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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

RECEIVED
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SC Court of Appeals

Appellate Case No. 2015-001862
SCWCC File No. 1107022

Sandy Chamblee, Appellant,

v.

Anderson County Fire Department, Employer, and State Accident Fund, Carrier,
Respondents.

RECORD ON APPEAL Volume 2

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1107022

EMPLOYEE/CLAIMANT: SANDY CHAMBLEE

EMPLOYER: ANDERSON COUNTY FIRE DEPARTMENT

CARRIER: STATE ACCIDENT FUND

 COPY

DEPOSITION OF SANDY CHAMBLEE

PURSUANT TO NOTICE, THE WITHIN DEPOSITION OF
SANDY CHAMBLEE WAS TAKEN BY THE EMPLOYER/CARRIER
ON THE 10TH DAY OF FEBRUARY, 2014, AT 2:32 P.M. AT
THE OFFICES OF RICHARD E. THOMPSON, 300 S. TOWERS
STREET, ANDERSON, SOUTH CAROLINA, ATTENDED BY COUNSEL
AS FOLLOWS:

JAN L. WHITWORTH
VERBATIM REPORTER

JAN L. WHITWORTH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, S.C. 29376
(864) 494-2705

APPEARANCES

RICHARD E. THOMPSON, JR., ESQUIRE
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ATTORNEY FOR THE CLAIMANT,

IAN C. GOHEAN, ESQUIRE, OF THE FIRM
WILLSON, JONES, CARTER & BAXLEY, P.A.
872 S. PLEASANTBURG DRIVE
GREENVILLE, SOUTH CAROLINA 29607

ATTORNEY FOR THE EMPLOYER/CARRIER.

ALSO ATTENDING: MAUREEN CHAMBLEE/CLAIMANT'S MOTHER

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EXHIBITS:

NONE MARKED

OBJECTIONS:

NONE

* DIGITAL RECORDING RETAINED FOR SIX (6) MONTHS FROM DATE
OF CERTIFICATION.

1 PURSUANT TO NOTICE AND/OR AGREEMENT TO TAKE
2 DEPOSITIONS, THE WITHIN DEPOSITION WAS TAKEN BY THE
3 ABOVE-NAMED COURT REPORTER, A NOTARY PUBLIC FOR THE STATE
4 OF SOUTH CAROLINA, BY CONSENT OF ALL PARTIES AT THE LW
5 OFFICES OF RICHARD E. THOMPSON, JR., IN ANDERSON, SOUTH
6 CAROLINA.

7 * * * * * * * * * * * * * * *

8 **STIPULATIONS:**

9 IT IS AGREED BY AND BETWEEN COUNSEL FOR THE PARTIES
10 AS FOLLOWS:

- 11 1. THE DEPOSITION IS BEING TAKEN PURSUANT TO THE
12 SOUTH CAROLINA RULES OF CIVIL PROCEDURE.
13 2. THE READING AND SIGNING OF THE DEPOSITION
14 TRANSCRIPT ARE **WAIVED** BY THE WITNESS AND THE
15 PARTIES.

16 * * * * * * * * * * * * * * *

17 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
18 WHOLE TRUTH AND NOTHING BUT THE TRUTH CONCERNING THE
19 MATTER HEREIN:

20 **SANDY CHAMBLEE**

21 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS FOLLOWS:

22 **EXAMINATION BY MR. GOHEAN:**

23 Q. MS. CHAMBLEE, MY NAME IS IAN GOHEAN. I REPRESENT
24 THE FIRE DEPARTMENT AND THEIR INSURANCE CARRIER IN
25 YOUR WORKERS' COMPENSATION CLAIM. HAVE YOU EVER HAD

1 YOUR DEPOSITION TAKEN BEFORE?

2 A. I HAVE -- ON THIS CASE?

3 Q. NO, JUST IN GENERAL?

4 A. YES.

5 Q. OKAY. WHAT WAS THAT FOR?

6 A. A WORKERS' COMP CLAIM FOR THE FIRE DEPARTMENT
7 REPRESENTING A CASE WHERE A LADY GOT -- A REPORTER
8 GOT HURT ON A FIRE SCENE.

9 Q. OKAY. SO IT WAS ANOTHER PERSON WHO GOT HURT?

10 A. YES.

11 Q. ALL RIGHT. SO, YOU UNDERSTAND HOW THIS WORKS AND
12 YOU UNDERSTAND THAT YOU ARE UNDER OATH TODAY?

13 A. YES, MA'AM -- YES, SIR.

14 Q. AND I'M GOING TO GO OVER SOME GROUND RULES JUST TO
15 REFRESH YOUR MEMORY BEFORE WE GET STARTED. I'M NOT
16 TRYING TO TRICK YOU WITH MY QUESTIONS OR TRIP YOU
17 UP. SO, IF YOU DON'T UNDERSTAND A QUESTION OR YOU
18 DON'T HEAR IT OR YOU WANT ME TO REPHRASE IT OR ASK
19 IT AGAIN OR ANYTHING, JUST ASK AND I'LL BE HAPPY TO
20 DO THAT. MAKE SURE YOU GIVE LOUD VERBAL RESPONSES;
21 SAY "YES" AND "NO." TRY TO AVOID SAYING "UH-HUH"
22 AND "UH-UH" OR JUST SHAKING YOUR HEAD, BECAUSE THE
23 COURT REPORTER IS TAKING EVERYTHING WE SAY DOWN.
24 SO, IF YOU SAY "YES," WE NEED TO HAVE A "YES" FOR
25 THE RECORD. ARE YOU UNDER THE INFLUENCE OF ANY

1 SUBSTANCES OR ANY MEDICATIONS THAT MAY INFLUENCE
2 YOUR ABILITY TO CORRECTLY ANSWER MY QUESTIONS?

3 A. NO.

4 Q. WHAT'S YOUR FULL NAME?

5 A. SANDY -- SANDRA ACTUALLY. I GO BY SANDY, LYNNE, L-
6 Y-N-N-E, CHAMBLEE, C-H-A-M-B-L-E-E.

7 Q. AND WHAT'S YOUR DATE OF BIRTH?

8 A. 12/27/1962.

9 Q. AND HOW OLD DOES THAT MAKE YOU?

10 A. FIFTY ONE?

11 Q. THEREABOUTS?

12 A. I THINK IT'S 51.

13 Q. HOW TALL ARE YOU?

14 A. FIVE, FIVE.

15 Q. AND YOUR WEIGHT?

16 A. I REFUSE -- NO, TWO-FIFTY.

17 Q. HAVE YOU HAD ANY KIND OF WEIGHT GAINS OR LOSSES IN
18 THE LAST COUPLE OF YEARS?

19 A. YES.

20 Q. OKAY. WHICH WAY?

21 A. UP.

22 Q. ALL RIGHT. AND WHAT -- WHAT DO YOU THINK THAT'S ON
23 ACCOUNT OF?

24 A. STRESS.

25 Q. IS THAT FROM A SPECIFIC THING, FROM BEING OUT OF

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WORK?

A. YES, BEING OUT OF WORK, I THINK.

Q. WHEN DO YOU THINK YOU STARTED GAINING WEIGHT; WHEN DID THAT BEGIN?

A. WHEN I WENT OUT OF WORK.

Q. OKAY. AND HOW MUCH HAVE YOU -- WHAT DO YOU THINK YOU WEIGHED WHEN YOU WENT OUT OF WORK?

A. I WAS 200 AND -- I WAS -- WELL, ABOUT 200. YOU MAY AS WELL SAY 200 -- 200, 210, SOMETHING LIKE THAT.

O. OKAY. WHAT'S YOUR CURRENT ADDRESS?

A. 600 WHIT, W-H-I-T, CHAMBLEE JUST LIKE MY NAME, ROAD, STARR, TWO RS, SOUTH CAROLINA 29684.

Q. IS THAT A HOUSE OR AN APARTMENT?

A. HOUSE.

Q. AND DO YOU OWN OR RENT?

A. OWN.

Q. HOW LONG ---

A. TRYING TO.

Q. HOW LONG HAVE YOU LIVED THERE?

A. I'VE LIVED THERE ON THE FARM MY WHOLE LIFE BUT AT THAT ACTUAL ADDRESS FOR 15 YEARS.

Q. OKAY. BUT YOU'RE BORN AND RAISED IN STARR?

A. YES.

Q. AND THEN YOU'VE LIVED THERE EVER SINCE?

A. MM-HMM.

1 Q. YES?

2 A. OH, YES, SORRY.

3 Q. YOU'RE FINE. I'LL REMIND YOU.

4 A. I'VE MOVED A COUPLE OF TIMES, BUT I ALWAYS GO BACK.

5 Q. OKAY. WHERE ELSE HAVE YOU LIVED?

6 A. I'VE LIVED IN ANDERSON, BUT...

7 Q. ALWAYS IN THE UPSTATE THOUGH?

8 A. YES.

9 Q. OKAY. WHAT'S YOUR TELEPHONE NUMBER?

10 A. 864-352-399...

11 **BY MS. MAUREEN CHAMBLEE:**

12 SEVEN.

13 **BY THE WITNESS:**

14 SEVEN.

15 **EXAMINATION RESUMED BY MR. GOHEAN:**

16 Q. AND YOUR SOCIAL SECURITY NUMBER?

17 A. 249-06-2253.

18 Q. DO YOU HAVE A VALID DRIVER'S LICENSE?

19 A. I DO.

20 Q. DO YOU KNOW THE NUMBER?

21 A. (WITNESS GESTURES).

22 Q. OR IS IT IN YOUR POCKETBOOK OR YOUR PURSE OR YOUR
23 WALLET OR SOMETHING?

24 A. MY POCKET. I'M A FIREMAN, SO IT'S IN MY BACK
25 POCKET, 008148184.

1 Q. THANK YOU. WHAT KIND OF VEHICLE DO YOU DRIVE?
2 A. FORD EXPEDITION.
3 Q. WHAT COLOR IS THAT?
4 A. A NASTY BROWNISH BEIGE SOMETHING.
5 Q. OKAY.
6 A. I DON'T KNOW WHAT COLOR YOU CALL IT.
7 Q. ARE YOU MARRIED?
8 A. I AM.
9 Q. HOW MANY TIMES HAVE YOU BEEN MARRIED?
10 A. ONE.
11 Q. AND WHAT'S YOUR HUSBAND'S NAME?
12 A. ROB BURGESS.
13 Q. IS THAT B-U-R-G-E-S-S?
14 A. YES.
15 Q. AND WHAT DOES HE DO?
16 A. HE IS A BATTALION CHIEF AT THE FIRE DEPARTMENT.
17 Q. OKAY. DO YOU HAVE ANY CHILDREN?
18 A. YES, ONE.
19 Q. AND HOW OLD IS YOUR CHILD?
20 A. ELEVEN. I AM 51.
21 Q. AND I TAKE IT HE LIVES WITH YOU?
22 A. YES.
23 Q. AND I DON'T EVEN KNOW -- IS IT A BOY?
24 A. BOY, YES.
25 Q. I TAKE IT HE'S FINANCIALLY DEPENDENT ON YOU?

- 1 A. YES.
- 2 Q. IS THERE ANYONE ELSE WHO IS FINANCIALLY DEPENDENT ON
- 3 YOU OTHER THAN YOUR SON?
- 4 A. NO.
- 5 Q. DO YOU HAVE HEALTH INSURANCE?
- 6 A. I DO, YES.
- 7 Q. WHO IS THAT THROUGH?
- 8 A. ANDERSON COUNTY FIRE DEPARTMENT.
- 9 Q. OKAY.
- 10 A. (WITNESS COUGHS) EXCUSE ME.
- 11 Q. YOU'RE FINE, AND IF YOU NEED TO TAKE A BREAK OR GET
- 12 SOME WATER OR ANYTHING, JUST LET ME KNOW.
- 13 A. OH, I'M FINE.
- 14 Q. ARE YOU A MEDICARE OR MEDICAID BENEFICIARY?
- 15 A. NO.
- 16 Q. HAVE YOU EVER APPLIED FOR SOCIAL SECURITY DISABILITY
- 17 BEFORE?
- 18 A. I HAVE.
- 19 Q. OKAY. WHEN WAS THAT?
- 20 A. RIGHT AFTER I WENT OUT OF WORK.
- 21 Q. DID YOU HAVE AN ATTORNEY REPRESENT YOU?
- 22 A. NO.
- 23 Q. OKAY. AND THEN WHAT HAPPENED WITH THAT APPLICATION?
- 24 A. I GOT IT IMMEDIATELY.
- 25 Q. OKAY. SO YOU'RE ON DISABILITY AT THIS TIME?

1 A. I AM.

2 Q. HOW MUCH -- WHAT ARE YOUR BENEFITS; HOW MUCH DO YOU
3 RECEIVE?

4 BY THE WITNESS:

5 DO YOU KNOW THAT? I DON'T.

6 BY MR. THOMPSON:

7 HE WANTS TO KNOW HOW MUCH YOU GET A MONTH.

8 BY MS. MAUREEN CHAMBLEE:

9 IT'S ABOUT 1800 I THINK.

10 BY THE WITNESS:

11 I DON'T KNOW.

12 EXAMINATION RESUMED BY MR. GOHEAN:

13 Q. THAT'S FINE.

14 A. I CAN LOOK IT UP, BUT I DON'T KNOW. IF YOU GIVE ME
15 A COMPUTER, I CAN LOOK UP MY BANK ACCOUNT. I DON'T
16 KNOW RIGHT OFF.

17 BY MR. THOMPSON:

18 DO YOU KNOW ABOUT HOW MUCH IT IS?

19 BY MS. MAUREEN CHAMBLEE:

20 ABOUT 1800, I BELIEVE.

21 BY THE WITNESS:

22 I REALLY DON'T. IT GOES -- IT JUST
23 AUTOMATICALLY -- I CAN LOOK AT MY BANK ACCOUNT AND
24 TELL YOU. I JUST DON'T...

25 EXAMINATION RESUMED BY MR. GOHEAN:

1 Q. THAT'S FINE. IT'S NOT A PROBLEM.

2 A. I HAVE A MEMORY PROBLEM. I JUST DON'T REMEMBER
3 NOTHING.

4 Q. THAT'S ALL RIGHT.

5 BY MR. GOHEAN:

6 AND, MA'AM, I DON'T -- WE'LL GO OFF THE RECORD
7 FOR A SECOND.

8 (OFF THE RECORD)

9 EXAMINATION RESUMED BY MR. GOHEAN:

10 Q. HOW FAR DID YOU GO IN SCHOOL?

11 A. SOME COLLEGE.

12 Q. OKAY. SO YOU GRADUATED HIGH SCHOOL?

13 A. YES.

14 Q. WHERE DID YOU GO TO COLLEGE?

15 A. I WENT TO -- I WENT TO THREE OF THEM. I WENT TO
16 TRI-COUNTY, GREENVILLE TECH AND SOUTHERN WESLEYAN.

17 Q. OKAY. WHAT DID YOU STUDY AT THOSE THREE COLLEGES?

18 A. BUSINESS MANAGEMENT.

19 Q. DID YOU GET A DEGREE?

20 A. NO.

21 Q. WERE YOU CLOSE, DO YOU KNOW? HOW MANY, I GUESS,
22 SEMESTERS DID YOU COMPLETE?

23 A. I DON'T KNOW. I KEPT TRANSFERRING. I FINISHED THE
24 FIRST YEAR AT TRI-COUNTY, AND I FINISHED THE SECOND
25 -- I FINISHED A WHOLE YEAR AT TRI-COUNTY, AND THEN I

1 FINISHED TWO SEMESTERS AT GREENVILLE TECH. AND THEN
2 I TRANSFERRED TO SOUTHERN WESLEYAN TO THE ADULT
3 LEARNING WHERE YOU DO ONE CLASS EVERY THREE MONTHS
4 OR WHATEVER, AND THEN I DROPPED OUT BECAUSE OF WORK,
5 SO I'M NOT REALLY SURE.

6 Q. OKAY. AND THAT WAS MY NEXT QUESTION. YOU DIDN'T
7 FINISH BECAUSE YOU STARTED WORKING?

8 A. WELL, I WAS DOING IT WHILE I WAS WORKING. I JUST --
9 IT JUST GOT TOO OVERWHELMING.

10 Q. OKAY. I TAKE IT YOU HAVE SOME CERTIFICATIONS IN
11 SOME THINGS?

12 A. OH, GOSH, YES, ALL FIRE DEPARTMENT.

13 Q. I KNOW YOU GET A LOT OF THEM AT THE FIRE DEPARTMENT.
14 AS BEST YOU CAN, CAN YOU JUST KIND OF RUN THROUGH
15 SOME OF THEM? I KNOW YOU'VE GOT A LOT OF THEM, BUT
16 AS MANY AS YOU CAN REMEMBER.

17 A. HUNDREDS. WHAT ALL DO YOU WANT TO KNOW? WHICH ---

18 Q. JUST ANYTHING YOU CAN THINK OF.

19 A. I'VE GOT INTERIOR FIRE FIGHTING, HAZ-MAT, AUTO
20 EXTRICATION, CONFINED SPACE RESCUE, FIRE MARSHALL
21 CERTIFICATION. GOSH, I CAN'T THINK. ANYTHING,
22 EVERYTHING. HIGH LEVEL RESCUE, LOW LEVEL RESCUE.

23 Q. ARE THEY ALL BASICALLY FIRE DEPARTMENT RELATED?

24 A. IT'S ALL -- IT'S ALL FIRE DEPARTMENT.

25 Q. HOW ABOUT ANY LIKE C.P.R. OR MEDICAL TYPE

1 CERTIFICATIONS?

2 A. OH, YEAH, ALL OF THAT.

3 Q. OKAY.

4 A. I'VE GOT C.P.R., FIRST AID.

5 Q. ARE THESE CERTIFICATIONS -- I KNOW YOU'VE GOT A
6 WHOLE BUNCH OF THEM, ARE THEY THINGS WHERE YOU'VE
7 GOT TO TAKE TESTS EVERY SO OFTEN; ARE THEY ALL STILL
8 VALID NOW?

9 A. NO, NOTHING IS VALID NOW.

10 Q. OKAY. SO, THAT'S SOMETHING YOU TEST AS YOU GO?

11 A. YES.

12 Q. HAVE YOU EVER SERVED IN THE MILITARY?

13 A. NO.

14 Q. DO YOU HAVE ANY TROUBLE READING OR WRITING?

15 A. NO.

16 Q. DO YOU KNOW HOW TO USE A COMPUTER?

17 A. YES.

18 Q. WHAT KIND OF THINGS CAN YOU DO ON A COMPUTER?

19 A. MICROSOFT WORD, PHOTOSHOP, FACEBOOK, YOUTUBE, THAT'S
20 ABOUT IT.

21 Q. HOW ARE AT TYPING?

22 A. VERY SLOW, TWO -- THREE FINGERS (WITNESS
23 DEMONSTRATES).

24 Q. BEFORE MAY 26TH, 2011, THE DATE OF YOUR ACCIDENT,
25 HAVE YOU EVER HAD ANY PREVIOUS WORKERS' COMPENSATION

1 CLAIMS?

2 A. ONE.

3 Q. OKAY. WHEN WAS THAT?

4 A. I DON'T REMEMBER. IT WAS BACK YEARS BEFORE, BUT ---

5 Q. WAS IT THE FIRE DEPARTMENT?

6 A. YES.

7 Q. WAS IT LIKE IN THE '80s, IN THE '90s?

8 A. IN THE '90s PROBABLY.

9 Q. OKAY. AND WHAT HAPPENED THERE; TELL ME ABOUT THAT.

10 A. I FELL AT WORK AND BROKE MY ARM.

11 Q. OKAY. AND YOU HAD TO HAVE SOME MEDICAL TREATMENT?

12 A. YES, AND SOME THERAPY.

13 Q. PHYSICAL THERAPY?

14 A. YES.

15 Q. DID YOU HAVE ANY SURGERIES?

16 A. NO.

17 Q. DO YOU REMEMBER WHERE YOU TREATED FOR THAT?

18 A. ANMED, I GUESS.

19 Q. DID YOU HAVE LIKE AN ORTHOPAEDIC DOCTOR?

20 A. YES, IT WOULD HAVE BEEN AT -- I CAN'T REMEMBER. I.
21 HONESTLY CAN'T REMEMBER.

22 Q. THAT'S FINE. NOW, DID THEY PUT A CAST ON YOU?

23 A. YES, I STAYED IN A CAST FOR A LONG TIME. IT WAS MY
24 ELBOW, AND I KEPT TELLING THEM IT WAS FINE, BUT
25 WORKERS' COMP SAID THAT THE DOCTOR SAID I LOST LIKE

1 SIX PERCENT MOVEMENT OR SOMETHING, AND I KEPT
2 TELLING THEM THAT I WAS FINE, BUT THEY INSISTED THAT
3 THEY GIVE ME MONEY. SO, I GAVE IT TO THE CHURCH.

4 Q. HOW MUCH WAS THAT?

5 A. LIKE \$900 OR SOMETHING.

6 Q. DID YOU HAVE AN ATTORNEY?

7 A. NO.

8 Q. OKAY.

9 A. I DIDN'T WANT IT -- I DIDN'T WANT THE -- I JUST
10 WANTED THEM TO FIX MY ARM, JUST THE CAST.

11 Q. OKAY. SO YOU GOT ABOUT A \$900 SETTLEMENT?

12 A. I THINK SO.

13 Q. ANY OTHER WORKERS' COMPENSATION CLAIMS?

14 A. NO.

15 Q. HAVE YOU EVER HAD ANY OTHER WORK INJURIES WHERE YOU
16 HAD TO -- THEY SENT YOU FOR MEDICAL TREATMENT, BUT
17 YOU DIDN'T HAVE TO ACTUALLY FILE A CLAIM?

18 A. MAYBE A BROKE FINGER OR SOMETHING.

19 Q. OKAY, AT WORK THAT'S HAPPENED BEFORE?

20 A. YES.

21 Q. BUT NO OTHER ACTUAL CLAIMS YOU'VE HAD TO FILE?

22 A. NO.

23 Q. NO OTHER SETTLEMENTS YOU'VE RECEIVED?

24 A. NO.

25 Q. OKAY. HOW ABOUT ANY OTHER KIND OF LAWSUIT, HAVE YOU

1 EVER BEEN INVOLVED IN ANY OTHER KIND OF LAWSUIT
2 BEFORE?

3 A. NO.

4 Q. YOU EVER BEEN IN A CAR ACCIDENT?

5 A. YES.

6 Q. ALL RIGHT. HOW MANY OF THOSE?

7 A. ONE.

8 Q. AND WHEN WAS THAT, BALLPARK?

9 A. WELL, I WAS MARRIED. SO IT HAD TO BE AFTER 2001.
10 IT WAS AFTER 2002 BECAUSE I HAD MY SON, SOMETIME
11 AFTER 2002.

12 Q. OKAY. AND TELL ME ABOUT THAT; WHAT HAPPENED?

13 A. I WAS SITTING AT A RED LIGHT GOING TO WORK, AND I
14 WAS SITTING AT McGEE AND MALL ROAD -- ACTUALLY IT'S
15 NOT MALL ROAD ANYMORE; IT'S MARTIN LUTHER KING ROAD,
16 BUT I WAS SITTING AT THE RED LIGHT, AND I LOOKED UP
17 AND HERE COME A CAR, AND AFTER -- I FOUND OUT LATER
18 THAT THE CAR THIS WAY RAN A RED LIGHT AND HIT THIS
19 CAR (WITNESS INDICATES), AND THIS CAR JUST RAN RIGHT
20 INTO MY DOOR AND CRASHED MY CAR IN ON TOP OF ME.
21 SO, THEY HAD TO EXTRICATE ME AND TOOK ME TO THE
22 HOSPITAL AND TREATED ME WITH MINOR INJURIES AND SENT
23 ME HOME FOR A COUPLE OF DAYS, AND I WAS FINE.

