ann., § 42-1-80.

In this case, the Hearing Commissioner felt that the proceedings were brought without reasonable grounds. After hearing the evidence, the Commissioner found that he was "at an utter loss to understand why this claim was ever filed" and assessed hearing costs.

The Claimant alleges that the hearing costs should not be assessed because she did not request the hearing. However, the Claimant has always taken the position that this case was

compensable and that she was going to pursue it. See the March 26, 2012 Administrative Order. Indeed, the Claimant did not even object on the record to the hearing going forward. Tr. 6. Thus, any allegation that the Claimant is somehow exempt from § 42-1-80 based on the fact that she didn't want to go forward at the March 1, 2012 hearing is, *at best*, not preserved for review and, at worst, affirmatively disputed by the Record.

It is the fact that she pursued this outrageous claim, despite the overwhelming evidence disputing her claims, that caused the Commissioner to assess hearing costs. Indeed, considering that the Commissioner clearly believed the Claimant's testimony was untruthful, it was within his discretion to refer her to the Attorney General's office for investigation into insurance fraud and/or perjury. Assessment of hearing costs is not the most severe penalty to which the Claimant was exposed.

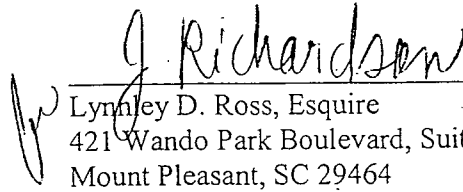
At no point has the Claimant alleged that, if she were given more time she would have obtained additional, supporting evidence for her claim, which would provide a legitimate basis for her to have pursued this claim. She has demonstrated no prejudice in going forward on that day, March 1, as opposed to any other day. She has alleged no evidence that would be different and no avenue of cross-examination that, had she been given more time, would have given credence to her claim. Thus, whether the Commission waited until the Claimant requested a hearing, or set a hearing on its own Motion, the evidence submitted by the Claimant would be the same, and it would utterly fail to support any type of award. Thus, the Commissioner was correct in his decision to assess hearing costs.

CONCLUSION

For the reasons stated above, the Defendants respectfully request that the Commission affirm the Decision and Order of the Hearing Commissioner.

Respectfully submitted,

WILLSON JONES CARTER & BAXLEY, P.A.


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Attorneys for Defendants

Date: November 2, 2012

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

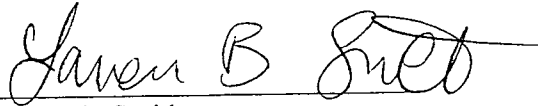
WCC FILE NO. 1014489

Diane Fleher,	)	
Employee,	)	
Claimant,	)	
	)	
vs.	)	
	)	
Dolphin Cove Marina,	)	CERTIFICATE OF SERVICE
	)	
Employer,	)	
and	)	
	)	
Carolina Casualty Insurance Co.,	)	
	)	
Carrier,	)	
Defendants.	)	

I, Lauren B. Smith, do hereby certify that I am the Legal Assistant for Lynnley D. Ross, Esquire, attorney for the defendants with **WILLSON JONES CARTER & BAXLEY, P.A.** in Mount Pleasant, South Carolina, and that on the 2nd day of November, 2012, I mailed the foregoing BRIEF OF DEFENDANTS/RESPONDENTS to the following by placing a copy thereof in the United States mail, first class, proper postage affixed thereto:

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Judicial Director
South Carolina Workers' Compensation Commission
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THE STATE OF SOUTH CAROLINA
In the Court of Appeals

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SC Court of Appeals

APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Avery B. Wilkerson, Gene McCaskill, Derrick L. Williams, Commissioners

WCC File No. 1014489

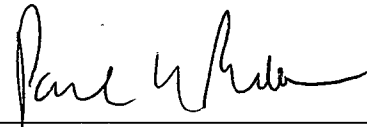
Diane Fleher, Claimant, Appellant,

v.

Dolphin Cove Marina, Employer, and Carolina Casualty Ins. Co., Respondents.

CERTIFICATE OF COUNSEL

I certify that the Supplemental Record on Appeal contains all material proposed to be included by the Respondents, except for "commission's file" which the parties have agreed to omit, and not any other material.



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Attorney for Appellant

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

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APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Avery B. Wilkerson, Gene McCaskill, Derrick L. Williams, Commissioners

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Diane Fleher, Claimant, Appellant,

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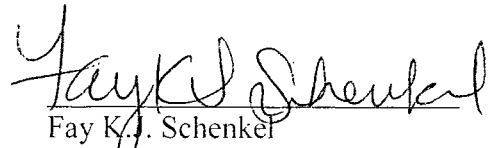
PROOF OF SERVICE

I, Margaret A. Teasley, paralegal for the Wigger Law Firm, do hereby certify that I have served the following named individuals and/or companies with a copy of the Supplemental Record of Appeal by mailing a copy of same to them in the United States mail, with sufficient postage affixed thereto and return address clearly marked, on the date indicated below:

PARTIES SERVED:

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October 15, 2013


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