24 Q. YOU WERE ADMITTED THOUGH?

25 A. NO. NO, THEY JUST TREATED ME AND RELEASED ME.

1 Q. OKAY. DID YOU HAVE ANY KIND OF ONGOING PAIN FROM
2 THAT?

3 A. I HAD NECK AND BACK PAIN.

4 Q. DID IT LAST LONGER THAN, YOU KNOW, A COUPLE OF WEEKS
5 OR SO; DID YOU HAVE ANY KIND OF PERMANENT PROBLEMS
6 AFTER THAT CAR ACCIDENT?

7 A. NO.

8 Q. OKAY. SO, IT SOUNDS LIKE YOU WERE SITTING AT A RED
9 LIGHT, AND THE CAR WHO RAN THE RED LIGHT GOING THE
10 OPPOSITE DIRECTION WAS T-BONED BY ---

11 A. YES.

12 Q. --- A CAR GOING THE OTHER DIRECTION?

13 A. THIS CAR RAN A RED LIGHT AND T-BONED THIS CAR
14 (WITNESS DEMONSTRATES) THAT MADE IT RUN INTO ME.

15 Q. OKAY. SO IT SLID THAT CAR INTO YOUR CAR?

16 A. RIGHT.

17 Q. ALL RIGHT. DID YOU RECEIVE ANY KIND OF SETTLEMENT
18 FROM THAT CAR ACCIDENT?

19 A. I DID.

20 Q. HOW MUCH WAS THAT?

21 A. I DON'T REMEMBER.

22 Q. DO YOU HAVE ANY LIKE APPROXIMATELY -- DO YOU
23 REMEMBER AT ALL? WAS IT \$5,000, \$10,000, DO YOU
24 HAVE ANY IDEA?

25 A. I REALLY DON'T.

1 Q. THAT'S FINE.

2 A. THAT'S BEEN TOO LONG AGO. I JUST DON'T REMEMBER.

3 Q. DID YOU HAVE AN ATTORNEY?

4 A. I DID.

5 Q. DO YOU REMEMBER WHO THAT WAS?

6 A. MR. THOMPSON.

7 Q. OKAY. ANY OTHER CAR ACCIDENTS BEFORE?

8 A. NO.

9 Q. YOU EVER HAD TO FILE ANY OTHER KINDS OF CLAIMS
10 AGAINST INSURANCE COMPANIES FOR ANYTHING?

11 A. NO.

12 Q. SO, JUST THE ONE CAR ACCIDENT AND THEN JUST THE ONE
13 PRIOR WORKERS' COMP CLAIM, AND THAT'S IT?

14 A. MM-HMM.

15 Q. YES?

16 A. YES. OH, I'M SORRY.

17 Q. YOU'RE FINE. HAVE YOU EVER BEEN CONVICTED OF OR
18 PLED GUILTY TO A CRIME?

19 A. NO.

20 Q. I DON'T MEAN TO OFFEND YOU. I ASK THAT TO
21 EVERYBODY.

22 A. WELL, I'M GETTING INTO THIS.

23 Q. HAVE YOU EVER HAD ANY TREATMENT FOR PSYCHOLOGICAL OR
24 PSYCHIATRIC TYPE OF PROBLEMS BEFORE LIKE ANXIETY OR
25 DEPRESSION OR ---

1 A. YES.

2 Q. OKAY. AND I MEAN, BEFORE YOUR ACCIDENT?

3 A. OH, YEAH, I WAS GOING TO A PSYCHIATRIST.

4 Q. OKAY. WHO WAS THAT?

5 A. HIS NAME IS -- THEY'VE CHANGED ME SINCE THEN. WHAT
6 WAS HIS NAME? DR. -- I CAN'T REMEMBER HIS NAME NOW.
7 I'M TELLING YOU I HAVE MEMORY PROBLEMS.. IT'S
8 ANDERSON PSYCHIATRY.

9 Q. OKAY.

10 A. THAT'S WHERE I STILL GO, BUT HE LEFT, AND HE MOVED
11 ME TO THIS DOCTOR I GO TO NOW, AND I CAN'T EVEN
12 THINK OF HER NAME.

13 Q. THAT'S FINE. BUT BOTH ARE AT ANDERSON PSYCHOLOGY?

14 A. PSYCHIATRY, YEAH.

15 Q. OH, PSYCHIATRY, OKAY. WHEN DID YOU FIRST START
16 TREATING FOR STRESS OR ANXIETY OR WHATEVER YOU WERE
17 SUFFERING PROBLEMS WITH?

18 A. ABOUT A YEAR BEFORE -- MAYBE TWO YEARS -- A YEAR AND
19 A HALF BEFORE I HAD MY ACCIDENT.

20 Q. OKAY. WAS THERE ANY SORT OF SPECIFIC INCIDENT OR
21 EVENT THAT WAS CAUSING IT?

22 A. I WAS JUST STRESSED OUT, JUST DEPRESSED OR -- JUST
23 DEPRESSED I THINK.

24 Q. JUST LIFE STRESS?

25 A. YEAH.

1 Q. THERE WASN'T ANYTHING SPECIFIC?

2 A. YEAH, HUSBAND AND JUST...

3 Q. OKAY.

4 A. LOOK, I WAITED 'TIL I WAS 38 TO GET MARRIED. I
5 THINK MOVING THE PEN TO A DIFFERENT PLACE WAS
6 MESSING WITH ME.

7 Q. OKAY. AND WERE YOU STILL TREATING AT ANDERSON
8 PSYCHIATRY ON THE DAY OF YOUR ACCIDENT?

9 A. MM-HMM -- YES.

10 Q. OKAY. AND YOU'RE STILL TREATING THERE NOW?

11 A. YES.

12 Q. ARE YOU STILL HAVING THE SAME KIND OF PROBLEMS AS
13 YOU WERE BEFORE YOUR ACCIDENT, OR HAVE THEY GOTTEN
14 ANY BETTER, GOTTEN WORSE?

15 A. OH, BETTER.

16 Q. OKAY. SO, THE TREATMENT HAS HELPED?

17 A. YES.

18 Q. ALL RIGHT. BEFORE THAT, YOU KNOW, THE YEAR OR YEAR
19 AND A HALF BEFORE YOUR ACCIDENT, THAT'S WHEN IT
20 STARTED; BEFORE THAT, HAVE YOU EVER HAD ANY PROBLEMS
21 WITH ANXIETY OR STRESS OR DEPRESSION?

22 A. IN MY TEENAGE YEARS.

23 Q. OKAY. DID YOU TREAT SOMEWHERE?

24 A. YES.

25 Q. DO YOU REMEMBER WHERE THAT WAS?

1 A. IT WAS A PART OF ANDERSON HOSPITAL SYSTEM, AND I
2 CAN'T REMEMBER HIS NAME, BUT HE WAS A PSYCHOLOGIST,
3 BUT THEY SAID IT WAS BECAUSE OF MY JUST TEENAGE
4 GROWING UP.

5 Q. OKAY.

6 A. IT WAS JUST ANXIETY. IT WAS JUST A PSYCHOLOGIST
7 BACK THEN.

8 Q. DID YOU TREAT THERE VERY LONG?

9 A. NO, JUST OVER THE SUMMER, I THINK.

10 Q. OKAY. WHAT I WANT TO DO NOW IS WALK THROUGH YOUR
11 WORK HISTORY ---

12 A. OKAY.

13 Q. --- AND TALK ABOUT ALL THE JOBS YOU'VE HAD IN YOUR
14 LIFE. SO, AS BEST YOU CAN REMEMBER, I WANT TO TALK
15 ABOUT EVERYTHING YOU'VE EVER DONE ---

16 A. OKAY.

17 Q. --- WORK WISE. SO, STARTING WITH YOUR VERY FIRST
18 JOB, WHAT WERE YOU DOING?

19 **BY MR. THOMPSON:**

20 I HAVE A QUESTION. ARE YOU TALKING ABOUT
21 BEFORE OR AFTER SHE GRADUATED FROM HIGH SCHOOL?

22 **EXAMINATION RESUMED BY MR. GOHEAN:**

23 Q. WE CAN RUN BRIEFLY THROUGH YOUR HIGH SCHOOL JOBS OR
24 YOUR YOUNG AGE JOBS. YOU DON'T HAVE TO TELL ME TOO
25 DETAILED ABOUT THOSE. BUT EVEN BEFORE HIGH SCHOOL,

1 WHAT WAS YOUR VERY FIRST JOB?

2 A. I WORKED AT PICK AND PAY SHOE STORE FOR LIKE TWO
3 MONTHS WHEN I WAS IN HIGH SCHOOL, BECAUSE I WANTED A
4 PAIR OF HIGH HEELED SHOES THAT MAMA WOULDN'T BUY ME.

5 Q. OKAY. WERE YOU LIKE A SALESPERSON?

6 A. YES.

7 Q. ALL RIGHT. WHAT WAS THE NEXT JOB YOU WORKED?

8 A. DO THE VOLUNTEER JOBS/WORK COUNT?

9 Q. YES.

10 A. I WAS A VOLUNTEER FIREMAN AT THE STARR FIRE
11 DEPARTMENT.

12 Q. OKAY. HOW OLD WERE YOU WHEN YOU WERE DOING THAT?

13 A. EIGHTEEN.

14 Q. OKAY. AND AS A VOLUNTEER FIREMAN, WHAT DID YOU DO?
15 DID YOU JUST DO THE REGULAR EVERYTHING?

16 A. EVERYTHING.

17 Q. OKAY. SO YOU ---

18 A. WASH TRUCKS, FIGHT FIRE, FUND RAISERS, WHATEVER THEY
19 TOLD YOU TO DO, ROLL HOSE, ANYTHING.

20 Q. HOW LONG DID YOU DO THAT?

21 A. 'TIL I WENT TO WORK AT THE FIRE DEPARTMENT IN '88.

22 Q. OKAY.

23 A. '89, I THINK I GIVE IT UP IN '89.

24 Q. THAT'S WHEN YOU STARTED WITH ANDERSON COUNTY?

25 A. IN '88, I DID.

1 Q. OKAY. BEFORE THAT, DID YOU HAVE OTHER JOBS?

2 A. BELTON FIRE DEPARTMENT.

3 Q. ALL RIGHT. WHAT WERE YOU DOING THERE?

4 A. FIREFIGHTER ENGINEER.

5 Q. HOW LONG DID YOU WORK AT BELTON?

6 A. A YEAR AND A HALF -- YEAH, APPROXIMATELY A YEAR --
7 YEAR AND A HALF.

8 Q. ALL RIGHT. AND AGAIN YOU'RE DOING ALL OF THE ---

9 A. FIREFIGHTER.

10 Q. EVERYTHING?

11 A. YEAH, THERE WAS ONLY ONE PERSON ON DUTY AT A TIME
12 THERE, SO YOU HAD TO DO EVERYTHING. YOU TOOK THE
13 CALLS, YOU DISPATCHED THEM. THEN YOU GO TO THE
14 TRUCK AND YOU FOUGHT FIRE AND PRAYED SOMEBODY SHOWED
15 UP. SOMETIMES THEY DID; SOMETIMES THEY DIDN'T.

16 Q. OKAY. YOU DID THAT A YEAR, YEAR AND A HALF.

17 A. YES.

18 Q. THEN WHAT WAS YOUR NEXT JOB?

19 A. ANDERSON COUNTY FIRE DEPARTMENT.

20 Q. OKAY. SO, THAT'S ALL THE JOBS YOU'VE EVER HAD?

21 A. WELL, I WORKED WITH THE SOUTH CAROLINA FIRE
22 DEPARTMENT -- SOUTH CAROLINA FIRE ACADEMY TEACHING
23 FIREFIGHTING.

24 Q. WAS THAT BEFORE YOU STARTED WORKING FOR ANDERSON?

25 A. YES.

1 Q. OKAY.

2 A. SOUTH CAROLINA FIRE ACADEMY.

3 Q. AND YOU WERE TEACHING?

4 A. FIREFIGHTERS, YES.

5 Q. DID YOU KIND OF DRIVE AROUND FROM LOCATION TO
6 LOCATION?

7 A. YES, ALL OVER THE STATE.

8 Q. WHAT KIND OF THINGS WERE YOU TEACHING?

9 A. FIREFIGHTERS -- FIREFIGHTER. I TAUGHT INTERIOR
10 FIREFIGHTING, DRIVER EDUCATION, BUT MOSTLY INTERIOR
11 FIREFIGHTING AND -- MOSTLY INTERIOR FIREFIGHTING AND
12 STRUCTURAL FIREFIGHTING, WILD LAND FIREFIGHTING, ANY
13 KIND OF FIREFIGHTING.

14 Q. WERE THESE JUST LIKE CLASSROOM CLASSES, OR WERE YOU
15 ---

16 A. NO, OUTSIDE.

17 Q. OKAY. SO YOU ARE ---

18 A. ALL HANDS ON, YES.

19 Q. ALL RIGHT. SO, YOU WERE DOING ALL THE PHYSICAL
20 STUFF WITH THEM?

21 A. YES.

22 Q. AND SHOWING THEM HOW TO DO IT?

23 A. YES.

24 Q. ALL RIGHT. AND THEN YOU STARTED WITH ANDERSON
25 COUNTY IN '88?

1 A. I THINK IT WAS '88. IT MIGHT HAVE BEEN '89, BUT I
2 THINK IT WAS JUNE OF '88 OR '89.

3 Q. OKAY. WHEN YOU FIRST STARTED THERE, WHAT WERE YOU
4 DOING?

5 A. TRAINING OFFICER.

6 Q. OKAY. AND WHAT DID THAT INVOLVE?

7 A. IT'S BASICALLY THE SAME THING AS AN INSTRUCTOR BUT
8 JUST FOR THE VOLUNTEER SYSTEM OF ANDERSON COUNTY.

9 Q. OKAY. SO YOU ---

10 A. GO AROUND TO EACH STATION AND DO HANDS-ON TRAINING
11 FOR THE -- TEACH ALL THE VOLUNTEERS HOW TO FIGHT
12 FIRES. THE WILD LAND FIREFIGHTING, TEACH THEM HOW
13 TO RESCUE THE VICTIMS.

14 Q. HOW LONG DID YOU DO THAT TRAINING JOB?

15 A. THE FIRST TIME, I DID IT FOR FIVE MONTHS, AND THEN I
16 CHANGED TO DISPATCHING FOR A FEW YEARS, AND THEN I
17 WENT BACK TO TRAINING FOR 20 YEARS.

18 Q. OKAY. WHAT DID YOU DO AS A DISPATCHER. DESCRIBE
19 THAT JOB.

20 A. DISPATCHING, YOU DO EVERYTHING. WE WOULD -- WELL,
21 DISPATCHING, OF COURSE, YOU WOULD TAKE THE CALLS AND
22 DISPATCH, BUT THEN YOU WOULD FIX EQUIPMENT, AND THEN
23 YOU WOULD -- ON YOUR OFF DAYS, YOU WOULD RESPOND TO
24 CALLS DURING THE DAY OR WHATEVER THEY WANTED YOU TO
25 DO, BECAUSE YOU WERE -- WHEN YOU WERE A DISPATCHER

1 ON FIRST SHIFT, BECAUSE YOU SWING SHIFT, BUT ON
2 FIRST SHIFT, YOU WERE LIKE AN EXTRA MAN -- OR EXTRA
3 PERSON, SORRY. YOU WERE AN EXTRA PERSON, SO IF THEY
4 HAD A LOT OF CALLS, YOU WOULD GO FIGHT FIRE DURING
5 THE DAY OR WHATEVER THEY NEEDED YOU TO DO, BUT, YOU
6 KNOW, ON THE WEEKENDS OR ON SECOND OR THIRD SHIFT,
7 YOU WERE MAINLY DISPATCHING TAKING CALLS AND DO
8 WHATEVER.

9 Q. OKAY.

10 A. WATCH T.V., WHATEVER YOU WANTED TO DO. BUT -- AND
11 THEN AFTER THE TRAINING, MY 20 YEARS OF TRAINING, I
12 WENT TO FIRE MARSHALL.

13 Q. OKAY. AND WHEN YOU WENT BACK TO TRAINING FOR 20
14 YEARS, YOU WERE DOING THE SAME THING YOU ---

15 A. YES.

16 Q. YOU WERE STILL DOING ALL THE PHYSICAL ACTIVITIES AND
17 EVERYTHING?

18 A. RIGHT.

19 Q. ALL RIGHT.

20 A. YES.

21 Q. OKAY. DESCRIBE THE FIRE MARSHALL JOB TO ME.

22 A. FIRE MARSHALL, YOU GO AROUND TO BUSINESSES. YOU DO
23 YOUR INSPECTIONS. YOU KNOW, YOU MAKE SURE -- I HAVE
24 TO CLIMB UP THE LADDERS, GO UP IN THE ATTICS, CLIMB
25 AROUND ALL THE AREAS, SET OFF THE SMOKE BOMBS, MAKE

1 SURE THAT ALL THE FIRE ALARMS WORK, GO OUT TO THE
2 NEW CONSTRUCTIONS AND MAKE SURE THE WATER RUNS --
3 YOU KNOW, CHECK THE PRESSURE IN THE SPRINKLER
4 SYSTEMS, FIRE FLOW IN THE HYDRANTS, AND I CAN'T
5 THINK.

6 Q. DID YOU HAVE TO HAVE A BUNCH OF CERTIFICATIONS FOR
7 ALL THESE THINGS?

8 A. OH, YES.

9 Q. OKAY.

10 A. YOU HAD TO TAKE ALL THE CLASSES ALL THE TIME.

11 Q. OKAY.

12 A. AND I STILL TAUGHT THROUGH ALL OF THAT. I STILL
13 TAUGHT FOR THE FIRE ACADEMY THROUGH ALL OF THAT,
14 AND I WAS ON A BUNCH OF BOARDS, TOO, BUT...

15 Q. SO, WHAT WERE YOUR HOURS? WAS FIRE MARSHALL WHAT
16 YOU WERE DOING WHEN YOU GOT HURT?

17 A. YES.

18 Q. OKAY. WHAT WERE YOUR HOURS AS FIRE MARSHALL?

19 A. THAT WAS THE GOOD PART, EIGHT TO FIVE.

20 Q. AND THAT WAS FIVE DAYS A WEEK?

21 A. YES.

22 Q. ALL RIGHT. AND WHAT WERE YOU PAID?

23 A. I REALLY DON'T KNOW. I WOULD HAVE DONE IT FOR FREE;
24 THEY JUST DON'T KNOW IT. THEY DO AUTO -- AS LONG AS
25 THE MONEY WAS IN THE BANK, I JUST PAY ALL OF MY

1 BILLS ON LINE. I DON'T -- I NEVER REALLY KNEW.

2 Q. THAT'S FINE.

3 A. I GUESSTIMATE THAT I MADE ABOUT 38,000 MAYBE, I
4 THINK.

5 Q. OKAY.

6 A. I CAN -- I MEAN, I CAN LOOK IT UP ON LINE AND TELL
7 YOU EXACTLY, BUT I REALLY DON'T KNOW.

8 Q. THAT'S FINE.

9 A. I KNOW THAT SOUNDS BAD, BUT I JUST REALLY DIDN'T
10 CARE FOR THE MONEY. I JUST DID IT BECAUSE I LOVE
11 IT.

12 Q. AND YOU WERE STILL DOING TRAINING ON THE SIDE?

13 A. FOR THE FIRE ACADEMY, YES.

14 Q. OKAY. WERE YOU PAID FOR ---

15 A. YES.

16 Q. ALL RIGHT. WHAT KIND OF HOURS DID YOU DO THAT?

17 A. THAT WOULD BE ON THE WEEKEND OR AT NIGHT WHEN I
18 WASN'T ON DUTY FOR THE FIRE ACADEMY -- I MEAN, FOR
19 THE FIRE DEPARTMENT.

20 Q. WAS THIS A SET SCHEDULE, OR WAS IT JUST EVERY ONCE
21 IN A WHILE YOU WOULD DO IT?

22 A. NO, THAT'S CONTRACT WORK.

23 Q. OKAY.

24 A. THAT'S \$18 AN HOUR. I KNOW HOW MUCH I MADE THERE,
25 BECAUSE THAT WAS ON CONTRACT. I COULD SEE THAT.

- 1 Q. IF YOU HAD TO ESTIMATE ---
- 2 A. PLUS MILEAGE.
- 3 Q. IF YOU HAD TO ESTIMATE HOW MANY HOURS OF THAT YOU
- 4 DID A WEEK?
- 5 A. HMM...
- 6 Q. OR WAS IT JUST TOO SPORADIC?
- 7 A. TOO SPORADIC, BECAUSE SOMETIMES I WENT -- BECAUSE IT
- 8 -- IT WOULD COME AND GO.
- 9 Q. WHAT'S THE MOST YOU WOULD DO IN A WEEK; HOW MANY
- 10 NIGHTS WOULD YOU DO WITH THE FIRE ACADEMY?
- 11 A. IF I WAS DOING A CLASS, IT WOULD BE TWO NIGHTS A
- 12 WEEK AND EVERY OTHER SATURDAY IF I WAS TEACHING A
- 13 COURSE.
- 14 Q. OKAY. SO, IT WASN'T LIKE ONE WEEK YOU DID IT, ONE
- 15 WEEK YOU DIDN'T; YOU HAD COURSES THAT WOULD GO FOR A
- 16 SPECIFIC TIME?
- 17 A. RIGHT, SOME COURSES ARE 80 HOURS. SOME COURSES ARE
- 18 16 HOURS. SO, IF I SIGNED UP TO TEACH A COURSE, IT
- 19 WOULD BE AN EIGHT-HOUR COURSE -- BUT THERE AT THE
- 20 END WHEN I WAS DOING THE FIRE MARSHALL LIKE THE LAST
- 21 THREE OR FOUR YEARS, SOMETIMES I WOULD DO
- 22 EVALUATIONS, WHICH WOULD BE JUST AN EIGHT-HOUR DAY.
- 23 SO, YOU KNOW, IF THEY CALLED ME TO DO -- BECAUSE
- 24 THERE I WAS DOING LIKE LEAD EVALUATIONS AND TEACHING
- 25 INSTRUCTOR CLASSES, BECAUSE I HAD DONE MOVED UP TO

1 INSTRUCTOR CLASSES. I WAS TEACHING INSTRUCTORS TO
2 TEACH. SO, I WOULD TEACH LIKE 16-HOUR COURSES, AND
3 THEN THE INSTRUCTORS WOULD TEACH THOSE STUDENTS.
4 SO, I HAD DONE -- I HAD MOVED UP TO LIKE INSTRUCTOR
5 -- I WAS TEACHING INSTRUCTORS.

6 Q. DID YOU HAVE ANY OTHER JOBS AT THE TIME OF YOUR
7 ACCIDENT?

8 A. NO, JUST FIRE STUFF.

9 Q. YOU WERE FIRE MARSHALL, AND THEN YOU HAD THE FIRE
10 ACADEMY, AND THAT WAS IT?

11 A. YES, AND MY LITTLE BOY.

12 Q. THAT'S A FULL-TIME JOB.

13 A. THAT'S A JOB.

14 Q. WHO WAS YOUR DIRECT SUPERVISOR AT THE FIRE
15 DEPARTMENT?

16 A. BILLY GIBSON.

17 Q. OKAY. AND WAS HE A FIRE MARSHALL AS WELL?

18 A. NO. WELL, I TAKE THAT BACK. MY DIRECT SUPERVISOR
19 WAS TIM -- TIM -- TIM. HE'S A REALLY GOOD FRIEND OF
20 MINE -- DICKSON, D-I-C-K-S-O-N.

21 Q. OKAY.

22 A. HE'S REALLY SERIOUS ABOUT THAT. DON'T SPELL IT
23 WRONG.

24 Q. AND I STARTED WRITING AN "X."

25 A. I KNOW. THAT'S WHY I WAS TELLING YOU.

1 Q. WHO DID YOU REPORT TO AT THE FIRE ACADEMY ABOUT
2 TEACHING? WHO WOULD -- YOU KNOW, WHO WOULD SCHEDULE
3 YOU OR CALL YOU AND SAY "WE NEED A TEACHER," OR HOW
4 WOULD THAT WORK?

5 A. I'M THINKING. I STILL TALK TO HIM ALL THE TIME.
6 HOLD ON. HE'S IN GREENVILLE AT THE FIRE ACADEMY IN
7 GREENVILLE. HIS OFFICE IS IN GREENVILLE. HOLD ON.
8 I CAN SEE HIS FACE PLAIN AS DAY. I JUST TALKED TO
9 HIM. OH, GOSH, I HATE THIS MEMORY THING. IT'S SO
10 EMBARRASSING.

11 Q. AND THAT'S FINE. WE CAN COME BACK TO IT IF YOU
12 REMEMBER IT, AND IF NOT, THAT'S NOT A BIG DEAL. DO
13 YOU WANT TO JUST COME BACK TO IT?

14 A. YEAH, I GUESS.

15 Q. THAT'S FINE.

16 A. YOU WOULDN'T KNOW HE WAS A FRIEND OF MINE, WOULD
17 YOU?

18 Q. WHEN IS THE LAST TIME YOU TAUGHT FOR THE FIRE
19 ACADEMY?

20 A. THEY -- I CAN'T TEACH FOR THEM NO MORE BECAUSE I'M
21 ON DISABILITY. THEY WON'T LET ME TEACH FOR THEM.

22 Q. OKAY. DID YOU KEEP TEACHING FOR THEM AT ALL AFTER
23 YOUR ACCIDENT?

24 A. UH-UH, I COULDN'T. THEY WOULDN'T LET ME.

25 Q. ALL RIGHT. SO, YOU HAVEN'T DONE IT AT ALL SINCE

1 YOUR ACCIDENT?

2 A. NO.

3 Q. BEFORE MAY 26TH, 2011, YOUR ACCIDENT, DID YOU HAVE
4 ANY MEDICAL CONDITIONS? I KNOW YOU TOLD ME ABOUT
5 THE PSYCHIATRIC TREATMENT YOU WERE GETTING ALREADY.
6 DID YOU HAVE ANYTHING ELSE YOU WERE TREATING FOR
7 REGULARLY?

8 A. ASTHMA.

9 Q. OKAY. WHEN WERE YOU FIRST DIAGNOSED WITH ASTHMA?

10 A. SIX WEEKS OLD.

11 Q. OKAY. SO, YOU'VE HAD IT YOUR WHOLE LIFE?

12 A. YES.

13 BY MR. THOMPSON:

14 LET ME ASK A QUESTION. IF ANYBODY GETS TOO
15 HOT, LET ME KNOW. THIS ROOM GETS REAL HOT IF WE
16 CLOSE THE DOORS. SO, IF ANYBODY GETS TOO HOT, JUST
17 LET ME KNOW.

18 BY MR. GOHEAN:

19 WILL DO.

20 BY MR. THOMPSON:

21 YOU TOO, SANDY, IF YOU GET TOO HOT, LET ME
22 KNOW.

23 BY THE WITNESS:

24 NO, I'M FINE. THANK YOU.

25 BY MR. THOMPSON:

1 ALL RIGHT.

2 EXAMINATION RESUMED BY MR. GOHEAN:

3 Q. SO WHAT KIND OF TREATMENT -- I KNOW YOU'VE BEEN
4 TREATING FOR THIS YOUR WHOLE LIFE, I GUESS.

5 A. MM-HMM.

6 Q. SO, WHAT KIND OF TREATMENT HAVE YOU HAD FOR YOUR
7 ASTHMA THROUGHOUT YOUR LIFE?

8 A. OH, GOSH, EVERYTHING. WHEN I WAS LITTLE, THEY GAVE
9 ME SHOTS AND TOOK ME TO DUKE UNIVERSITY. I HAD ALL
10 KIND OF STUFF. THEY SAID I OUTGREW IT, AND THEN I
11 WOULD LIKE -- IN MY TEENAGE YEARS, THEY GIVE ME THAT
12 -- SOME KIND OF VACCINE THAT I HAD TO TAKE TO GO TO
13 HIGH SCHOOL, AND THE DOCTORS SAY IT COUNTER REACTED
14 STUFF AND IT GIVE ME MY ASTHMA BACK OR SOMETHING,
15 AND THEN THEY STARTED TREATING ME AGAIN, AND THAT'S
16 WHEN I WENT TO THAT PSYCHOLOGIST, BECAUSE IT -- IT
17 MESSED -- GOT ME DEPRESSED OR SOMETHING. WELL
18 ANYWAY, THEY STARTED GIVING ME THE RESCUE INHALER
19 AND SINGULAIR AND ADVAIR, THAT PURPLE DISC THING.

20 Q. YES.

21 A. AND I HAD IT UNDER CONTROL, AND THEN WHEN I WENT TO
22 WORK AT BELTON, THEY HAD ME GO TO A DOCTOR TO MAKE
23 SURE I WAS GOOD, AND THEN OF COURSE WORKING WITH THE
24 FIRE DEPARTMENT EVERY YEAR YOU HAVE TO DO THAT DHEC
25 PHYSICAL AND GO THROUGH THAT BREATHING TEST THING TO

1 MAKE SURE YOU CAN PASS THE LUNG CAPACITY. SO, WE
2 DID THAT EVERY YEAR, AND THEN I -- I TAKE A -- I DID
3 TAKE SOME ALLERGY SHOTS AGAIN ONE TIME WHEN MY
4 ALLERGIES STARTED ACTING UP AND STARTED GETTING
5 SINUSES, BUT THAT WAS MORE SINUS THAN ASTHMA.

6 Q. WHERE ALL HAVE YOU TREATED? DO YOU HAVE SOMEONE
7 YOU'VE TREATED WITH REGULARLY THROUGHOUT YOUR LIFE
8 FOR YOUR ASTHMA?

9 A. NOT AN ASTHMA DOCTOR REALLY BUT I HAVE -- WELL, LIKE
10 I SAID I WENT TO DUKE WHEN I WAS LITTLE, BUT THEN I
11 JUST HAD A REGULAR -- JUST MY REGULAR DOCTORS WOULD
12 TREAT IT BECAUSE IT NEVER REALLY WAS -- IT NEVER
13 REALLY GOT REALLY MAJOR BAD, I DON'T GUESS OTHER
14 THAN JUST MY REGULAR DOCTORS.

15 Q. WHO WERE YOUR REGULAR DOCTORS THAT TREATED YOU FOR
16 ASTHMA AT THAT TIME?

17 A. I HAD DR. BAIRD, BUT HE DIED, PASSED AWAY WITH
18 CANCER, AND THEN AFTER THAT, I KIND OF BOUNCED
19 AROUND TRYING TO FIND DOCTORS, AND THEN I FOUND DR.
20 WADEE; THAT'S W-A-D-E-E, AND -- BUT HE MADE YOU WAIT
21 SO LONG. I COULDN'T AFFORD TO SIT THERE. SO I
22 STARTED GOING TO -- GOSH, I REALLY -- I'M REALLY
23 EMBARRASSING MYSELF HERE BECAUSE I KNOW THESE NAMES
24 SO GOOD.

25 Q. YOU'RE FINE. WE'RE NOT IN A HURRY.

- 1 A. WELL, AT LEAST I REMEMBER CECIL'S NAME. CECIL WAS
2 MY SUPERVISOR FOR THE FIRE ACADEMY.
- 3 Q. OH, OKAY.
- 4 A. I CAN'T REMEMBER HIS LAST NAME, BUT I REMEMBER
5 CECIL.
- 6 Q. THAT'S FINE.
- 7 A. I CAN'T THINK OF MY OTHER DOCTOR'S NAME, BUT ANYWAY,
8 I WENT TO -- GOLLY, I AM REALLY -- Y'ALL MUST BE
9 MESSING ME UP OR SOMETHING. I TOLD YOU I DON'T HAVE
10 A GOOD MEMORY NO MORE. ANYWAY, I WENT BACK TO DR.
11 WADEE, AND THAT'S WHO IS TREATING ME.
- 12 Q. WHERE WAS DR. BAIRD LOCATED?
- 13 A. HE WAS AT IVA MEDICAL. I REALLY LOVED HIM.
- 14 Q. AND IRA(PHONETIC)?
- 15 A. IVA.
- 16 Q. IVA, OKAY.
- 17 A. I-V-A, IVA. IT'S THAT SOUTHERN SLANG, SORRY.
- 18 Q. IT'S ALL RIGHT. OKAY. SO YOU WERE SEEING DR.
19 BAIRD, AND THEN HE PASSED AWAY?
- 20 A. YES.
- 21 Q. WAS DR. BAIRD LIKE YOUR FAMILY DOCTOR, OR WAS HE A
22 PULMONOLOGIST?
- 23 A. NO, JUST A REGULAR DOCTOR.
- 24 Q. OKAY. AND THEN YOU STARTED SEEING DR. WADEE; WHERE
25 IS DR. WADEE LOCATED?

1 A. IN ANDERSON.
2 Q. DO YOU KNOW THE NAME OF THE PRACTICE?
3 A. DR. WADEE. HE'S JUST...
4 Q. IS HE BY HIMSELF?
5 A. YES.
6 Q. OKAY.
7 A. CHARLES WADEE, I KNOW HIS NAME.
8 Q. ALL RIGHT. AND THEN YOU SAID YOU LEFT HIM FOR A
9 WHILE?
10 A. YES, AND I CAN'T REMEMBER FOR THE LIFE OF ME --
11 SEYMOUR -- DR. SEYMOUR, WHEW.
12 Q. DO YOU KNOW HOW DR. SEYMOUR IS SPELLED; IS IT S-E-Y?
13 A. IT IS.
14 Q. WHERE IS DR. SEYMOUR LOCATED?
15 A. RIGHT ACROSS FROM THE HOSPITAL.
16 Q. DO YOU KNOW THE NAME OF THE PRACTICE?
17 A. I THINK HE'S BY HIMSELF, TOO.
18 Q. AND YOU MEAN ACROSS FROM ANMED?
19 A. YES.
20 Q. OKAY. WAS ALL -- DR. BAIRD AND DR. SEYMOUR AND DR.
21 WADEE, WAS ALL THIS BEFORE YOUR ACCIDENT?
22 A. YES.
23 Q. OKAY. WHO WERE YOU TREATING WITH RIGHT UP TO THE
24 TIME OF YOUR ACCIDENT?
25 A. I WENT -- MY SISTER WAS GOING TO THIS DOCTOR IN

1 ELBERTON THAT WAS SUPPOSED TO BE THE BEST EVER, AND
2 EVERYBODY WAS ALWAYS FUSSING BECAUSE I NEVER HAD --
3 I ALWAYS TOOK MY PHYSICAL WITH THE FIRE DEPARTMENT
4 BECAUSE WE DID PHYSICALS EVERY YEAR.

5 Q. RIGHT.

6 A. THE LITTLE FIRE DEPARTMENT PHYSICALS, SO I WAS LIKE
7 "THAT IS GOOD ENOUGH FOR ME," SO I JUST DID MY
8 PHYSICAL WITH THE FIRE DEPARTMENT EVERY YEAR, WHICH
9 WAS WITH NORTH GREENVILLE FITNESS. THEIR LITTLE
10 THING WOULD COME OUT AND DO THE BLOOD WORK AND ALL
11 THAT JUNK, AND I WAS ALWAYS -- I PASSED. I WAS --
12 EVERYTHING -- ALL MY BLOOD WORK AND EVERYTHING WAS
13 ALWAYS REALLY REALLY GOOD. SO, I JUST ALWAYS DID MY
14 PHYSICAL WITH THEM. AND THEN, MY MAMA AND ALL THEM
15 WOULD ALWAYS FUSS BECAUSE I NEVER HAD (WITNESS
16 GESTURES) "A PHYSICAL." SO, MY SISTER WAS LIKE
17 "THIS DOCTOR IS THE BEST." IT WAS DR. POON, P-O-O-
18 N. SO, HERE I GO. I GO ALL THE WAY TO ELBERTON,
19 GEORGIA TO GET THE PHYSICAL. SO, I GO ALL THE WAY
20 OVER THERE TO GET A PHYSICAL, AND TWO WEEKS AFTER I
21 GET THE PHYSICAL, THAT'S WHEN I HAD MY ACCIDENT, AND
22 THAT'S WHY I DIDN'T GO TO THE DOCTOR RIGHT AT THE
23 TIME I STARTED FEELING SICK BECAUSE I KNEW I HAD TO
24 GO BACK FOR MY RESULTS ON THAT MONDAY, AND HAVING
25 ASTHMA MY WHOLE LIFE, I SAID "WELL, I'LL JUST WAIT

1 'TIL MONDAY" 'CAUSE I'M NOT NO WUSS. I'M A
2 FIREFIGHTER. I'M TOUGH.

3 Q. SO, ABOUT TWO WEEKS BEFORE YOUR ACCIDENT, THAT'S THE
4 FIRST TIME YOU SAW DR. POON?

5 A. I THINK I HAD BEEN OVER THERE A COUPLE OF TIMES. I
6 DON'T KNOW. I DON'T REMEMBER.

7 Q. BUT IT WAS CLOSE ---

8 A. I HAD BEEN OVER THERE LIKE FOR THE CONSULTATION
9 THING. YOU KNOW HOW YOU HAVE TO GO TO A
10 CONSULTATION.

11 Q. RIGHT.

12 A. AND THEN WHATEVER, AND THEN TO DO LIKE THAT, AND I
13 HAD TO DO SOMETHING ELSE, AND THEN I HAD TO DO THE
14 TESTS AND ALL, AND THEN I HAD TO DO THE MAMMOGRAM,
15 AND I HAD TO DO ALL THESE OTHER TESTS, BUT FOR THE
16 FINAL PHYSICAL PHYSICAL, I HAD BEEN TWO OR THREE
17 TIMES, BUT I WAS GOING -- FOR THE FINAL BLOOD WORK
18 AND EVERYTHING, I HAD BEEN TWO WEEKS PRIOR. FOR THE
19 MAJOR MAJOR PHYSICAL AND PAP SMEAR AND ALL THT JUNK
20 WAS TWO WEEKS PRIOR.

21 Q. OKAY.

22 A. TO THE -- FOR THE -- AND I WAS GOING BACK ON THAT
23 MONDAY RIGHT BEFORE THAT STUPID DAY.

24 Q. ANY OTHER DOCTORS YOU'VE SEEN IN THE PAST FOR -- DID
25 YOU EVER HAVE ANY OTHER FAMILY DOCTORS OR ANY OTHER

1 PULMONOLOGISTS?

2 A. DR. REISTER WAS MY SINUS AND EAR, BECAUSE I HAVE EAR
3 AND SINUS PROBLEMS.

4 Q. HOW DO YOU SPELL REISTER?

5 A. R-E-I-S-T-E-R, I THINK. IT'S JANE REISTER. JANE.

6 Q. WHERE IS SHE LOCATED?

7 A. SHE IS MEDICUS. DON'T ASK ME HOW TO SPELL THAT.

8 Q. THAT'S FINE. IS THAT IN ANDERSON?

9 A. YES.

10 Q. AND THAT WAS YOUR LIKE ALLERGY AND EAR; IS ---

11 A. SHE DID A SINUS ---

12 Q. --- SHE AN E.N.T.?

13 A. SHE'S THAT BIG LONG WORD THAT EVERYBODY GETS A SHIRT
14 THAT SAYS "MY DOCTOR'S A..." THAT REAL LONG WORD.

15 Q. YES.

16 A. SHE DONE MY SINUS SURGERY.

17 Q. OKAY.

18 A. AND SHE PUT TUBES IN MY EARS BECAUSE I HAVE SINUS
19 PROBLEMS.

20 Q. WHEN DID YOU HAVE A SINUS SURGERY?

21 A. OH, GOODNESS. I DON'T REMEMBER, BUT IT WAS AFTER
22 ETHAN WAS BORN, BECAUSE HE HIT ME IN THE NOSE, I
23 REMEMBER. HE WAS A BABY, SO IT WAS LIKE PROBABLY
24 2003.

25 Q. ANY OTHER SURGERIES BEFORE?

1 A. I HAD A C. SECTION AND A HYSTERECTOMY.

2 Q. ANYTHING ELSE?

3 A. I HAD NODULES ON MY VOCAL CORDS THAT SHE DID, BUT I
4 DON'T REMEMBER WHEN THAT WAS.

5 Q. DR. REISTER DID THAT?

6 A. MM-HMM.

7 Q. YES?

8 A. YES -- OH, YES. YOU'RE MAKING ME TOO COMFORTABLE.

9 Q. CAN YOU THINK OF ANY OTHER DOCTORS YOU'VE SEEN FOR
10 YOUR ASTHMA IN THE PAST OR ANY OTHER LIKE FAMILY
11 DOCTORS YOU MIGHT HAVE HAD?

12 A. DR. WADEE HAD SENT ME TO DR. MOHAN. DR. M-O -- CAN
13 I ASK HIM (GESTURES)?

14 Q. WHERE IS DR. MOHAN LOCATED AT?

15 A. I DON'T KNOW HOW TO SPELL IT. HE'S GOT ALL THE
16 REPORTS. ANDERSON.

17 Q. OKAY.

18 A. SHE'S A PULMONOLOGIST.

19 Q. A PULMONOLOGIST, OKAY.

20 **BY MR. THOMPSON:**

21 IT'S M-O-H-A-N.

22 **EXAMINATION RESUMED BY MR. GOHEAN:**

23 Q. OKAY. AND I THINK I'VE GOT THAT. I THINK -- IS
24 THAT CAROLINA PULMONOLOGY?

25 A. YEAH, YOU SHOULD HAVE THAT.

1 Q. OKAY.

2 A. I THINK YOU'VE GOT ALL OF THAT.

3 BY MR. THOMPSON:

4 RIGHT. I THINK I SENT THOSE TO YOU.

5 BY MR. GOHEAN:

6 YEAH, I'VE GOT THAT. OKAY.

7 EXAMINATION RESUMED BY MR. GOHEAN:

8 Q. WHEN DID YOU FIRST GO TO DR. MOHAN?

9 A. AFTER MY ACCIDENT.

10 Q. OKAY. SO, YOU HADN'T BEEN TO HIM BEFORE THAT?

11 A. NO.

12 Q. ANY OTHER DOCTORS OR PULMONOLOGISTS OR ANYBODY
13 YOU'VE SEEN BEFORE?

14 A. BEFORE THE ACCIDENT, NO, THAT I CAN THINK OF.

15 Q. OKAY. DO YOU HAVE A FAMILY DOCTOR RIGHT NOW; IS IT
16 DR. POON?

17 A. DR. WADEE.

18 Q. OKAY. IT'S WADEE?

19 A. I WENT BACK TO DR. WADEE. I'M NOT GOING ALL THE WAY
20 TO ELBERTON.

21 Q. I DON'T BLAME YOU. DO YOU HAVE A PHARMACY THAT YOU
22 USE LIKE ONE THAT YOU TEND TO GO TO?

23 A. IVA -- IVA DRUG STORE.

24 Q. IS THAT WHERE YOU'VE ALWAYS GONE?

25 A. NO, IT'S C.V.S., WALGREENS. I'M FICKLE.

1 Q. ANY OTHER PHARMACIES YOU'VE USED?
2 A. ANMED, I GUESS, MAYBE.
3 Q. AND THE WALGREENS AND THE C.V.S., WHERE ARE THOSE
4 AT? ARE THEY IN IVA?
5 A. IN ANDERSON.
6 Q. OKAY.
7 A. I THINK I'VE USED ONE IN CHARLESTON, TOO, WHEN I WAS
8 DOWN THERE.
9 Q. OKAY. ANY OTHER DOCTORS YOU CAN THINK OF?
10 A. THERE WAS ONE IN -- DR. DANIEL WAS IN WITH DR. POON.
11 I SEEN HIM, TOO, BUT...
12 Q. THE SAME PRACTICE THOUGH?
13 A. MM-HMM.
14 Q. ALL RIGHT. WELL, NOW, I ACTUALLY WANT TO TALK ABOUT
15 THE ACCIDENT. LIKE I'VE BEEN SAYING, THE DATE I
16 HAVE IS MAY 26TH, 2011; IS THAT RIGHT?
17 A. (NO VERBAL RESPONSE)
18 Q. OR IS THAT ABOUT RIGHT; DO YOU RECALL THE SPECIFIC
19 DATE OR NO?
20 A. I DON'T.
21 Q. THAT'S FINE. DO YOU REMEMBER WHAT DAY OF THE WEEK
22 IT HAPPENED ON?
23 A. I THINK IT WAS A THURSDAY, WASN'T IT?
24 Q. OKAY. AND JUST TELL ME WHAT HAPPENED. WALK ME
25 THROUGH WHAT HAPPENED THAT DAY.

1 A. OH, I REMEMBER THIS. WE WERE -- ME AND MY PARTNER,
2 BONE -- OR LARRY GREER. I CALL HIM BONE. WE WERE
3 GOING TO INSTALL A SMOKE DETECTOR FOR THIS OLD LADY
4 THAT CALLED AND SAID SHE COULDN'T PUT IT UP FOR
5 HERSELF. SO, WE WERE GOING TO GO PUT IT UP FOR HER,
6 AND WE ALWAYS GO IN PAIRS, 'CAUSE WE DON'T LIKE TO
7 GO IN A HOUSE JUST 'CAUSE OF -- YOU KNOW, THEY COULD
8 SAY SOMETHING ABOUT IT. SO, WE WERE DRIVING GOING,
9 AND WE SEEN A BUNCH OF SMOKE, AND I WAS LIKE "DUDE,
10 LOOK," AND, YOU KNOW, BEING FIREMEN, WE WAS LIKE --
11 HE WAS LIKE "WHAT THE HECK." I WAS LIKE, "I DON'T
12 KNOW." SO, WE TURNED THE RADIO ON, AND WE HEARD
13 EVERYBODY WAS GOING. HE SAID, "LET'S GO SEE WHAT IT
14 IS." SO, WE HAD TO GO LOOK. SO, WE LOOKED, AND IT
15 WAS LIKE THIS HUGE FIELD ON FIRE, AND I WAS LIKE
16 "DUDE," I SAID, "IT'S JUST A FIELD FIRE. SO, LET'S
17 GO PUT THE SMOKE DETECTOR UP." HE WAS LIKE, "NO,
18 LET'S LOOK." I SAID, "WELL, DON'T PARK IN THE FIRE,
19 BECAUSE I HAVE A COLD." 'CAUSE I HAD A REALLY BAD
20 COLD, AND ANY TIME I'VE GOT A COLD, I DON'T GO NEAR
21 A FIRE BECAUSE IF I'VE GOT A COLD, IT AIN'T GOOD
22 WITH ME AND A COLD AND MY ASTHMA. SO, HE PARKED
23 OVER ON THIS SIDE (WITNESS INDICATES) WITH ONE FIRE
24 TRUCK, BUT BEING FIREMEN, AND I KNOW HOW HE FELT
25 BECAUSE I FEEL THE SAME WAY, YOU ALWAYS WANT TO GET

1 WHERE THE FIRE'S AT. YOU DON'T NEVER WANT TO
2 PROTECT -- THIS IS BAD TO SAY, BUT AS LONG AS YOU
3 DON'T TELL NOBODY, WE NEVER WANT TO BE ON THE PART
4 WHERE YOU'RE PROTECTING THE PEOPLE. WE DON'T EVER
5 WANT TO BE ON THIS SIDE WHERE WE'RE PROTECTING. WE
6 WANT TO BE WHERE WE'RE FIGHTING. BUT WE WERE OVER
7 HERE, AND THE FIRE TRUCK WAS PROTECTING THE
8 EXPOSURES, AND HE SAID, "DUDE," HE SAID, "WE'RE
9 GOING ON THIS SIDE," AND I WAS LIKE, "NO, DUDE,
10 DON'T GO ON THAT SIDE BECAUSE THE SMOKE WILL BE OVER
11 THERE," AND HE WAS LIKE "I'LL PARK WHERE IT'S NOT."
12 SO, WE WENT OVER HERE WHERE ALL THE FIRE TRUCKS
13 WERE, AND HONESTLY THERE WASN'T NO SMOKE RIGHT
14 THERE, AND HE JUMPS OUT AND GRABS HIS TURNOUT GEAR,
15 BUT IN THE PROCESS, THE WIND TURNED, AND HERE COMES
16 ALL THAT SMOKE. SO, I'M LIKE "OH, CRAP." I'M LIKE,
17 "SURELY HE'LL HURRY UP." SO, I TURNED -- I TURNED
18 THE AIR CONDITIONER KNOWING IT AIN'T GOING TO HELP A
19 WHOLE LOT, BUT I TURNED IT ON, YOU KNOW, THE CLOSED
20 CIRCULATE, TURNED IT WIDE OPEN, AND I GRABBED THIS
21 COAT OR RAG OR WHATEVER, AND I'M SITTING HERE
22 HOLDING IT TO MY HAND (WITNESS DEMONSTRATES) TRYING
23 TO STAY OUT OF THE SMOKE. AND I REALLY COULDN'T
24 SMELL A LOT OF SMOKE, BUT I -- YOU KNOW, YOU'RE
25 GETTING IN IT 'CAUSE YOU CAN'T SMELL CARBON MONOXIDE

1 ANYWAY. AND I'M SITTING HERE LIKE THIS (WITNESS
2 DEMONSTRATES). SORRY. I'M SITTING HERE LIKE THIS
3 TRYING TO STAY OUT OF IT, AND IT SEEMS LIKE HOURS.
4 I REALLY DIDN'T LOOK AT A CLOCK, SO I DON'T KNOW IF
5 WE SAT THERE FOR 30 MINUTES OR FOUR HOURS, BUT IT
6 SEEMED LIKE FOREVER. BUT IT HAD TO BE A LONG TIME,
7 BECAUSE THE FIRE BURNT CLEAN BY ALL OF THAT, AND
8 LADIES WAS COMING BY, AND THEY WERE LIKE LOOKING AT
9 ME, AND I KNOW THEY WERE -- I FELT LIKE THEY WERE
10 LOOKING AT ME LIKE "WHY DON'T YOU GET OUT OF THE CAR
11 AND HELP; YOU'RE CERTIFIED," AND I'M LIKE
12 EMBARRASSED ANYWAY BECAUSE I WON'T GET OUT AND HELP,
13 AND I'M SITTING THERE ALL COVERED UP TRYING TO --
14 SO, I STAYED IN THE TRUCK THE WHOLE TIME, AND I'M
15 COUGHING AND CARRYING ON 'CAUSE I JUST KNOW I'M
16 GOING TO DIE 'CAUSE I'M SITTING IN SMOKE. AND ALL
17 THE FIRE TRUCKS START MOVING 'CAUSE THE STUFF IS
18 SHIFTING, BUT BONE WON'T COME ON 'CAUSE WE'RE --
19 HE'S FIGHTING FIRE, AND I DON'T BLAME HIM, BECAUSE I
20 WOULD BE TOO. WELL, FINALLY AFTER ALL THE FIRE IS
21 OUT, HE COMES ON, AND I'M LIKE, "MAN, YOU SHOULD
22 HAVE COME ON." ANYWAY, WE FINALLY LEFT. WE GET
23 BACK TO THE FIRE DEPARTMENT. I TELL EVERYBODY HE'S
24 DONE KILLED ME BECAUSE HE LEFT ME IN SMOKE. AS YOU
25 KNOW, I EXAGGERATE A LOT, BUT ANYWAY. SO, WE'RE OUT

1 THERE, AND WE WAS LIKE -- I GET TO THE FIRE
2 DEPARTMENT, AND I WAS TELLING THEM, I SAID, "I'VE
3 GOT A COLD. I THINK I'M GOING TO GO HOME EARLY
4 BECAUSE I'VE DONE GOT SICK. I'M REAL -- MY HEAD IS
5 KILLING ME." THE REASON I THINK IT WAS A THURSDAY
6 IS 'CAUSE I -- I THINK I REMEMBER COMING BACK IN
7 THAT NEXT DAY REALLY SICK. I THINK I REMEMBER THAT,
8 BUT I CAN'T REMEMBER IF THAT'S TRUE OR NOT. BUT IT
9 SEEMS LIKE THAT'S THE WAY IT WAS.

10 BY THE WITNESS:

11 WASN'T IT A THURSDAY?

12 BY MR. THOMPSON:

13 I CAN'T HELP ANSWER QUESTIONS FOR YOU.

14 BY THE WITNESS:

15 I'M SORRY.

16 BY MR. THOMPSON:

17 WE CAN GET A CALENDAR IF WE NEED TO FIGURE IT
18 OUT.

19 THE WITNESS RESUMES ANSWER:

20 A. I'M ALMOST POSITIVE IT WAS A THURSDAY, BUT IF NOT, I
21 LEFT EARLY THAT DAY. IF NOT, I LEFT EARLY THE NEXT
22 DAY. I CAN'T REMEMBER. BUT ANYWAY, IRREGARDLESS,
23 THIS IS HOW I REMEMBER IT. IF IT'S WRONG, IT'S
24 WRONG. TO THE BEST OF MY KNOWLEDGE, THIS IS WHAT I
25 REMEMBER. I WAS REALLY REALLY SICK THE NEXT DAY,

1 AND THEY KEPT SAYING "WHY DON'T YOU GO TO THE
2 DOCTOR," AND I SAID, "WELL, I'VE GOT TO GO TO THE
3 DOCTOR FRIDAY -- I MEAN MONDAY ANYWAY." AND I'VE
4 NEVER BEEN -- I'VE ALWAYS ALWAYS DONE SUCH A GOOD
5 JOB AT PUSHING MY ASTHMA BACK AND NOT LETTING MY
6 ASTHMA GET IN THE WAY OF MY FIREFIGHTING, BECAUSE
7 I'M SO PROUD OF MY FIREFIGHTING 'TIL I NEVER LET IT
8 GET IN MY WAY 'TIL I ALWAYS PUSH IT BACK, AND I
9 ALWAYS TREAT IT MYSELF 'TIL A COLD MIGHT GET ME, BUT
10 MY ASTHMA WON'T. SO, I PUSH IT BACK, AND I WAIT
11 UNTIL MONDAY TO GO, AND I GUESS I SHOULD HAVE WENT,
12 BECAUSE NOW, I CAN'T DO NOTHING. SORRY. WAIT A
13 MINUTE. THAT'S JUST STUPID BECAUSE I DON'T CRY
14 EITHER. OKAY, WAIT A MINUTE. SORRY.

15 EXAMINATION RESUMED BY MR. GOHEAN:

16 Q. NO, YOU'RE FINE. IF YOU WANT TO TAKE A BREAK, WE
17 CAN TAKE A BREAK. LIKE I SAID, WE'RE NOT IN ANY
18 HURRY.

19 A. HOLD ON ONE MINUTE. NO, I'M TOUGHER THAN THAT.
20 HOLD ON. ANYWAY, I WENT TO THE DOCTOR TO GET MY
21 RESULTS, AND I TOLD HIM I HAD A COLD, AND HE TELLS
22 ME MY RESULTS THAT EVERYTHING LOOKS REALLY GOOD FROM
23 MY PHYSICAL, THAT MY LUNGS ARE REALLY CLEAR,
24 EVERYTHING IS REALLY GOOD, AND I'M SITTING THERE,
25 AND I SAID "WELL, WHILE YOU'RE AT IT, YOU MIGHT

1 BETTER LISTEN TO MY LUNGS BECAUSE I THINK I'VE GOT A
2 COLD," AND HE SAID, "WHY, WHAT'S THE MATTER?" AND
3 I'M LIKE "MY OXYGEN LEVEL IS PRETTY LOW," BECAUSE
4 I'M REALLY TOUGH, AND I DON'T NEVER TELL NOBODY
5 NOTHING, AND HE -- I'M LAUGHING AND CARRYING ON, AND
6 HE'S LIKE "NO, SERIOUSLY, DO YOU FEEL BAD?" AND I'M
7 LIKE, "YEAH," AND THEN I'M LIKE ALMOST FALLING UP
8 AGAINST THE WALL BECAUSE STUPID ME DIDN'T HAVE
9 ENOUGH SENSE TO GO TO THE DOCTOR WHEN I THINK I
10 SHOULD. AND THEN THEY PUT ME IN THE HOSPITAL.

11 Q. LET'S GO BACK TO THE FIRE FOR A SECOND. YOU SAID IT
12 WAS A FIELD?

13 A. YES, A FIELD FIRE.

14 Q. WAS IT LIKE JUST A GRASS FIELD OR...?

15 A. A COMBINE HAD CAUGHT ON FIRE IN THE MIDDLE. THEY
16 WERE -- IT WAS A TRACTOR AND THEN THE CARS WERE
17 WHERE THEY HAD PARKED SOME OLD CARS AND STUFF WERE
18 ON FIRE, AND IT WAS COMING TOWARDS HIS HOUSE, AND
19 ONE WOMAN WAS CARRYING HER CAT OUT BY ME. I
20 REMEMBER THAT.

21 Q. WHERE WAS THE FIRE IN RELATION TO THE HOUSE AND THEN
22 YOUR TRUCK? WHERE WERE Y'ALL PARKED IN RELATION TO
23 THAT?

24 A. WE WERE IN THE DRIVEWAY.

25 Q. OKAY. SO, YOU WERE PARKED AT THE HOUSE?

1 A. YES.

2 Q. WAS THE HOUSE -- DID THE HOUSE EVER CATCH FIRE?

3 A. I REMEMBER THEM BRINGING EVERYTHING OUT, BUT WE -- I
4 THINK WE SAVED THAT HOUSE. IT WOULD HAVE HAD A LOT
5 OF SMOKE DAMAGE THOUGH, 'CAUSE IT WAS BURNING RIGHT
6 UP AGAINST IT. BUT I'M PRETTY -- I'M PRETTY
7 CONVINCED THEY SAVED THE HOUSE. I DIDN'T GET OUT.
8 SO, I DON'T REALLY KNOW.

9 Q. SO YOU WERE IN THE DRIVEWAY AND THEN THERE'S THE
10 HOUSE, AND THEN WAS THE FIELD ---

11 A. THERE WAS FIRE TRUCKS IN FRONT OF ME, SO I COULDN'T
12 REALLY SEE.

13 Q. OKAY.

14 A. THEY WAS -- I WAS -- WE WAS PARKED BACK BECAUSE I
15 INSISTED THAT WE PARK WAY BACK 'CAUSE I DIDN'T WANT
16 TO GET IN THE SMOKE NOW.

17 Q. OKAY. SO, IT WAS YOUR TRUCK, THEN FIRE TRUCKS AND
18 THEN THE HOUSE?

19 A. YES.

20 Q. AND THEN THE FIRE WAS BEHIND THE HOUSE?

21 A. NO, THE HOUSE IS RIGHT HERE (WITNESS INDICATES) AND
22 IT WAS FIRE TRUCK, FIRE TRUCK, ANOTHER FIRE TRUCK,
23 AND WE WERE PARKED PRETTY FAR BACK LIKE RIGHT HERE.

24 Q. OKAY. SO, YOU WERE BEHIND THE HOUSE AND BEHIND THE
25 FIRE TRUCKS?

1 A. MM-HMM.

2 Q. AND THEN THE FIRE WAS BEHIND THE HOUSE?

3 A. YEAH, WELL, ALL (WITNESS GESTURES) -- IT WAS A HUGE
4 FIELD.

5 Q. OKAY. SO IT WAS ALL AROUND IT?

6 A. YES.

7 Q. OKAY, ALL RIGHT. AND YOU SAID WHEN YOU GOT THERE
8 THE SMOKE WASN'T COMING YOUR DIRECTION, BUT THE WIND
9 SHIFTED?

10 A. RIGHT, IT WAS GOING THIS A WAY (WITNESS
11 DEMONSTRATES), AND THEN THE NEXT THING I KNOW IT WAS
12 COMING THIS WAY, AND THE HOUSE WAS IN DANGER.
13 EVERYBODY WAS RUNNING, AND THE PEOPLE WAS COMING AND
14 GETTING STUFF OUT OF THE HOUSE AND RUNNING BY ME,
15 AND THE FIRE TRUCKS WERE MOVING, AND...

16 Q. OKAY. AND YOU TURNED THE AIR CONDITIONING TO I
17 GUESS THAT LITTLE CIRCULATE BUTTON?

18 A. YEAH.

19 Q. TO TRY TO JUST CIRCULATE THE AIR YOU HAD IN THERE?

20 A. RIGHT.

21 Q. OKAY.

22 A. YOU KNOW THAT DON'T HELP A LOT, BUT IT HELPED SOME.

23 Q. DID YOU GO ON AFTER THAT AND DO THE SMOKE DETECTOR
24 INSTALLATION?

25 A. WE DID.

1 Q. OKAY. AND THEN YOU WENT BACK TO THE FIRE
2 DEPARTMENT?

3 A. YES.

4 Q. DID YOU GO BACK TO THE FIRE ON YOUR WAY HOME?

5 A. NO.

6 Q. ALL RIGHT. SO, Y'ALL WENT STRAIGHT BACK TO THE
7 DEPARTMENT?

8 A. YES.

9 Q. AND IT WAS LARRY GREER YOU SAID IN THE TRUCK WITH
10 YOU?

11 A. YES.

12 Q. ALL RIGHT.

13 A. LARRY GREER, JUNIOR, ACTUALLY.

14 Q. OKAY. I THINK YOU CALL HIM BONE?

15 A. BONE, YEAH, REDBONE.

16 Q. ALL RIGHT. YOU GOT BACK. DID YOU TELL ANYONE
17 SPECIFICALLY THAT THE FIRE, YOU KNOW, HAD MADE YOUR
18 BREATHING PROBLEMS WORSE?

19 A. LARRY.

20 Q. OKAY.

21 A. BONE, YEAH.

22 Q. AND YOU'RE NOT SURE IF YOU LEFT EARLY THAT DAY OR
23 THE NEXT DAY; YOU CAN'T REMEMBER?

24 A. I'M ALMOST POSITIVE IT WAS A THURSDAY. I'M ALMOST
25 POSITIVE IT WAS, BUT IF IT WASN'T, THEN I LEFT EARLY

1 THE NEXT DAY. I'M -- BUT I JUST -- MY MEMORY'S NOT
2 REALLY GOOD.

3 Q. OKAY. AND SO WHEN WAS THE NEXT TIME -- WERE YOU
4 SCHEDULED TO WORK, YOU KNOW, THE NEXT -- DID YOU GO
5 BACK TO WORK AT ALL BEFORE YOU WENT TO THE DOCTOR?

6 A. IF IT WAS ON A THURSDAY, I WENT TO WORK THAT FRIDAY,
7 BUT IF IT WAS ON FRIDAY, I DIDN'T. I CAN'T
8 REMEMBER.

9 Q. OKAY. BECAUSE YOUR DOCTOR'S APPOINTMENT WAS MONDAY?

10 A. RIGHT.

11 Q. ALL RIGHT. AND THEN STRAIGHT AFTER THE DOCTOR, THEY
12 ADMITTED YOU TO THE HOSPITAL?

13 A. RIGHT. FROM THE DOCTOR, THEY TOOK ME STRAIGHT TO
14 THE HOSPITAL.

15 Q. BEFORE THAT DAY, WERE YOU HAVING PROBLEMS WITH YOUR
16 ASTHMA?

17 A. NO, I HAD A COLD.

18 Q. OKAY.

19 A. IT WAS A HEAD COLD.

20 Q. BUT YOU WEREN'T' HAVING ANY ASTHMA PROBLEMS ---

21 A. NO.

22 Q. --- OR ANY BREATHING PROBLEMS?

23 A. NO, NOT AT ALL.

24 Q. HOW ABOUT IN THE, YOU KNOW, TWO TO THREE TO FOUR OR
25 FIVE YEARS LEADING UP TO THAT, HAS YOUR -- HAD YOUR

1 ASTHMA BEEN CONTROLLED?

2 A. YES, CONTROLLED.

3 Q. WAS IT GETTING BETTER, GETTING WORSE?

4 A. NO, IT WAS CONTROLLED.

5 Q. OKAY. HAD YOU HAD ANY OTHER PRIOR FLARE UPS WITH IT

6 OR ANY TIMES WHEN IT GOT WORSE IN THE PAST, OR HAS

7 IT ALWAYS BEEN PRETTY CONTROLLED SINCE ---

8 A. NO, I WOULD HAVE FLARE UPS, BUT THAT WAS THE WAY IT

9 HAD ALWAYS BEEN.

10 Q. BUT IT WASN'T -- I'M ASKING A 'BAD QUESTION.

11 A. YEAH, I'M KIND OF CONFUSED.

12 Q. HAD IT BEEN GETTING WORSE PROGRESSIVELY THROUGHOUT

13 YOUR LIFE?

14 A. NO.

15 Q. OKAY. SO IT HAD BEEN CONTROLLED. YOU WOULD HAVE

16 FLARE UPS, BUT IT WAS CONTROLLED?

17 A. IT ALWAYS -- IT HAD ALWAYS BEEN THE SAME SINCE MY

18 FIRE DEPARTMENT YEARS.

19 Q. OKAY. SO ---

20 A. IS THAT WHAT YOU'RE ASKING?

21 Q. YEAH, LIKE 20 YEARS OR SO, IT WAS PRETTY CONSISTENT,

22 YOU JUST ---

23 A. CONSISTENT, YES.

24 Q. OKAY.

25 A. SO, NO, IT HADN'T BEEN GETTING WORSE.

1 Q. GOTCHA. MY FAULT, SORRY.

2 A. ALL RIGHT. SO YOU WENT BACK TO DR. POON THAT

3 MONDAY, AND YOU TOLD HIM YOU WERE HAVING SOME

4 BREATHING PROBLEMS?

5 A. YES.

6 Q. DID YOU TELL HIM ABOUT THE FIRE?

7 A. YES.

8 Q. OKAY. AND HE SAID YOU NEEDED TO GO TO THE HOSPITAL?

9 A. HE SAID I HAD CARBON MONOXIDE POISONING -- OR

10 DIOXIDE, OR WHATEVER.

11 Q. OKAY.

12 A. THAT'S WHAT HE TOLD ME.

13 Q. ALL RIGHT. AND HE SENT YOU TO THE HOSPITAL?

14 A. YES.

15 Q. ALL RIGHT. WHAT HOSPITAL WERE YOU AT?

16 A. ELBERT MEMORIAL.

17 Q. ALL RIGHT. AND THEY ADMITTED YOU?

18 A. YES.

19 Q. ALL RIGHT. WHAT DID YOU TELL THEM WAS WRONG WHEN

20 YOU GOT ADMITTED?

21 A. I TOLD THEM THAT I HAD -- THAT I HAD -- THAT I HAD

22 BEEN IN THAT FIRE AND I COULDN'T BREATHE.

23 Q. OKAY.

24 A. WELL, ACTUALLY I DIDN'T TELL THEM NOTHING. I JUST

25 TOLD THEM THAT DR. POON TOLD ME TO COME OVER HERE.

1 Q. OKAY. DID YOU TELL THEM ABOUT THE FIRE ONCE YOU
2 WERE ADMITTED?

3 A. NO, I DIDN'T SAY NOTHING, BECAUSE I WAS HAVING -- I
4 MEAN, I COULDN'T HARDLY TALK.

5 Q. OKAY. HOW LONG WERE YOU ADMITTED FOR?

6 A. TEN DAYS.

7 Q. ALL RIGHT. DID YOU TELL YOUR DOCTORS WHILE YOU WERE
8 IN THERE DURING THOSE TEN DAYS THAT, YOU KNOW, "I
9 WAS ALL RIGHT AND THEN I HAD THIS FIRE INCIDENT"?

10 A. YEAH, I'M SURE I DID.

11 Q. OKAY. WHAT DID THEY -- YOU KNOW, WHAT WAS YOUR
12 DIAGNOSIS, OR WHAT DID THEY TELL YOU WAS WRONG?

13 A. THEY KEPT TELLING ME THAT I HAD CARBON MONOXIDE
14 POISONING. THEY DID LIKE A WHOLE BUNCH OF THOSE --
15 OH GOSH, WHAT DO YOU CALL THOSE THINGS WHERE THEY --
16 THE O-2 SATS WHERE THEY GO DOWN IN YOUR ARM AND DRAW
17 THAT BLOOD WAY DOWN DEEP, AND THEY KEPT SAYING THAT
18 I HAD CARBON MONOXIDE POISONING, AND LIKE ON THE
19 FOURTH OF FIFTH DAY THAT I WAS THERE, DR. POON COME
20 IN THERE AND -- WITH ME AND MY HUSBAND, AND HE SAID
21 -- CLOSED THE DOOR AND TOLD THE NURSE HE DIDN'T WANT
22 TO BE DISTURBED, AND HE DRAWE[*sic*] THE CHAIR UP
23 REAL CLOSE. HE DRAWE HIS CHAIR UP REALLY CLOSE,
24 AND HE TOLD ME -- HE SAYS, "YOU REALIZE YOU'RE --
25 YOU REALIZE YOUR CAREER IS OVER," AND I SAID "WHY?"

1 AND HE SAYS, "YOU KNOW YOU CAN'T FIGHT FIRES --
2 FIGHT FIRES ANYMORE."

3 BY MR. THOMPSON:

4 CAN WE GO OFF THE RECORD A MINUTE?

5 BY MR. GOHEAN:

6 ABSOLUTELY.

7 (OFF THE RECORD)

8 THE WITNESS RESUMES ANSWER:

9 A. THE DOCTOR PULLED HIS CHAIR UP LIKE THIS BETWEEN --
10 I WAS IN THE BED; MY HUSBAND WAS SITTING HERE
11 HOLDING MY HAND, AND HE PULLED HIS CHAIR UP LIKE
12 WITH HIS LEGS LIKE THIS, AND HE LOOKED ME DEAD IN
13 THE EYE, AND HE SAYS "YOU REALIZE YOUR CAREER IS
14 OLDER -- OVER," AND I SAID "WHY?" HE SAYS, "YOU
15 CAN'T FIGHT FIRE NO MORE." AND I SAID, "WELL, WHY?
16 JUST FIX ME." HE'S LIKE "YOU CAN'T BE FIXED. YOUR
17 CAREER IS OVER. YOU'VE GOT TO RETIRE." I WON'T.
18 I'M NOT RETIRING. I'M LIKE 48. I'M NOT RETIRING.
19 I'M LIKE, "DUDE, I JUST NOW MADE FIRE MARSHALL. I
20 TEACH INSTRUCTORS. THAT'S -- I'M AT THE PINNACLE."
21 AND HE SAYS "NO, YOU -- YOUR CAREER IS OVER, OVER.
22 YOU CAN'T DO WHAT YOU CAN DO ANYMORE. YOU'VE GOT A
23 LITTLE BOY AT HOME. GO HOME AND BE A MAMA." AND MY
24 HUSBAND SAID "WE'LL BE ALL RIGHT." YEAH, YOU'VE
25 STILL GOT YOUR CAREER. SEE, I NEVER -- I NEVER

1 WANTED TO GET MARRIED AND HAVE KIDS. THAT JUST KIND
2 OF SNUCK UP ON ME. ALL I EVER WANTED TO BE WAS A
3 FIREMAN. HOLD ON. THIS IS NOT ME. I'M TALKING
4 ABOUT SOMEBODY ELSE. OKAY. SOMEBODY ELSE. I'M
5 TALKING ABOUT SOMEBODY ELSE. OKAY. AND I TOLD HIM,
6 "WELL, WHY CAN'T YOU FIX ME? FIND SOMEBODY THAT
7 CAN, 'CAUSE THERE'S A BUNCH OF DOCTORS OUT THERE.
8 DO A LUNG TRANSPLANT OR SOMETHING." HE SAID, "NO,
9 YOUR CAREER IS OVER. THAT FIRE TOOK IT ALL. YOU
10 DONE GIVE ALL YOU CAN GIVE. YOU DONE DONE ALL YOU
11 CAN DO. YOUR CAREER IS OVER." SO, OKAY. AND THAT
12 WAS IT, AND THAT WAS ALL HE EVER SAID TO ME ABOUT
13 IT. AND HE WALKS OUT LIKE HAVE A GOOD DAY.

14 EXAMINATION RESUMED BY MR. GOHEAN:

15 Q. WHERE DID YOU GO AFTER THE HOSPITAL STAY?

16 A. HE TOLD ME THAT HE HAD DONE ALL HE COULD DO FOR ME.

17 Q. DR. POON DID?

18 A. YEAH, AND THEN HE SAID THAT HE HAD DONE ALL HE COULD
19 DO. HE HAD DR. DANIEL AND A COUPLE OF HIS OTHER
20 DOCTORS COME IN THERE, AND THEY KEPT DOING THOSE
21 BLOOD GASES. THAT'S WHAT HE DID, BLOOD GASES, AND
22 HE SAID THEY WASN'T GETTING ANY BETTER. THAT IT WAS
23 JUST SHOWING THAT I DIDN'T HAVE ANY OXYGEN. HE SAID
24 THAT -- THAT -- HE CALLED IT SOMETHING, BUT HE SAID
25 INSTEAD OF TAKING IN OXYGEN AND RELEASING THE CARBON

1 MONOXIDE, THAT I'M LIKE A TREE; I -- I DON'T KNOW
2 WHAT HE SAID. IT'S ALL A BLUR AFTER HE SAID MY
3 CAREER WAS OVER. BUT ANYWAY, HE SAID THAT HE HAD
4 DONE ALL THAT HE COULD DO FOR ME SO HE WAS GOING TO
5 RELEASE ME, FOR ME TO COME TO DR. MOHAN. HE'S THE
6 ONE THAT SENT ME TO DR. MOHAN, NOT DR. WADEE.

7 Q. OKAY.

8 A. I'M SORRY, I TOLD YOU WRONG A WHILE AGO.

9 Q. THAT'S FINE.

10 A. WELL, ANYWAY, HE RELEASED ME TO GO TO DR. MOHAN, AND
11 HE TOLD ME TO GO TO DR. MOHAN IMMEDIATELY, AND WHEN
12 HE RELEASED ME ON WHATEVER DAY IT WAS, I HAD AN
13 APPOINTMENT THE NEXT DAY. I THINK IT WAS THE NEXT
14 DAY. WELL, ANYWAY, IT WAS CLOSE. SO, HE RELEASED
15 ME ON THE HOTTEST DAY OF THE YEAR, BECAUSE I
16 REMEMBER WALKING OUT WITH THAT OXYGEN, BECAUSE HE
17 RELEASED ME WITH OXYGEN, AND THEY PUSHED ME TO THE
18 DOOR, AND I HAD TO WALK UP THIS HILL, AND I THOUGHT
19 I'LL NEVER MAKE IT UP THAT DOOR -- I MEAN, UP THAT
20 HILL. AND MY MAMA WAS PICKING ME UP, AND I COULD
21 SEE THAT VAN, AND IT SEEMED LIKE -- IT PROBABLY
22 WASN'T FROM HERE TO THE ROAD, BUT IT SEEMED LIKE IT
23 WAS A THOUSAND MILES, AND I WAS TRYING TO WALK, AND
24 I WAS KIND OF LIKE (WITNESS MAKES SOUND EFFECT). I
25 FELT LIKE I COULDN'T BREATHE. AND I WALK ALL THE WAY

1 UP THAT HILL PULLING THAT OXYGEN, AND I'M THINKING
2 "THIS IS THE MOST EMBARRASSING THING I'VE EVER DONE
3 IN MY LIFE." I WAS HOPING NOBODY WOULD SEE ME. SO,
4 I GET HOME WITH MY OXYGEN, AND THEY'VE DONE GONE
5 HOME TO MY HOUSE AND HOOKED IT UP -- HOOKED OXYGEN
6 UP AT MY HOUSE. SO, I'M ON OXYGEN THERE, AND I GO
7 TO DR. MOHAN, AND SHE THROWS ME BACK IN THE
8 HOSPITAL. I'M LIKE "WHAT IN THE WORLD?" I SAID,
9 "WHY DON'T Y'ALL JUST FIX ME SO I CAN GO BACK TO
10 WORK."

11 Q. WHAT HOSPITAL DID YOU GO TO; WHERE DID MOHAN SEND
12 YOU?

13 A. ANDERSON.

14 Q. OKAY.

15 A. AND I STAYED ANOTHER SIX OR SEVEN DAYS THERE.

16 Q. WAS THAT ANMED?

17 A. YES.

18 Q. OKAY. WHY DID SHE ADMIT YOU THERE; WERE YOU HAVING
19 JUST TROUBLE BREATHING AGAIN OR...?

20 A. SHE SAID THAT SHE DIDN'T KNOW -- I DON'T KNOW WHAT
21 SHE SAID. SHE NEVER SAID A WHOLE LOT. SHE JUST
22 TOLD ME I NEEDED TO GET TO THE HOSPITAL IMMEDIATELY.
23 SHE THOUGHT I HAD BLOOD CLOTS OR SOMETHING.

24 Q. OKAY. WERE YOU HAVING SOME LIKE ARM PAINS OR LEG
25 PAINS OR SOMETHING?

- 1 A. NO, I JUST COULDN'T BREATH.
- 2 Q. OKAY. HOW LONG WERE YOU ADMITTED THAT TIME?
- 3 A. SEVEN -- SIX OR SEVEN DAYS. I DON'T REMEMBER. I
- 4 WAS ON THAT INTENSIVE CARE BUT IT'S ---
- 5 Q. THE STEP DOWN?
- 6 A. YEAH, INTENSIVE CARE STEP DOWN FLOOR FOR SIX OR
- 7 SEVEN DAYS.
- 8 Q. ALL RIGHT. AND THEN AFTER YOU GOT OUT OF ANMED, DID
- 9 YOU KEEP TREATING WITH DR. MOHAN?
- 10 A. YES.
- 11 Q. ALL RIGHT.
- 12 A. I STAYED WITH HER, BECAUSE I THOUGHT SHE WOULD FIX
- 13 ME.
- 14 Q. ARE YOU STILL TREATING WITH DR. MOHAN?
- 15 A. I'M STILL A PATIENT OF HERS, YES.
- 16 Q. ALL RIGHT. AND YOU ARE ALSO TREATING WITH DR.
- 17 WADEE?
- 18 A. YES.
- 19 Q. DOES DR. WADEE DO ANYTHING WITH YOUR BREATHING
- 20 ISSUES, OR IS DR. WADEE JUST MORE OF A FAMILY
- 21 DOCTOR?
- 22 A. HE'S MY FAMILY DOCTOR.
- 23 Q. OKAY. HAS HE TREATED YOU AT ALL FOR YOUR BREATHING
- 24 ISSUES?
- 25 A. YEAH, I GO TO HIM WHEN I HAVE COLDS AND -- YEAH --

1 YES. NOT YEAH, YES.

2 Q. WHO ELSE HAVE YOU TREATED FOR YOUR BREATHING ISSUES

3 SINCE YOU GOT RELEASED FROM THE HOSPITAL?

4 A. MR. THOMPSON SENT ME TO...

5 Q. SPANDORFER?

6 A. YES, SPANDORFER.

7 Q. OKAY. HOW MANY TIMES DID YOU SEE DR. SPANDORFER?

8 A. I'VE BEEN TO HIM A BUNCH.

9 Q. LIKE MORE THAN FIVE OR ---

10 A. YES, A LOT.

11 Q. AND DR. SPANDORFER IS IN CHARLESTON?

12 A. YES, HE IS.

13 Q. WHAT KIND OF TREATMENT HAS DR. SPANDORFER GIVEN YOU?

14 A. HE DONE A LOT OF TESTS, AND HE'S GIVEN ME A BUNCH OF

15 BREATHING TREATMENTS, AND HE'S GAVE ME A BUNCH OF

16 SHOTS. I DON'T KNOW WHAT THEY WERE, BUT THEY SEEM

17 TO HELP ME RIGHT AT THE MOMENT, BECAUSE I WOULD GO

18 IN HAVING TROUBLE. I GUESS THEY WERE STEROIDS. HE

19 GIVE ME PREDNISONE AND STUFF, PILLS.

20 Q. ARE YOU STILL TREATING WITH DR. SPANDORFER?

21 A. YES. I ASKED IF HE WOULD TAKE ME ON AS A PATIENT

22 'CAUSE I THOUGHT HE MIGHT COULD HELP ME.

23 Q. WHEN IS YOUR NEXT APPOINTMENT WITH HIM?

24 A. I'M SUPPOSED TO CALL AND MAKE ONE 'CAUSE HE TOLD ME

25 TO COME BACK IN SIX MONTHS.

1 Q. OKAY.

2 A. AND I WAS THERE -- I THINK MY LAST APPOINTMENT WAS
3 IN NOVEMBER.

4 Q. SO, YOU'RE STILL TREATING WITH DR. SPANDORFER, DR.
5 WADEE, AND DR. MOHAN?

6 A. YES.

7 Q. OKAY. DR. MOHAN IS A PULMONOLOGIST, TOO, RIGHT?

8 A. YES, SHE IS.

9 Q. OKAY. ALL RIGHT. WE TALKED ABOUT THE HOSPITALS AND
10 WE TALKED ABOUT DR. MOHAN AND WADEE AND DR.
11 SPANDORFER. ANY OTHER DOCTORS AT ALL OR MEDICAL
12 PROFESSIONALS YOU'VE SEEN SINCE YOUR ACCIDENT FOR
13 YOUR BREATHING PROBLEMS?

14 A. NO.

15 Q. OKAY. HOW HAVE YOU BEEN PAYING FOR YOUR MEDICAL
16 TREATMENT, YOUR INSURANCE?

17 A. YES.

18 Q. OKAY. DO YOU HAVE SOME KIND OF LIKE COPAYS OR
19 DEDUCTIBLES YOU HAVE TO PAY?

20 A. I DO.

21 Q. DO YOU HAVE ANY IDEA HOW MUCH YOU'VE HAD TO PAY IN
22 THAT KIND OF OUT-OF-POCKET THINGS?

23 A. NO, I JUST PAY ON THE CREDIT CARD AND GO RIGHT ON.

24 Q. ALL RIGHT. NOW, WHAT I WANT TO DO IS TALK ABOUT ANY
25 PROBLEMS THAT YOU'RE HAVING RIGHT NOW THAT YOU THINK

1 ARE RELATED TO THAT FIRE. IT SOUNDS LIKE THE BIG
2 ONE IS THE BREATHING PROBLEMS, RIGHT?

3 A. MM-HMM.

4 Q. TELL ME ABOUT YOUR BREATHING PROBLEMS, LIKE YOU WERE
5 JUST TELLING A FRIEND WHAT KIND OF PROBLEMS YOU'RE
6 HAVING.

7 A. OH, I CAN'T BREATHE. I CAN'T DO -- I CAN'T -- I
8 CAN'T WALK FOR LONG DISTANCES. I CAN'T SIT IN THE
9 ROOM WITH PEOPLE THAT'S BEEN SMOKING OBVIOUSLY. I
10 HAVE TO CARRY MY OXYGEN EVERYWHERE I GO. LIKE IT'S
11 IN THE CAR NOW SO IF I NEED IT LIKE QUICKLY, AND I
12 HAVE TO BE ON OXYGEN AT NIGHT ALWAYS. I HAVE TO
13 STAY IN THE HOUSE ALL THE TIME. THERE JUST AIN'T A
14 WHOLE LOT YOU CAN DO.

15 Q. IS THE OXYGEN AT NIGHT, IS IT LIKE A BREATHING
16 MACHINE, LIKE A C-PAP?

17 A. I'M ON C-PAP, TOO.

18 Q. OKAY. IS THAT ---

19 A. THE OXYGEN HOOKS -- ACTUALLY HOOKS INTO THE BOTTOM
20 OF THE C-PAP.

21 Q. OKAY. IS THE C-PAP FOR SLEEP APNEA?

22 A. YES.

23 Q. WHEN WERE YOU DIAGNOSED WITH THAT?

24 A. DR. MOHAN DIAGNOSED ME WITH THAT.

25 Q. SO AFTER THE FIRE?

1 A. YES.

2 Q. DO YOU THINK THAT IS RELATED TO THE FIRE?

3 A. PROBABLY NOT.

4 Q. OKAY.

5 A. I DON'T KNOW.

6 Q. BUT YOU CAN PLUG YOUR OXYGEN INTO THE C-PAP AND DO
7 THEM BOTH?

8 A. I HAVE TO -- I HAVE TO PLUG IT INTO THE BOTTOM.

9 Q. OKAY. SO YOU KIND OF CAN CONTROL BOTH THINGS WITH
10 ONE DEVICE?

11 A. RIGHT. I HAVE TO HAVE THE OXYGEN AT NIGHT, BECAUSE
12 MY OXYGEN LEVEL GOES DOWN. WHEN I GET UPSET, MY
13 OXYGEN LEVEL GOES DOWN. WHEN I'M AROUND CIGARETTE
14 SMOKE, IT GOES DOWN. IF I GET UPSET AND NERVOUS, MY
15 O-2 LEVEL GOES DOWN. THAT'S WHY I HAVE -- I SHOULD
16 HAVE BROUGHT IT IN HERE. MY O-2 LEVEL IS PROBABLY
17 DOWN. IF I WALK LIKE FROM HERE TO THE CAR, MY O-2
18 LEVEL WILL DROP DOWN. IF IT GETS REAL HOT -- IN THE
19 SUMMER TIME, JUST -- JUST PRETEND I'M NOT AROUND.
20 PRETEND SANDY'S NOT AROUND. TALK ABOUT SOMEBODY
21 ELSE, ABOUT SOMEBODY ELSE.

22 Q. DO YOU SMOKE AT ALL?

23 A. OH, NO.

24 Q. I KNEW THAT WAS A NO BEFORE I ASKED IT, BUT I HAD TO
25 ASK IT. HAVE YOU EVER SMOKED BEFORE?

1 A. NO.

2 Q. DOES YOUR HUSBAND SMOKE?

3 A. NO.

4 Q. HAS HE EVER SMOKED WHILE YOU'VE BEEN ---

5 A. NO.

6 Q. --- WITH HIM? NO?

7 A. NOBODY SMOKES AROUND ME.

8 Q. OKAY.

9 A. WE CAN'T GO ANYWHERE WHERE ANYONE SMOKES. WE CAN'T

10 GO TO A RESTAURANT THAT HAS SMOKING. NOT EVEN IF

11 THEY HAVE A SMOKING AREA, WE CAN'T GO.

12 Q. ANY OTHER PHYSICAL PROBLEMS THAT YOU'RE HAVING THAT

13 YOU THINK ARE RELATED TO THE FIRE?

14 A. THEY THINK I HAVE FIBROMYALGIA, AND MY PSYCHIATRIST

15 SAID IT WAS PROBABLY BROUGHT ON WITH THIS STRESS,

16 BUT I'M GOING TO DR. HILL TO SEE IF MAYBE IT'S

17 SOMETHING ELSE. I DON'T KNOW.

18 Q. DR. HILL?

19 A. YEAH, SHE IS -- SHE SPECIALIZES IN FIBROMYALGIA,

20 'CAUSE I WANT THIS ALL FIXED. I DON'T WANT TO BE

21 DIAGNOSED. I WANT TO BE FIXED.

22 Q. WHERE IS DR. HILL LOCATED?

23 A. SHE IS IN GREENVILLE, GENEVA HILL.

24 Q. OKAY. WHAT KIND OF DOCTOR IS SHE?

25 A. SHE SPECIALIZES IN ARTHRITIS, FIBROMYALGIA, LUPUS,

1 AND I DON'T KNOW WHAT ELSE, BUT I DON'T KNOW WHAT
2 YOU WOULD CALL HER.

3 Q. ARE YOU HAVING SPECIFIC PAINS NOW?

4 A. YES, I HURT ALL OVER.

5 Q. AND HAS THIS STARTED SINCE THE FIRE?

6 A. YES.

7 Q. OKAY. AND THE PSYCHIATRIST SAID ---

8 A. I CAN'T SLEEP. I DON'T SLEEP.

9 Q. ARE THERE ANY SPECIFIC, YOU KNOW, BODY PARTS OR
10 AREAS THAT ARE MORE PAINFUL THAN OTHERS, LIKE YOUR
11 BACK OR YOUR ARMS OR ---

12 A. MY NECK AND MY SHOULDERS AND MY HANDS. MY MAMA
13 FUSSES ALL THE TIME BECAUSE I HOLD MY HANDS LIKE
14 THIS NOW (WITNESS DEMONSTRATES), BECAUSE MY THUMBS
15 AND MY RIGHT IN HERE -- LIKE RIGHT IN HERE. IF YOU
16 -- IF YOU LISTEN TO ME GET READY IN THE MORNINGS,
17 YOU WOULD THINK SOMEBODY WAS KILLING ME WITH MY
18 KNEES AND MY BACK, DOWN MY LEGS SOMETIMES. SOME
19 DAYS I HAVE GOOD DAYS THOUGH. SOME DAYS I FEEL LIKE
20 I COULD JUMP ON THE TRAMPOLINE, BUT I SAY THAT
21 'CAUSE I CAN'T -- I CAN'T PLAY WITH MY LITTLE BOY NO
22 MORE. I ALWAYS THOUGHT WHEN HE GOT OLD ENOUGH, I
23 WOULD PLAY WITH HIM, BUT MAYBE NOT. BUT SOMEBODY IS
24 GOING TO FIX ME ONE DAY, WATCH AND SEE.

25 Q. ANY OTHER BODY PARTS OR PROBLEMS THAT YOU'RE HAVING

1 THAT YOU THINK ARE RELATED TO THE FIRE?

2 A. EVERYTHING. I THINK EVERYTHING IS. I THINK I HURT
3 -- I HURT. EVERYTHING HURTS. I CAN'T TELL YOU. I
4 HURT. I MEAN, I HURT. I CAN'T TELL YOU ONE THING
5 HURTS. MY HANDS AND FEET FEEL LIKE -- YOU KNOW HOW
6 WHEN A PART OF YOUR BODY GOES TO SLEEP AND IT WAKES
7 UP, AND IT HURTS LIKE -- LIKE YOU CAN'T WALK ON IT
8 'CAUSE IT'S HURTING?

9 Q. LIKE PINS AND NEEDLES?

10 A. YEAH, LIKE IT'S HURTING. MY HANDS AND FEET FEEL
11 LIKE THAT ALL THE TIME, BUT THEY DON'T KNOW WHY YET.

12 Q. DO THEY FEEL LIKE THAT RIGHT NOW?

13 A. YES, THEY ALWAYS DO. AND MY FEET ESPECIALLY, BUT
14 THEY DON'T KNOW WHY YET. THAT'S WHY I MADE AN
15 APPOINTMENT WITH THAT DR. HILL, BECAUSE SOMEBODY
16 SAID SHE WAS REALLY GOOD.

17 Q. WHEN ARE YOU GOING TO SEE HER?

18 A. I'M SUPPOSED TO GO THURSDAY, BUT WE'RE GOING TO
19 SNOW.

20 Q. ARE YOU ON MEDICATIONS RIGHT NOW?

21 A. DR. WADEE PUT ME ON TWO DIFFERENT THINGS FOR THAT
22 FIBROMYALGIA STUFF, BUT THAT'S WHY I MADE AN
23 APPOINTMENT WITH DR. HILL.

24 Q. DO YOU KNOW WHAT MEDICATIONS THOSE ARE?

25 A. I DO, IT'S JUST IF MY BRAIN WILL BRING IT OUT. HOLD

1 ON A MINUTE. NOT LYRICA, BECAUSE IT MADE ME SWELL
2 UP LIKE A BALLOON.

3 Q. MAYBE NEURONTIN, DOES THAT SOUND FAMILIAR?

4 A. CYMBALTA, IS CYMBALTA ONE OF THEM?

5 Q. CYMBALTA MIGHT BE.

6 A. AND SAVELLA.

7 Q. OKAY.

8 A. I THINK THAT'S THE TWO.

9 Q. HOW ABOUT FOR YOUR ASTHMA OR FOR YOUR BREATHING
10 PROBLEMS?

11 A. I KNOW THOSE. SINGULAIR, ADVAIR. I SAID THAT, NOW
12 IT'S GONE. OKAY, SINGULAIR, ADVAIR, AND THEN I HAVE
13 A NEBULIZER, AND IT HAS ALBUTEROL WITH SOME KIND OF
14 STEROID IN IT THAT WILL GIVE YOU YEAST IN YOUR MOUTH
15 IF YOU DON'T WATCH OUT. YOU HAVE TO REALLY BE
16 CAREFUL, BECAUSE I GET YEAST IN MY MOUTH ALL THE
17 TIME. AND THEN PROAIR, THAT'S MY RESCUE -- MY
18 RESCUE INHALER.

19 Q. ARE YOU ON ANY KIND OF STEROIDS OR ANYTHING?

20 A. RIGHT, TODAY?

21 Q. YES.

22 A. NO.

23 Q. OKAY.

24 A. I'M GOOD TODAY.

25 Q. WHO PRESCRIBES THE SINGULAR AND THE ADVAIR AND THE

- 1 NEBULIZER AND ALL THOSE?
- 2 A. RIGHT NOW, IT'S SPANDORFER OR WHATEVER HIS NAME IS.
- 3 Q. HE'S GOT A WEIRD NAME. ANY OTHER MEDICATIONS YOU'RE
- 4 ON EVEN UNRELATED MEDICATIONS?
- 5 A. FROM MY PSYCHIATRIST.
- 6 Q. OKAY. WHAT'S THAT?
- 7 A. OH, FOR HEAVEN'S SAKE. KLONOPIN, I KNOW THAT'S ONE
- 8 OF THEM.
- 9 Q. OKAY.
- 10 A. I CAN SEND YOU A LIST, BUT I DON'T KNOW.
- 11 Q. THAT'S FINE.
- 12 A. I DON'T KNOW WHAT -- I TAKE TWO PILLS AT NIGHT, AND
- 13 I DON'T KNOW WHAT THEY ARE.
- 14 Q. OKAY. ANY OTHER MEDICATIONS?
- 15 A. I DON'T THINK SO. I TAKE SOME VITAMINS, VITAMIN D
- 16 AND STUFF THAT I THINK HELPS WITH MY MUSCLES.
- 17 Q. OKAY. DO YOU THINK THAT YOUR PSYCHOLOGICAL PROBLEMS
- 18 HAVE BEEN AGGRAVATED OR WORSENER BY YOUR ACCIDENT?
- 19 A. I MOST DEFINITELY DO. I NEVER CRIED BEFORE.
- 20 Q. OKAY. SO, WE TALKED ABOUT OBVIOUSLY YOUR BREATHING
- 21 PROBLEMS AND YOUR LUNGS.
- 22 A. MM-HMM.
- 23 Q. YOUR FIBROMYALGIA, OR YOUR BODY PAINS I GUESS THAT
- 24 MAY BE FIBROMYALGIA, AND YOUR PSYCH PROBLEMS GETTING
- 25 WORSE. ANY OTHER PROBLEMS OR INJURIES OR BODY PARTS

1 OR ANYTHING ELSE THAT'S GOING ON THAT YOU THINK IS
2 RELATED TO THE FIRE?

3 A. I CAN'T PLAY WITH MY SON; THAT'S THE WORST ONE.

4 Q. OKAY, BUT PHYSICALLY NOTHING ELSE?

5 A. WHAT IS LEFT? THAT'S MY WHOLE BODY. THIS IS
6 DEPRESSING ME. I CAN'T THINK OF NOTHING. I DON'T
7 EVEN KNOW WHAT ALL -- WHAT ALL I'VE SAID.

8 Q. THAT'S FINE.

9 A. I'M SUCH A HAPPY PERSON, AND YOU'VE DONE DEPRESSED
10 ME.

11 Q. I'M NOT TRYING TO. I APOLOGIZE. HOW MANY OF YOUR
12 DOCTORS HAVE ADDRESSED WORK RESTRICTIONS? I KNOW
13 YOU SAID DR. POON FROM THE GET GO SAID YOU CAN'T GO
14 BACK TO WORK. HOW ABOUT ALL OF YOUR DOCTORS NOW,
15 HAVE ANY OF THEM SPECIFICALLY ---

16 A. DR. WADEE.

17 Q. OKAY. WHAT KIND OF RESTRICTIONS; HE JUST SAID NO
18 WORKING?

19 A. NO WALKING... HE SAYS DON'T WALK VERY MUCH. WELL, HE
20 SAYS BE CAREFUL WHEN I WALK.

21 Q. OKAY.

22 A. DON'T OVER EXERT.

23 Q. HOW ABOUT DR. MOHAN?

24 A. SHE DON'T SAY NOTHING EXCEPT STAY AWAY FROM MY MAMA.
25 SHE SAYS MY MAMA IS MY PROBLEM.

1 Q. WELL, THAT'S NOT A WORK RESTRICTION. HOW ABOUT DR.
2 SPANDORFER?

3 A. SPANDORFER JUST SAYS THAT I WON'T NEVER BE THE SAME.
4 HE SAYS THAT I'M JUST -- THAT HE'S GOING TO HELP ME
5 STABILIZE WHERE I'M AT, BUT HE SAYS THAT I'LL NEVER
6 BE ABLE TO DO MUCH EVER AGAIN, BUT I DON'T BELIEVE
7 HIM.

8 Q. HAS HE SAID SPECIFICALLY, YOU KNOW, "YOU CAN'T WORK
9 AT ALL," OR "YOU CAN WORK WITH THESE RESTRICTIONS,"
10 OR DO YOU KNOW?

11 A. HE SAID I CAN'T GO TO WORK.

12 Q. OKAY. ANY OTHER DOCTORS AT ALL YOU'VE SEEN OR
13 YOU'RE GOING TO SEE THAT WE HAVEN'T TALKED ABOUT?

14 A. WELL, NOBODY WILL LET ME GO BACK TO WORK. EVERYBODY
15 TELLS ME I CAN'T GO BACK TO WORK.

16 Q. BEFORE THE FIRE, HAVE YOU EVER HAD ANY OF THESE BODY
17 PAINS, ALL OVER BODY ACHES THAT YOU'RE HAVING NOW?

18 A. MY NECK WAS SORE.

19 Q. YOU'VE HAD SOME NECK PAIN IN THE PAST?

20 A. YEAH. I THINK IT WAS JUST STRESS HEADACHE.

21 Q. RIGHT. HOW ABOUT WHAT'S GOING ON IN YOUR HANDS AND
22 FEET?

23 A. OH, NO.

24 Q. THAT'S A NEW PROBLEM?

25 A. (NO VERBAL RESPONSE).

1 Q. YES?

2 A. YES. OH, SORRY. YOU'VE DONE GOT ME FEELING SORRY
3 FOR MYSELF. I'M SORRY. YES, THIS IS NEW.

4 Q. THE SAME THING, THE PROBLEMS IN YOUR LEGS AND YOUR
5 BACK, ALL OF THAT'S A NEW PROBLEM?

6 A. YES, SIR.

7 Q. AND WE'VE TALKED ABOUT YOUR PSYCHOLOGICAL PROBLEMS
8 YOU THINK HAVE GOTTEN WORSE?

9 A. THEY ARE VERY WORSE, YES.

10 Q. OKAY. AND THEN THE BREATHING PROBLEMS ALSO YOU
11 THINK HAVE GOTTEN WORSE?

12 A. WAY WORSE, YES.

13 Q. OKAY. SINCE THAT DAY SINCE THE FIRE, HAVE YOU HAD
14 ANY OTHER ACCIDENTS; HAVE YOU FALLEN DOWN AT ALL OR
15 BEEN IN A CAR ACCIDENT OR ANYTHING LIKE THAT?

16 A. I FALL SOMETIMES, BUT THAT'S BECAUSE I'M DIZZY. I'M
17 DIZZY A LOT FROM MY OXYGEN LEVELS.

18 Q. HOW OFTEN DO YOU GET DIZZY?

19 A. EVERY TIME I STAND UP. NOT EVERY TIME. A LOT OF
20 TIMES WHEN I STAND UP, I GET DIZZY BECAUSE OF MY
21 OXYGEN LEVELS.

22 Q. IS IT -- YOU KNOW, AFTER YOU COLLECT YOURSELF, DOES
23 IT GO AWAY?

24 A. YES.

25 Q. OKAY. SO, IT'S JUST KIND OF RIGHT WHEN YOU STAND

1 UP?

2 A. RIGHT.

3 Q. IT'S NOT AN ALL DAY YOU'RE DIZZY?

4 A. NO.

5 Q. OKAY. IS THAT THE LAST DAY YOU WORKED, THE DAY OF
6 THE FIRE?

7 A. OH, YES.

8 Q. AND YOU HAVEN'T TAUGHT ANY COURSES OR ANYTHING SINCE
9 THEN?

10 A. NO.

11 Q. HAVE YOU APPLIED FOR ANY OTHER JOBS OR ANYTHING?

12 A. UH-UH. NO.

13 Q. AND YOU RETIRED, YOU SAID?

14 A. YES.

15 Q. DO YOU RECEIVE SOME KIND OF RETIREMENT?

16 A. I DO. I'M ON RETIREMENT DISABILITY.

17 Q. OKAY.

18 A. STATE RETIREMENT DISABILITY.

19 Q. DO YOU KNOW HOW MUCH THAT IS?

20 A. NO.

21 Q. THAT'S FINE.

22 A. IF YOU CAN GIVE ME A COMPUTER, I WILL TELL YOU.

23 Q. IF YOU WERE TO GO IN TODAY TO YOUR JOB AS A FIRE
24 MARSHALL, WHAT SPECIFICALLY WOULD BE THE MOST
25 PROBLEMATIC FOR YOU; WHAT WOULD BE THE THINGS THAT

1 GAVE YOU PROBLEMS?

2 A. EVERYTHING, I GUESS. I WOULDN'T BE ABLE TO -- I
3 WOULDN'T BE ABLE TO DO MY INSPECTIONS. I GUESS THE
4 ONLY THING I WOULD BE ABLE TO DO WOULD BE ANSWER THE
5 PHONE, AND I'M NOT EVEN SUPPOSED TO DO THAT, OTHER
6 THAN TAKE THE MESSAGES. BECAUSE WE WOULD HAVE TO --
7 YOU HAVE TO WALK A THOUSAND MILES DOING THE
8 INSPECTIONS. I'M NOT ALLOWED -- I CAN'T -- I CAN'T
9 WALK VERY FAR UNLESS YOU GIVE ME A BUGGY AND PUT IT
10 -- I CAN'T WALK VERY FAR. HAVING TO CLIMB THOSE
11 LADDERS, THOSE NO WAY. I TRIED TO GO DEER HUNTING,
12 AND I CAN'T -- I CAN'T GET UP IN THE DEER STAND.
13 SO, I KNOW I CAN'T CLIMB A STRAIGHT LADDER. GETTING
14 UP IN THE ATTIC WITH THE SMOKE -- I MEAN, THE DUST
15 AND CLIMBING OVER TO LOOK, I COULDN'T DO THAT.
16 GETTING OUT IN THE ELEMENTS. IN THE WINTER TIME, IT
17 WOULDN'T BE THAT BAD, BUT IN THE SUMMER TIME,
18 THERE'S NO WAY I COULD GET OUT IN THE ELEMENTS. I
19 MEAN, I COULDN'T TYPE. MY HANDS RIGHT NOW -- UNLESS
20 THEY FIX MY HANDS.

21 Q. AND IS IT MOSTLY YOUR THUMBS?

22 A. IT'S -- IT'S THIS (WITNESS INDICATES) AND THESE TWO
23 FINGERS.

24 Q. OKAY. SO YOUR THUMB, YOUR INDEX AND YOUR MIDDLE
25 FINGER?

1 A. RIGHT, THESE TWO (WITNESS INDICATES). WELL, THESE
2 TWO -- WELL, THESE TWO ARE NUMB.

3 Q. THE PINKIE AND THE RING FINGER?

4 A. YEAH, THESE TWO (WITNESS INDICATES) ARE NUMB. THEY
5 DON'T -- THEY DON'T REALLY HURT THAT MUCH. THEY
6 JUST -- I JUST DON'T HAVE NO FEELING IN THOSE TWO.
7 I DON'T KNOW WHY.

8 Q. AND THEN THE OTHER THREE, THE THUMB, THE RING FINGER
9 AND THE INDEX -- OR THE THUMB, MIDDLE AND INDEX,
10 THEY HURT?

11 A. THESE HURT.

12 Q. OKAY.

13 A. THESE JUST HURT LIKE -- LIKE SOMEBODY HIT YOUR -- IT
14 FEELS KIND OF LIKE SOMEBODY HIT MY (WITNESS
15 GESTURES).

16 Q. FUNNY BONE?

17 A. YEAH, AND IT'S MAKING THESE FEEL (WITNESS
18 INDICATES).

19 Q. THAT'S THE PINS AND NEEDLES YOU WERE TALKING ABOUT?

20 A. YEAH, BUT IT HURTS ALL THE WAY UP THROUGH HERE. I
21 DON'T KNOW HOW TO DESCRIBE IT. BUT SOMETIMES IT
22 HURTS WORSE THAN OTHERS. RIGHT NOW, IT'S -- THIS
23 ONE (WITNESS INDICATES) IS JUST ACHING.

24 Q. THE RIGHT ONE IS WORSE RIGHT NOW?

25 A. YES.

1 Q. BEFORE YOUR ACCIDENT, YOU JUST TALKED ABOUT HUNTING
2 -- DEER HUNTING?

3 A. MM-HMM.

4 Q. WHAT KIND OF HOBBIES DID YOU HAVE?

5 A. I LOVE TO CROCHET, AND I LOVE TO BE OUTSIDE WITH MY
6 LITTLE BOY AND PLAYING, AND I WAS A BIG JOKESTER
7 LAUGHING AND RUNNING AND CUTTING UP AND VERY HYPER
8 AND FIREFIGHTING AND TEACHING. TEACHING WAS MY
9 BIGGEST HOBBY.

10 Q. AND FORGIVE ME, I'M A GUY, SO I'M GOING TO HAVE TO
11 ASK YOU. CROCHETING, IS THAT LIKE MAKING BLANKETS,
12 OR IS THAT DOING LIKE LITTLE PICTURES; WHICH ONE IS
13 THAT?

14 A. IT'S MAKING BLANKETS AND THESE THINGS (WITNESS
15 INDICATES). I MADE THIS.

16 Q. SCARVES AND BLANKETS AND HATS AND THINGS LIKE THAT?

17 A. MM-HMM. USING THAT NEEDLE AND (WITNESS
18 DEMONSTRATES).

19 Q. IS THAT THE ONE WHERE YOU HAVE LIKE A LONGER NEEDLE?

20 A. A LITTLE SHORT ONE (WITNESS INDICATES).

21 Q. OKAY. THAT'S WHAT LIKE A FEW INCHES LONG?

22 A. YEAH, IT'S LIKE THAT AND GOT A HOOK. THAT'S
23 PROBABLY WHY THIS -- 'CAUSE I THOUGHT MAYBE IF I
24 EXERCISED, IT WOULD GET MY HANDS -- AND MAYBE THAT'S
25 WHY THAT ONE IS HURTING 'CAUSE I THOUGHT MAYBE --

1 'CAUSE YOU KNOW SOMETIMES IF YOU EXERCISE, IT WON'T
2 HURT AS BAD. SO, MAYBE THAT'S WHY THAT'S HURTING,
3 BECAUSE I TRIED THE OTHER DAY TO CROCHET, AND I
4 COULDN'T CROCHET VERY WELL ANYMORE.

5 Q. HAVE YOU BEEN CROCHETING SINCE YOUR ACCIDENT AT ALL?

6 A. NO, I GOT IT OUT THE OTHER DAY FOR THE FIRST TIME
7 SINCE THE ACCIDENT ACTUALLY JUST TO SEE IF I COULD,
8 'CAUSE I GOT TO THINKING -- ACTUALLY MY HUSBAND HAD
9 BACK SURGERY, AND MY MOTHER-IN-LAW HAD KNEE SURGERY,
10 AND BOTH OF THEM HAD TO HAVE -- HAD TO DO PHYSICAL
11 THERAPY EXERCISING, AND I GOT TO THINKING. I SAID,
12 "WELL, IF THEY'RE HAVING TO EXERCISE THEIR HURT
13 PARTS, MAYBE IF I EXERCISE INSTEAD OF..." -- BECAUSE
14 I WALK AROUND -- AND MY LITTLE BOY HATES THIS. HE
15 SAYS, "MAMA, PLEASE." 'CAUSE I FIND MYSELF WATCHING
16 T.V. HOLDING MY HANDS LIKE THIS (WITNESS INDICATES).
17 AND HE SAYS, "PLEASE, MAMA, DON'T DO THAT. DON'T DO
18 THAT." SO, I SAID "WELL, MAYBE IF I EXERCISE THEM."
19 SO, I GOT MY CROCHET STUFF ALL OUT FROM IN THE
20 CLOSET, AND I WAS TRYING TO MAKE MY HUSBAND A
21 BLANKET, A LITTLE CAMOUFLAGE BLANKET, AND I GOT
22 ABOUT THIS FAR (WITNESS INDICATES), AND THAT MIGHT
23 BE WHY THIS HAND IS HURTING SO BAD, 'CAUSE THIS IS
24 THE HAND THAT I USED. SO I DON'T THINK I'M GOING TO
25 DO THAT NO MORE.

1 Q. HOW ABOUT HUNTING, ARE YOU DOING ANY MORE HUNTING?

2 A. NO, I TRIED ONE TIME. I'M NOT GOING TO DO THAT NO
3 MORE. WELL, ACTUALLY MY HUSBAND IS GOING TO TRY TO
4 MAKE A STAND IN MY BACK YARD THAT'S ON THE GROUND,
5 BECAUSE I TRIED TO GET UP IN THE STAND, AND I CAN'T
6 CLIMB THAT LADDER. AND MY LITTLE BOY WANTS ME TO
7 HUNT WITH HIM REALLY BAD. SO, HE'S GOING TO BUILD
8 ME THIS LITTLE --- LITTLE SHORT STUPID LOOKING ONE.
9 'CAUSE I'VE HUNTED MY WHOLE LIFE. SO, OUT -- 'CAUSE
10 WE LIVE ON A BIG OL' FARM, AND I CAN'T WALK. SO,
11 THEY CARRY -- STUPID. YOU KNOW IF YOU DRIVE DOWN
12 THERE, YOU'VE DONE SCARED ALL THE DEER OFF. SO,
13 THEY DROVE ME TO THE DEER STAND, AND THEN I SAID
14 "WELL, SURELY I CAN CLIMB THAT FAR," BECAUSE THE
15 LADDER IS NOT FROM HERE TO THERE. BY THE TIME I GOT
16 UP THERE, I WAS BREATHING SO HARD. IT WAS
17 RIDICULOUS. I WAS LIKE (WITNESS MAKES SOUND
18 EFFECTS). IF THERE WAS ANYTHING EVER IN THE WOODS,
19 WHATEVER. BUT ANYWAY AFTER WE FINALLY -- SO, NEXT
20 YEAR MY HUSBAND IS GOING TO BUILD A LITTLE STAND AT
21 THE VERY BACK OF OUR HOUSE SO WE CAN GO OUT THERE,
22 AND I CAN SIT, AND ME AND MY SON CAN HUNT TOGETHER
23 HOPEFULLY, 'CAUSE I'M GOING TO BE BETTER NEXT YEAR.

24 Q. HOW ABOUT DOING STUFF AROUND THE HOUSE LIKE COOKING
25 AND CLEANING AND THINGS LIKE THAT, ARE YOU HAVING

1 TROUBLE WITH THOSE KINDS OF THINGS, TOO?

2 A. I HIRED A MAID. AND I DON'T EVEN DO THAT.

3 Q. IS IT THE BREATHING PROBLEMS THAT GIVE YOU TROUBLE
4 DOING THOSE THINGS?

5 A. THE HURTING AND...

6 Q. OKAY, IT'S THE PAINS?

7 A. I'VE GOT AN OXYGEN TUBE THAT WILL FOLLOW ME FROM
8 ANYWHERE IN THE HOUSE. IT'S LONG. I AGGRAVATE THEM
9 TELLING THEM THAT I CAN GO ANYWHERE. YOU CAN FOLLOW
10 ME ANYWHERE. MY HUSBAND SAYS IT'S MY LEAD. HE CAN
11 FOLLOW ME. IT'S -- I CAN'T HOLD THE VACUUM CLEANER
12 AND DO THAT BECAUSE -- AND THE DUST, I CAN'T DUST.

13 Q. BUT THE PHYSICAL LIKE THE VACUUM CLEANER AND STUFF,
14 IS IT ---

15 A. I CAN DO LIGHT -- I CAN COOK, BUT THE FUMES, IF IT -
16 - LIKE FRYING, I CAN'T FRY FOOD, AND MY HUSBAND AND
17 LITTLE BOY LOVES FRIED FOOD, AND I ABSOLUTELY CAN'T
18 FRY FOOD.

19 Q. ARE YOU STILL ABLE TO LIKE GO TO THE GROCERY STORE
20 AND RUN ERRANDS AND STUFF?

21 A. I CAN -- I CAN GO TO THE STORE, BUT I CAN ONLY GO TO
22 ONE AT A TIME. LIKE I USED TO GO SHOPPING, BECAUSE
23 I LOVE TO SHOP. I USED TO CALL IT SAY "I'M GOING
24 WAL-MARTING," BUT IF I GO WAL-MARTING, I CAN ONLY GO
25 HALF OF WAL-MART, 'CAUSE I CAN'T DO THE WHOLE STORE

1 NO MORE, AND I AM NOT GETTING ON ONE OF THEM LITTLE
2 BUGGIES. YOU HEAR ME.

3 Q. IS IT THE -- IF YOU'RE GOING TO WAL-MART, ---

4 A. I CAN'T WALK THE WHOLE STORE.

5 Q. IS IT THE BODY PAINS THAT MAKES YOU STOP OR IS YOUR
6 BREATHING STARTING TO ---

7 A. BOTH.

8 Q. OKAY. SO IT'S BOTH THINGS. HOW ABOUT DRIVING, DO
9 YOU HAVE ANY PROBLEMS DRIVING NOW?

10 A. MY ARMS WILL START HURTING IF I GO TOO FAR, BUT I'M
11 OKAY.

12 Q. DID YOU DRIVE HERE TODAY?

13 A. I DID.

14 Q. DO YOU THINK YOU COULD WORK FULL TIME RIGHT NOW AT A
15 -- LIKE A SEDENTARY JOB, LIKE A DESK TYPE OF JOB?

16 A. NO.

17 Q. OKAY. WHAT PROBLEMS WOULD YOU HAVE DOING THAT?

18 A. I HAVE TO GET UP AND DOWN. I CAN'T SIT. I CAN'T
19 STAND. I HAVE TO -- WELL, I CAN'T REMEMBER FOR ONE
20 THING.

21 Q. HOW ABOUT THESE MEMORY ISSUES, IS THIS SOMETHING
22 THAT STARTED RECENTLY?

23 A. IT STARTED -- MY PSYCHIATRIST SAYS IT HAS TO DO WITH
24 -- SHE SAYS STRESS DID IT.

25 Q. OKAY. SO ---

1 A. SHE SAYS STRESS IS EVERYTHING.

2 Q. WHAT KIND OF -- THE MEMORY PROBLEMS, DO YOU FORGET
3 SHORT-TERM THINGS LIKE YOU FORGET WHAT YOU JUST DID,
4 OR IS IT YOU FORGET ---

5 A. I DO, I FORGET A LOT OF STUFF. I CAN'T REMEMBER MY
6 SON'S NAME SOMETIMES.

7 Q. AND THIS IS SOMETHING THAT JUST STARTED SINCE THE
8 FIRE?

9 A. YES, IT DID. I EVEN HAD THEM CHANGE MY MEDICINE
10 THINKING IT WAS MAYBE THE MEDICINE THEY HAD ME ON.
11 IT'S REALLY REALLY BAD. I MEAN, IT'S EMBARRASSING.
12 IT'S HORRIBLE.

13 Q. YOU MENTIONED HAVING PROBLEMS SITTING VERY LONG OR
14 STANDING VERY LONG. HOW LONG CAN YOU STAND UP
15 BEFORE YOU NEED TO TAKE A BREAK AND SIT DOWN?

16 A. I CAN'T -- I CAN SIT LONGER THAN I CAN STAND. I
17 JUST HAVE TO MOVE AROUND. SITTING I DO BETTER THAN
18 I DO STANDING. STANDING, I CAN STAND AND I CAN
19 WALK, BUT I CAN'T WALK FOR LONG. EVERY TIME WE GO
20 ON VACATION, I WIND UP IN A WHEELCHAIR, WHICH IS
21 TOTALLY EMBARRASSING. I DON'T KNOW; I'VE NEVER
22 TIMED IT.

23 Q. HOW ABOUT SITTING, I GUESS WE'VE BEEN SITTING HERE
24 NOW ABOUT AN HOUR AND A HALF OR SO ---

25 A. AND YOU'RE GOING TO HAVE TO DRAG ME OUT OF THIS

1 CHAIR, BECAUSE IT'S GOING TO HURT SO BAD TO GET UP.

2 Q. AND I SHOULD HAVE SAID, IF YOU NEED TO STAND UP AT
3 ANY POINT OR TAKE A BREAK, FEEL FREE.

4 A. SEE, I CAN SIT HERE ALL DAY LONG. IT'S JUST GETTING
5 ME UP AFTER I SIT HERE THIS LONG.

6 Q. OKAY. YOU GET TIGHT OR ---

7 A. STOVED UP. I'M GOING TO BE SO STOVED UP. IT'S
8 GOING TO HURT SO BAD. I JUST WANT TO GET THIS OVER.

9 Q. WE'RE ALMOST DONE; I PROMISE. YOU MENTIONED
10 VACATIONS, WHAT KIND OF VACATIONS HAVE YOU TAKEN
11 SINCE YOUR FIRE?

12 A. WELL, WE WENT -- 'CAUSE I PITCHED A FIT. MY LITTLE
13 BOY WANTED TO GO CAMPING. SO, I TOLD HIM, I SAID
14 WELL -- MY BEST FRIEND LET ME BORROW HER CAMPER THAT
15 HAD AN AIR CONDITIONER. SO, I SAID, "WELL, I
16 PROMISE IF YOU JUST LET US GO CAMPING," BECAUSE MY
17 HUSBAND SAID "ABSOLUTELY NOT" 'CAUSE OF THE ELEMENTS
18 AND ME AND GETTING DOWN THERE AND THINKING I WAS
19 GOING TO HAVE AN ATTACK. I SAID, "LOOK, IF YOU LET
20 US GO CAMPING," THIS WAS THIS PAST SUMMER, I SAID,
21 "I PROMISE I WON'T GET SICK." SO, WE WENT WITH AN
22 AIR CONDITIONER, AND I DID ALL RIGHT 'CAUSE I COULD
23 SIT IN THAT LITTLE CAMPER AND LOOK OUT AT THEM
24 PLAYING, AND THEY WERE DOWN ON THE DOCK 'CAUSE WE
25 STAYED RIGHT -- 'CAUSE WE GOT THE CAMPSITE RIGHT

1 HERE WHERE YOU CAN GO DOWN TO THE DOCK AND FISH OFF
2 THE DOCK. SO, I WAS WATCHING THEM, AND I THOUGHT
3 THIS IS RIDICULOUS. I'M GOING DOWN THERE FISHING,
4 BECAUSE IT WAS A COOL DAY. THE WIND WAS BLOWING.
5 'CAUSE IT WASN'T EVEN -- I THINK IT WAS JUNE 1ST OR
6 SOMETHING. SO, IT HADN'T EVEN REALLY GOTTEN HOT
7 YET. SO, I GET IN MY CAR OR MY EXPEDITION, AND I
8 DRIVE DOWN TO THE DOCK, AND I WALK DOWN THERE, AND I
9 SIT ON THE LITTLE DOCK, AND I FISH, AND ME AND ETHAN
10 ARE HAVING SO MUCH FUN, 'CAUSE I WANT TO DO STUFF
11 WITH HIM 'CAUSE GOSH, YOU KNOW, I DON'T HAVE BUT
12 ONE, AND I NEVER THOUGHT I WAS GOING TO HAVE HIM. I
13 PRAYED FOR HIM FOR A THOUSAND YEARS, AND THEY KEPT
14 TELLING ME "YOU CAN'T HAVE A YOUNGIN," AND I -- AND
15 THERE HE IS. SO, I'M SITTING HERE FISHING, AND
16 WE'RE CATCHING THESE LITTLE BITTY FISH, I MEAN, BUT
17 WE'RE HAVING FUN. BUT THEN IT'S HOTTER THAN YOU
18 THINK IT IS WHEN YOU'RE SITTING OUT IN THE SUN. SO,
19 THEN THEY FINALLY GET ME UP 'CAUSE I'M SITTING DOWN.
20 THEY FINALLY GET ME UP. IT TAKES LIKE MY HUSBAND
21 AND ETHAN, AND ETHAN'S MY SON, AND MY FRIEND JAN.
22 THEY'RE ALL THREE PULLING ME UP. SO, WE TAKE JAN
23 'CAUSE SHE WORKS AT THE HOSPITAL, AND SHE -- I CALL
24 HER MY NURSE. SHE'S NOT TECHNICALLY A NURSE, BUT
25 SHE HELPS WITH MY NURSING STUFF. SO, SHE -- THEY'RE

1 ALL PULLING ME UP, AND THEY FINALLY GET ME UP. SO,
2 I'M WALKING BACK, AND I'VE GOT MY OXYGEN ON. I'M
3 TRYING TO BE GOOD. SO, I'VE GOT MY OXYGEN ON LIKE
4 I'M GOING TO FLY OFF WITH A JET PACK OR SOMETHING,
5 AND I'M WALKING BACK AND, YOU KNOW, I'VE GOT TO FALL
6 OUT. IT'S SO EMBARRASSING. SO, HERE COMES ROB,
7 HE'S GOING TO HAVE TO CARRY ME TO THE CAR. AND THEN
8 ETHAN IS ALL UPSET. SO, NOW THE WHOLE VACATION IS
9 RUINED, BECAUSE EVERYBODY IS SO SCARED. SEE,
10 EVERYTHING IS RUINED BECAUSE OF THIS. SO, WE GET
11 BACK, AND THEN EVERYBODY IS WANTING TO GO BACK HOME,
12 GO BACK HOME. I'M LIKE "LOOK, I GOT MY NEBULIZER.
13 I'M SITTING HERE DOING MY TREATMENT SITTING IN THIS
14 LITTLE CAMPER LOOKING OUT AT Y'ALL." SO, IT'S LIKE
15 THE WORLD IS GOING BY. "Y'ALL ARE PLAYING WITH
16 ETHAN. EVERYBODY IS HAVING FUN WHILE I SIT HERE AND
17 WATCH Y'ALL." SO, WE DO HAVE VACATIONS 'CAUSE I
18 WANT ETHAN TO GROW UP NORMAL AND HAVE MEMORIES. AND
19 I TAKE THE PICTURES AND THEN WHEN YOU GET HOME, IT'S
20 LIKE I WASN'T EVEN THERE BECAUSE I'M THE ONE TAKING
21 THE PICTURES. AND THEN I THINK, WELL, CRAP, I
22 REALLY WASN'T THERE BECAUSE I'M NOT EVEN
23 PARTICIPATING. BUT THEN I THINK, YOU KNOW WHAT, AT
24 LEAST I'M HERE TO SEE IT. SO, QUIT BEING A CRYBABY,
25 AND THEN I JUST LAUGH AND MAKE A JOKE ABOUT IT. AND

1 CAN PULL MY HAIR LIKE THIS (WITNESS DEMONSTRATES) SO
2 NOBODY CAN SEE ME. IT'S A GOOD THING I'M PRETTY.
3 IT'S SO EMBARRASSING. GOSH, THE THINGS I GET INTO.

4 Q. WHAT BEACH DID Y'ALL GO TO?

5 A. MYRTLE BEACH, BUT AT LEAST I GOT TO GO TO THE BEACH.
6 WE WERE GOING TO GO PLAY PUTT-PUTT, BUT THE MAN SAID
7 -- 'CAUSE WE ASKED HIM, I SAID, "YOU DON'T HAVE ONE
8 OF THOSE LITTLE JAZZIES-I CAN GO IN, THAT I CAN GET
9 UP AND DO A LITTLE PUTTING AND JUST GO JAZZ RIGHT
10 ON." I SAID, "THEY SAID THEY WILL GO ANYWHERE," BUT
11 HE JUST LOOKED AT ME LIKE I WAS CRAZY. SO WHATEVER.
12 JAZZIES DON'T GO EVERYWHERE. THEY DON'T DO PUTT-
13 PUTT.

14 Q. YOU TOLD ME YOU'RE ON SOCIAL SECURITY DISABILITY AND
15 STATE RETIREMENT DISABILITY.

16 A. YES.

17 Q. HAVE YOU RECEIVED ANY OTHER SORT OF -- DID YOU GET
18 ANY SHORT-TERM DISABILITY OR LONG-TERM DISABILITY
19 AFTER YOU WENT OUT?

20 A. NO.

21 Q. ANY OTHER SORT OF INCOME AT ALL SINCE YOU WENT OUT?

22 A. NO.

23 Q. OKAY. SO, IT'S JUST THOSE TWO?

24 A. YES.

25 Q. DO YOU HAVE ANY OTHER HOBBIES OR THINGS YOU ARE

1 DOING NOW IN YOUR FREE TIME?

2 A. SOAP OPERAS.

3 Q. ARE YOU MOSTLY INDOORS DURING THE DAY NOW?

4 A. I HAVE TO BE, YES. I WENT OUTSIDE A LITTLE BIT
5 YESTERDAY. SEE MY EYES. YES.. YESTERDAY WAS
6 PRETTY.

7 **BY MR. GOHEAN:**

8 MS. CHAMBLEE, I'M ALL DONE. I DON'T HAVE ANY
9 MORE QUESTIONS. THANK YOU VERY MUCH FOR YOUR TIME.
10 MR. THOMPSON MAY HAVE A FEW, BUT I'M ALL DONE.

11 **EXAMINATION BY MR. THOMPSON:**

12 Q. I HAVE JUST ONE OR TWO FOLLOW UP QUESTIONS.

13 A. YES, SIR.

14 Q. I WAS LOOKING BACK THROUGH YOUR MEDICAL REPORTS, AND
15 I NOTICED THAT BACK WHEN YOU WERE SEEING DR. SEYMOUR
16 AND SOME OF YOUR OTHER DOCTORS, FOR EXAMPLE,
17 SEPTEMBER OF '05, YOU WEIGHED 266. MARCH OF '06,
18 YOU WEIGHED 264. OCTOBER OF '08, 261. AUGUST OF
19 '10, 216. THEN WITH DR. POON'S RECORDS IN MAY '11,
20 YOU WEIGHED 221 AND JUNE 1ST OF '11, 218. DOES THAT
21 SOUND ABOUT RIGHT?

22 A. YEP.

23 Q. SO, YOUR WEIGHT AT ONE TIME HAD GONE UP TO LIKE THE
24 260s, BUT THEN BEFORE YOU HAD THIS ACCIDENT, IT HAD
25 GONE BACK DOWN TO THE 210s AND 220s?

1 A. MM-HMM.

2 Q. AND THEN SINCE YOU HAD THE ACCIDENT, IT HAS GONE
3 BACK UP; IS THAT CORRECT?

4 A. THAT'S RIGHT.

5 BY MR. THOMPSON:

6 THANK YOU. THAT'S ALL I HAVE.

7 BY MR. GOHEAN:

8 NO MORE QUESTIONS.

9 (THERE BEING NO FURTHER QUESTIONS, THIS DEPOSITION WAS
10 CONCLUDED AT THE HOUR OF 4:07 P.M.)

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1107022

EMPLOYEE/CLAIMANT: SANDY CHAMBLEE

EMPLOYER: ANDERSON COUNTY FIRE DEPARTMENT

CARRIER: STATE ACCIDENT FUND

I, JAN L. WHITWORTH, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING 89 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING DEPOSITION OF **SANDY CHAMBLEE** TAKEN ON THE 10TH DAY OF FEBRUARY, 2014.

THAT THE WITNESS WAS DULY PLACED UNDER OATH AND ADMONISHED TO SPEAK THE WHOLE TRUTH. THAT THE ORAL DEPOSITION WAS DULY TAKEN AND TRANSCRIBED AS TO THE QUESTIONS PROPOUNDED AND THE ANSWERS GIVEN.

THAT ALL THE OFFERED EXHIBITS, STIPULATIONS AND OBJECTIONS, IF ANY, INVOLVED IN THIS CASE ARE DULY ATTACHED OR INCLUDED HEREIN.

IN WITNESS WHEREOF, I HAVE SET MY HAND THIS 14TH DAY OF FEBRUARY, 2014.

JAN L. WHITWORTH
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 3/12/2014

* THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.

Dr. Michael Spandorfer
December 12-20-2012 through 11-26-2013
Deposition of Dr. Spandorfer
February 25, 2014

**CHAMBLEE, SANDY**

49 Y old Female, DOB: 12/27/1962

Account Number: 00004073300

600 WHIT CHAMBLEE ROAD, STAR, SC-29684

Home: 864-352-3997

Guarantor: CHAMBLEE, SANDY

Appointment Facility: Carolina Lung And Critical Care

12/20/2012

Progress Notes: Michael A Spandorfer MD

Current Medications

Prevacid 24HR 15 MG Capsule Delayed Release 1 capsule before a meal Once a day
 Magnesium 500 MG Tablet 1 tablet with a meal twice daily
 D 2000 2000 UNIT Tablet as directed
 Quetiapine Fumarate 100 MG Tablet 1 tablet at bedtime nightly
 Topiramate - Tablet 1 tablet at bedtime nightly
 Clonazepam 0.5 MG Tablet 1 tablet at bedtime twice daily
 Temazepam 30 MG Capsule 1 capsule at bedtime as needed as directed
 Furosemide 40 MG Tablet 1 tablet twice daily
 Montelukast Sodium 10 MG Tablet 1 tablet Once a day
 Advair Diskus 500-50 MCG/DOSE Aerosol Powder Breath Activated 1 puff Twice a day
 Ipratropium-Albuterol 0.5-2.5 (3) MG/3ML Solution 3 ml Four times a day
 Lyrica 75 MG Capsule 1 tablet Twice a day
 ProAir HFA 108 (90 Base) MCG/ACT Aerosol Solution 2 puffs as needed every 4 hrs
 Savella 50 MG Tablet 1 tablet as directed
 Cymbalta 30 MG Capsule Delayed Release Particles 1 capsule Twice a day
 Bystolic 5 MG Tablet 1 tablet Once a day
 Hydroxyzine Pamoate 50 MG Capsule 1 capsule as directed
 Lortab 7.5-500 MG Tablet 1 tablet as needed every 6 hrs
 Medication List reviewed and reconciled with the patient

Past Medical History

Asthma
 Obstructive sleep apnea
 Fibromyalgia
 Allergic rhinitis with chronic sinusitis
 Insomnia
 Hypertension
 Gastroesophageal reflux disease
 Bipolar disorder
 Posttraumatic stress disorder

Surgical History

cesarean section
 hysterectomy with bilateral salpingo-oophorectomy
 gastric banding procedure with subsequent removal
 post tonsillectomy with adenoidectomy
 endoscopic sinus surgery x 3
 status post cyst excision back of head

Reason for Appointment

1. NEW PATIENT
2. IME
3. Occupationally worsened asthma with chronic hypoxic respiratory failure

History of Present IllnessSymptom(s):

The patient has been referred for evaluation of her respiratory status. The patient reports a prior childhood history of asthma that has acutely worsened since smoke exposure while employed as a fire marshal. The patient reports that prior to her work related exposure. Her asthma was relatively stable. The patient reports that she had rare symptoms related to her asthma. Her symptoms included the need for rescue albuterol approximately 2-3 times a year without the need for daily usage. The patient did not require daily and held steroids and rarely required oral antibiotics or oral steroids. Prior to her exposure she reports that her exercise tolerance was stable and she can walk without limitations. The patient has previously attempted allergy shots however majority of her symptoms were intermittent and did not require daily therapy. The patient denied the presence of any sinus difficulties, postnasal drip or difficulties related to reflux. The patient had no prior history of exposure to birds or unusual pets. The patient reports that her asthma symptoms however greatly increased since exposure to a fire and summer of 2010. The patient at that time was employed as a firefighter training officer whose job did not include active firefighting duties. At the time of the patient's exposure the patient was riding as a passenger with a fellow firefighter who decided to respond to an active fire. The patient reports that she remained inside the fire truck with the echo initially running for up to one and a half to 2 hours in duration. During this time the patient reports that she was exposed to fumes and smoke related to the fire which led to the immediate onset of cough with shortness breath, wheezing, chest tightness as well as dyspnea. The patient attempted to limit her exposure about utilizing a wet towel as a mask. The patient subsequently developed the onset of persistent difficulties as noted above including progressive shortness of breath cough and wheezing. Cough was productive of a thick mucoid white phlegm. Wheezing with chest tightness and severe dyspnea was noted. The patient presented to her physician where she was admitted for a 10 day hospital stay related to respiratory failure due to status asthmaticus. The patient reports that she was treated with antibiotics, IV steroids, oxygen therapy, bronchodilator therapy. The patient was subsequently released home on oxygen and was seen by a pulmonologist. At time of that evaluation the patient was felt to be clinically ill and was readmitted for an additional 6 day period. The patient has subsequently been placed on medical disability related to her respiratory failure and pulmonary condition.

Patient: CHAMBLEE, SANDY DOB: 12/27/1962 Progress Note: Michael A Spandorfer MD 12/20/2012

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

Family History

Father: hypertension
 Mother: hypertension
 All siblings are half siblings.

Social HistoryGeneral:

Mold exposure?: no. Alcohol consumption per week?: none. Use of injection drugs?: no. Where was patient born?: Greenville, SC. Lived and currently live?: Star, SC. Travel in past 5 years?: Disney World. Current and past work?: Firefighter. Exposure concerns?: no. Influenza vaccine last year?: yes. Pneumonia vaccine?: yes. Tuberculosis exposure?: no.

Tobacco Use:

Tobacco Use/Smoking Are you a nonsmoker.

Drugs/Alcohol:

Alcohol Screen Did you have a drink containing alcohol in the past year? No, Points 0.

Married, 1 child, no tobacco, no alcohol, former firefighter.

The patient has been a volunteer firefighter beginning at age 16. From 1983-1988 she was a firefighter. From 1988 until her exposure to she has been a firefighter training officer. The patient reports that early in her firefighting career she did not utilize an air pack however for the past several years (more than 10 years) she had utilize a air pack.

Allergies

N.K.D.A.

Hospitalization/Major**Diagnostic Procedure**

Denies Past Hospitalization

Review of SystemsGeneral/Constitutional:

Loss of appetite denies. Weight change increased. Chills not associated with fever. Fever denies. Night sweats **admits**.

Ophthalmologic:

Change in vision denies. Blurred vision denies. Diminished visual acuity denies.

ENT:

Hoarseness denies. Allergies **admits**. Decreased hearing denies. Sinusitis Denies. Sore throat denies.

Endocrine:

Cold intolerance denies. Excessive thirst denies. Frequent urination denies. Heat intolerance denies.

Respiratory:

Shortness of breath **admits**. Pleurisy **admits**. Comments See HPI for details. Chest pain at rest. Hemoptysis denies. Sputum production denies. Wheezing denies.

Cardiovascular:

Leg/ankle Swelling **admits**. Chest pain at

Since the patient smoke exposure the patient reports the presence of daily symptoms to include cough with shortness of breath as well as wheezing. Cough typically is nonproductive to productive of a clear phlegm. At times the patient does note that production of a discolored yellow to brown phlegm. The patient denies any symptoms of hemoptysis. The patient does experience chest tightness and chest pain. Dyspnea now occurs with most activities including dressing, showering and walking on level ground. The patient notes the presence of edema. The patient reports the need for multiple rescue bronchodilator therapy treatments throughout the day at times greater than 6 treatments are needed to improve the patient's respiratory status. The patient remains on oxygen therapy at 2 L. The patient does report lightheadedness as well as dizziness at times. The patient has required courses of antibiotics and steroids since her work exposure. The patient believes that she is unable to return to work. The patient does report a 70 pound weight gain since her work exposure and medical disability.

The patient denies any daily symptoms of heartburn or reflux. The patient has no complaints of headaches, visual changes or new onset rashes or arthritis changes. The patient has no history of a connective tissue disorder and specifically denies any history of rheumatoid arthritis, scleroderma, lupus and she denies any history of a sarcoidosis diagnosis.

The patient does admit to a history of obstructive sleep apnea as well as fibromyalgia with insomnia. The patient reports mood difficulties to include anxiety with depression and posttraumatic stress disorder related to her employment. The patient reports that she has not recently received cardiac evaluation that she has no history of cardiac disease. The patient does not believe that she has received an echocardiogram or stress test. The patient denies any dysphagia. The patient denies any history of bleeding or clotting abnormalities.

Vital Signs

Ht 65 in, Wt 270 lbs, BMI 44.93, Pulse Sitting 83, BP Sitting 127/95, RR 16, Oxygen saturation 92 %
 Saturation 90% off of oxygen on room air.

ExaminationGeneral Examination:

GENERAL APPEARANCE: normal, in no acute distress, obese female. HEAD: normocephalic, atraumatic. EYES: pupils equal, round, reactive to light, extraocular movement intact (EOMI), extraocular movement intact (EOMI). EARS: tympanic membrane intact, clear. NOSE: septum intact, frontal sinus nontender to percussion, maxillary sinus nontender to percussion. ORAL CAVITY: no lesions, no thrush, mallampati score of III. THROAT: normal, no erythema, no exudate. NECK: neck supple, full range of motion, no thyromegaly. LYMPH NODES: no lymphadenopathy. SKIN: no rashes noted, no suspicious lesions.

Pulmonology:

LUNGS Occasional fine expiratory wheeze to auscultation bilaterally, reduced volumes, normal fremitus, no accessory muscle usage.

Cardiology Exam:

Jugular Venous Distention: normal. Heart: normal S1, S2, no S3, no S4, no murmur, no rub, no gallop, regular rate and rhythm. Peripheral Pulses: radial pulses intact, 2+ bilaterally.

Abdominal:

Abdomen soft, non-tender/non-distended, bowel sounds present, no masses felt, no hernia, no costovertebral angle tenderness, well healed surgical scar, obese.

Lower Extremity:

Extremities No cords, no clubbing, no cyanosis, no edema, no calf

rest denies. Chest pain while exerting yourself denies. Dyspnea on exertion with mild activity. Paroxysmal nocturnal dyspnea denies. Palpitations denies. Orthopnea that is mild. Weight gain admits.

Gastrointestinal:

Reflux Denies. Abdominal pain denies. Blood in stool denies. Difficulty swallowing denies. Hematemesis denies.

Hematology:

Abnormal bleeding denies. Clotting disorder denies. Swollen glands denies.

Anemia Denies.

Musculoskeletal:

Arthritis **admits**. Muscle aches denies. Swollen joints denies. Weakness denies.

Genitourinary:

Blood in urine denies. Difficulty urinating denies. Frequent urination denies. Nocturia denies. Kidney Stones denies.

Skin:

Rash Yes.

Neurologic:

Weakness denies. Difficulty walking denies. Headache denies. Comments denies sleep apnea symptomatology. Memory loss denies.

Psychiatric:

Anxiety **admits**. Depressed mood admits.

tenderness.

Spine:

Back No scoliosis, No kyphosis, No CVA tenderness.

Neurological:

MOTOR STRENGTH: motor is grossly normal. SPEECH: normal.

Psychiatry:

MOOD: normal affect, alert, oriented, cooperative with exam.

Assessments

1. Asthma, chronic obstructive - 493.20 (Primary), occupationally worsened with chronic hypoxic respiratory failure
2. Reactive airway disease - 493.90
3. Postinflammatory pulmonary fibrosis - 515
4. GERD - 530.11
5. Hypersomnia with sleep apnea, unspecified - 780.53
6. Morbid obesity with BMI of 45.0-49.9, adult - 278.01

Treatment

1. Asthma, chronic obstructive

Continue Montelukast Sodium Tablet, 10 MG, 1 tablet, Orally, Once a day
Continue Advair Diskus Aerosol Powder Breath Activated, 500-50 MCG/DOSE, 1 puff, Inhalation, Twice a day
Continue Ipratropium-Albuterol Solution, 0.5-2.5 (3) MG/3ML, 3 ml, Inhalation, Four times a day
Continue ProAir HFA Aerosol Solution, 108 (90 Base) MCG/ACT, 2 puffs as needed, Inhalation, every 4 hrs
Diagnostic Imaging: SPIROMETRY Abnormal, Spirometry reveals severe airflow and restrictive impairment. FVC is 1.51 L which is 46% of predicted and FEV1 is 1.31 L which is 49% predicted
The patient has occupationally worsened chronic obstructive asthma with severe airflow limitation and chronic hypoxic respiratory failure. The patient appears to have severe symptomatology. The patient is instructed remain on her same medical therapy and she may benefit from the use of daily oral steroids or the use of an immune modulatory therapy. Serologic evaluation will be obtained. Use of oral steroids however has a relative contraindication due to the patient's obesity. The patient symptoms have been present for more than 6 months without change and I believe the patient may have achieved maximal medical improvement.

2. Reactive airway disease

Diagnostic Imaging: Pulmonary Full PFT (Ordered for 01/31/2013), SPIROMETRY Abnormal, Spirometry reveals severe airflow and restrictive impairment. FVC is 1.51 L which is 46% of predicted and FEV1 is 1.31 L which is 49% predicted
While the patient has developed occupationally worsened asthma she does appear to have a reactive airway dysfunction component including the onset of increasing symptoms with exposure to nonspecific irritants. A methacholine challenge study will be obtained as well as a Southeastern allergy panel and an IgE.

3. Postinflammatory pulmonary fibrosis

Diagnostic Imaging: CT CHEST W/CONTRAST, Pulmonary Full PFT (Ordered for 01/31/2013), SPIROMETRY Abnormal, Spirometry reveals severe airflow and restrictive impairment. FVC is 1.51 L which is 46% of predicted and FEV1 is 1.31 L which is 49% predicted
The patient may have an element of post inflammatory pulmonary fibrosis contributive to some of the patient's symptomatology including the

development of bronchiectasis or frank pulmonary fibrosis. A screening CT scan of the chest will be requested.

4. GERD

Start Dexilant Capsule Delayed Release, 60 MG, 1 tablet, po, every day, 30 days, 30, Refills 5

Stop Prevacid 24HR Capsule Delayed Release, 15 MG, 1 capsule before a meal, Orally, Once a day

The patient will be placed on anti-reflux measures and treatment.

5. Hypersomnia with sleep apnea, unspecified

Start CPAP ---, --, as directed, nasal, 16 cm with heated humidifier and 20 min. ramp, 30 days, 1 device, Refills 11

LAB: IGE BLOOD

LAB: ALLERGY:PROFILE REGIONAL (SOUTH EASTERN)

Procedure:METHACOLINE CHALLENGE TEST (Ordered for 12/27/2012)

The patient is instructed to proceed with efforts of weight loss and exercise remain on her CPAP.

6. Morbid obesity with BMI of 45.0-49.9, adult

Weight loss, exercise, failed lap banding procedure.

7. Others

More than 95 min. was spent in the evaluation and treatment of this patient. More than half of the encounter time was spent face-to-face with the patient discussing and coordinating care. Spirometry will be ordered to be obtained upon return to evaluate response to above therapy and for disease state monitoring.

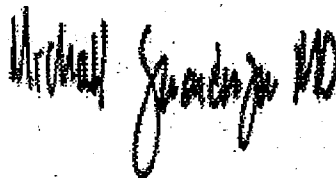
Provided medical records were reviewed and evaluation of this patient.

Procedure Codes

94010 SPIROMETRY

Follow Up

6 Weeks (Reason: Follow-up appointment)



Electronically signed by MICHAEL SPANDORFER MD, MD on
12/20/2012 at 01:11 PM EST

Sign off status: Completed

Carolina Lung And Critical Care
2097 HENRY TECKLENBURG
CHARLESTON, SC 29414-5744
Tel: 843-763-3360
Fax: 843-606-8033

Patient: CHAMBLEE, SANDY DOB: 12/27/1962 Progress Note: Michael A Spandorfer MD 12/20/2012

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14:42:45 10-24-2013

313

864-222-0201

South Carolina Workers' Compensation Commission
 1333 Main Street, Suite 500 • Post Office Box 1715
 Columbia, South Carolina 29202-1715
 (803) 737-5723
 www.wcc.sc.gov



Physician's Statement

Claimant's Name: Sandy Chambers
 Physician's Name: Michael Spindler
 Practice/Clinic: _____
 Preparer's Name: _____
 Phone: _____

Employer's Name: _____
 Insurance Carrier: _____
 SCWC File No: _____

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: _____

Date of first office visit: 10.20.12 Date of last visit: 10.17.13

Diagnosis or nature of Injury or Illness: Reactive airway disease / occupationally worsened asthma

Body part(s) injured: lung, bronchial tube Body part(s) affected: lung, bronchial tube

Date of Maximum Medical Improvement: 10.17.13

Based on the AMA Guidelines, the claimant has sustained a 55 % medical impairment to lung & bronchial tube injured body part(s) and a 51 % medical impairment to whole person other affected body part(s).

- ☐ The claimant is able to return to work without restriction.
☐ The claimant is able to return to work with the following restrictions:

☒ The claimant is unable to return to work at his or her current employment.

As of the date I last saw this patient, it is my professional medical opinion the claimant:

☐ will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

☒ will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

use of daily medications - bronchodilators inhaled steroids, inhaler, oral steroids
inhaler tx, MO evaluation 4x/yr with follow for tests,

ER visit - 2x yr. ; avoid exposure to triggers, dusts, fumes, extremes of
temp/humidity. no heavy lifting
or activity

Treating Physician

Date

9/07

14B

Physician's Statement

**CHAMBLEE, SANDY**

50 Y old Female, DOB: 12/27/1962
600 WHITE CHAMBLEE RD, STARR, SC 29684
Home: 864-352-3997
Provider: SPANDORFER, MICHAEL A, MD

Telephone
Encounter

Answered by SPANDORFER, MICHAEL A

Date: 11/26/2013

Time: 03:58 PM

Message Received a message to complete a 14 B in regard to the patient's work related injury

Current Medications

None

Past Medical History

Asthma
Obstructive sleep apnea
Fibromyalgia
Allergic rhinitis with chronic sinusitis
Insomnia
Hypertension
Gastroesophageal reflux disease
Bipolar disorder
Posttraumatic stress disorder

Assessments

1. Reactive airway disease - 493.90 (Primary), smoke exposure as firefighter/fire marshal
2. Asthma, chronic obstructive - 493.20, occupationally worsened with chronic hypoxic respiratory failure
3. Postinflammatory pulmonary fibrosis - 515

Treatment

1. Reactive airway disease

Treatment Notes: The patient is felt to have achieved maximal medical improvement on October 17, 2013. Based upon the AMA guidelines Ms. Chamblee has sustained a 55% medical impairment to her lungs and bronchial tubes bilaterally and a 55% medical impairment to her whole person. Ms. Chamblee is unable to return to work at her current employment. The patient will require future medical care and treatment related to her work-related injury based upon a reasonable degree of medical certainty and that medical care and treatment that includes use of daily medications including bronchodilator therapy, inhaled steroid therapy, oral steroid therapy, antibiotics and nebulized bronchodilator therapy, routine physician evaluation with pulmonary function testing at least 4 times a year, expectation of an emergency room visit at least twice a year, use of immune modulatory therapy such as Xolair and leukotriene antagonists, treatment of complications related to active therapy for her work-related injury includes and the possible treatment of steroid induced gastritis and osteoporosis, cataracts or glaucoma, hypertension and weight gain. The patient is advised to avoid exposure to known triggers including dusts, chemicals, fumes, extremes of temperature or humidity, smoke exposure. The patient is advised not to proceed with heavy lifting or activity. This impairment is considered lifelong and permanent.

2. Asthma, chronic obstructive

Treatment Notes: The patient is felt to have achieved maximal medical improvement on October 17, 2013. Based upon the AMA guidelines Ms. Chamblee has sustained a 55% medical impairment to her lungs and bronchial tubes bilaterally and a 55% medical impairment to her whole person. Ms. Chamblee is unable to return to work at her current employment. The patient will require future medical care and treatment related to her work-related injury based upon a reasonable degree of medical certainty and that medical care and treatment that includes use of daily medications including bronchodilator therapy, inhaled steroid therapy, oral steroid therapy, antibiotics and nebulized bronchodilator therapy, routine physician evaluation with pulmonary function testing at least 4 times a year, expectation of an emergency room visit at least twice a

Patient: CHAMBLEE, SANDY DOB: 12/27/1962 Provider: SPANDORFER, MICHAEL A, MD 11/26/2013
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year, use of immune modulatory therapy such as Xolair and leukotriene antagonists, treatment of complications related to active therapy for her work-related injury includes and the possible treatment of steroid induced gastritis and osteoporosis, cataracts or glaucoma, hypertension and weight gain. The patient is advised to avoid exposure to known triggers including dusts, chemicals, fumes, extremes of temperature or humidity, smoke exposure. The patient is advised not to proceed with heavy lifting or activity. This impairment is considered lifelong and permanent.

3. Postinflammatory pulmonary fibrosis

Treatment Notes: The patient is felt to have achieved maximal medical improvement on October 17, 2013. Based upon the AMA guidelines Ms. Chamblee has sustained a 55% medical impairment to her lungs and bronchial tubes bilaterally and a 55% medical impairment to her whole person. Ms. Chamblee is unable to return to work at her current employment. The patient will require future medical care and treatment related to her work-related injury based upon a reasonable degree of medical certainty and that medical care and treatment that includes use of daily medications including bronchodilator therapy, inhaled steroid therapy, oral steroid therapy, antibiotics and nebulized bronchodilator therapy, routine physician evaluation with pulmonary function testing at least 4 times a year, expectation of an emergency room visit at least twice a year; use of immune modulatory therapy such as Xolair and leukotriene antagonists, treatment of complications related to active therapy for her work-related injury includes and the possible treatment of steroid induced gastritis and osteoporosis, cataracts or glaucoma, hypertension and weight gain. The patient is advised to avoid exposure to known triggers including dusts, chemicals, fumes, extremes of temperature or humidity, smoke exposure. The patient is advised not to proceed with heavy lifting or activity. This impairment is considered lifelong and permanent.

Follow Up as scheduled

Patient: CHAMBLEE, SANDY DOB: 12/27/1962 Provider: SPANDORFER, MICHAEL A, MD 11/26/2013

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In The Matter Of:
Chamblee v.
Anderson County Fire Department

A rectangular stamp with the word "COPY" in a bold, sans-serif font. To the left of the word is a small square icon containing a stylized 'C'.

Michael Spandorfer, MD
February 25, 2014

Janice D. Hayward, RMR
Independent Court Reporter
843.478.6756
JanHayward1@gmail.com

Original File 022514MSpandorfer.txt

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BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1107022

SANDY CHAMBLEE,)
)
 Claimant,)
)
 -versus-)
)
 ANDERSON COUNTY FIRE)
 DEPARTMENT,)
)
 Employer,)
)
 -and-)
)
 STATE ACCIDENT FUND,)
)
 Carrier-Defendants.)
 -----)

DEPONENT: MICHAEL SPANDORFER, MD
DATE: Tuesday, February 25, 2014
TIME: 5:15 p.m.
LOCATION: Carolina Lung Associates
2097 Henry Tecklenburg Drive
Suite 305
Charleston, South Carolina 29414
REPORTED BY: Janice D. Hayward, RMR
NCRA Registered Merit Reporter
101 Dorchester Court
Charleston, South Carolina 29418
843.478.6756
JanHayward1@gmail.com

Janice D. Hayward, RMR
843.478.6756

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5
6 APPEARANCES

7 For the Claimant	Richard E. Thompson, Jr. Law Office of Richard E. 8 Thompson, Jr. 300 South Tower Street 9 PO Box 14230 Anderson, South Carolina 29624
10 For the Carrier- 11 Defendants	Tucker Cecil Willson Jones Carter & Baxley 421 Wando Park Boulevard 12 Suite 100 Mt. Pleasant, South Carolina 13 29464

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4

1 (Michael Spandorfer, after being sworn,
2 testified as follows:)

3 EXAMINATION

4 BY MS. CECIL:

5 Q All right. Hi, Doctor Spandorfer. I'm
6 Tucker Cecil. I'm Foster's mom. And I'm here to
7 take your deposition in this workers' compensation
8 case of Sandy Chamblee.

9 And I know you had the
10 opportunity to see her, and I'm just going to ask
11 you a little bit about your practice and then a
12 little bit about when you first saw her and
13 diagnosis, treatment, plans and kind of your 14B, I
14 think was the last report.

15 MS. CECIL: I believe that's all we
16 have. Is that correct?

17 MR. THOMPSON: Well, there are two
18 reports. One was sometime in December of
19 2012, and then the second report is
20 December 26th of '13.

21 MS. CECIL: And then the 14B?

22 MR. THOMPSON: 14B, correct.

23 BY MS. CECIL:

24 Q That's really all I'm here to ask you
25 about. Before we start I'm just going to maybe get

1 a brief little background of who you are.

2 MS. CECIL: And then hopefully we can
3 stipulate on the record as to his
4 expertise. I forgot to mention that to
5 you outside earlier, if that works for
6 you?

7 MR. THOMPSON: That's fine.

8 BY MS. CECIL:

9 Q Let me just get your full name for the
10 record then.

11 A It's Michael Alan Spandorfer.

12 Q All right. And where are you -- what's
13 your practice?

14 A I'm a pulmonary critical care specialist.
15 I'm board certified in internal medicine, pulmonary
16 diseases, and critical care medicine as well as
17 sleep medicine.

18 I attended Emory University for
19 my undergraduate where I received a BA in history.
20 I attended the Medical College of Georgia for
21 medical school. I returned to Atlanta at Emory
22 where I received my internship, residency and
23 fellowship. And my last year of fellowship in
24 pulmonary critical care was for lung
25 transplantation.

6

1 I arrived in Charleston, South
2 Carolina in 1998 in private practice and have been
3 here since.

4 MS. CECIL: And we're going to
5 stipulate that you are an expert in
6 pulmonary medicine and internal medicine,
7 is that --

8 MR. THOMPSON: Agreed.

9 MS. CECIL: Okay, thank you.

10 BY MS. CECIL:

11 Q All right. Let me get into when you had
12 the first opportunity to see Miss Sandy Chamblee.

13 A I first examined Miss Chamblee on
14 December 20th, 2012.

15 Q And how did she get to you, if you know?

16 A I should be able to find out. She was
17 referred to us for an evaluation. Well, I don't
18 have the referring provider.

19 Q I think it's, if it's in your first
20 report, does it say IME? Would it have been --

21 A It is, but I usually have a referring
22 either attorney or physician.

23 Q Right. Okay.

24 A She was referred for an IME, but I don't
25 have the listed attorney.

1 Q Okay. And what was she referred to you
2 for and kind of what was the purpose of the visit?

3 A She was referred for evaluation for
4 occupationally-induced lung disease.

5 Q Okay. And let me ask you this. When she
6 came to see you did she bring to you her prior
7 medical records, or did you have an opportunity to
8 review those?

9 A I did take a detailed history from her. I
10 do not know if I have seen all of her prior medical
11 history.

12 Q And let me see if I can clarify this. So
13 when you got a detailed history, that would be what
14 she informed you as to her prior medical history?

15 A Yes.

16 Q But you're not sure if you were provided
17 any medical records with that visit, or?

18 A I'm looking into our paperwork that is
19 scanned into our medical records. And from that
20 initial visit from December of 2012 I do not see any
21 old records scanned in.

22 Q Okay. All right.

23 A I do have a hospital discharge summary.
24 And I apologize for this, but this screen size is
25 very small. It's very difficult to review.

8

1 Q That's fine.

2 A So I have a discharge summary from AnMed.

3 Q From where? I'm sorry?

4 A I have 54 pages of scanned records.

5 Q Okay.

6 A And that includes a discharge summary from
7 AnMed Health in Anderson. And this is what's
8 problematic with electronic records 'cause the paper
9 goes away. I do have, I actually did review prior
10 medical records in this first visit.

11 Q Okay. And in those medical records was
12 there already a diagnosis of asthma?

13 A Yes. She reported preceding history of
14 asthma.

15 Q And the medical records reported that as
16 well?

17 A Yes.

18 Q And do you know -- I don't know what you
19 kind of call her type of asthma, but was there a
20 certain type of asthma, a certain medication that
21 she was on, and --

22 A Well, there's intrinsic asthma and
23 extrinsic asthma. In her case I believe she would
24 have been diagnosed with intrinsic asthma though
25 it's not so listed. She was just diagnosed as

1 asthma that occurred preceding her exposure.

2 Q Did you know if she was having like these
3 allergy shots weekly prior to this incident?

4 A She did report allergies, yes.

5 Q And these allergies, did she say anything
6 about specifically or did any of the reports
7 specifically say what she was allergic to and what
8 kind of medicine? I'm just trying to get an idea of
9 what kind of allergies she had.

10 A Before the incident?

11 Q Yeah, sorry, this is all before the
12 incident.

13 A I don't have a list of her particular skin
14 testing or serologic evaluation, but I haven't
15 reviewed all of her records on the computer thus
16 far.

17 Do you know if they're included
18 in here?

19 Q I don't want to say that they are, and I
20 don't want to act like I would know what they
21 exactly say. Take your time.

22 I know some of the records I was
23 looking at were those of Dr. Poon, P-o-o-n.

24 A Yes, I saw his report.

25 Q Medical Center of Elbertson.

10

1 A I don't see specific testing as it relates
2 to asthma.

3 Q I know at one point you talked about
4 having, in her history, that she had a history as a
5 child.

6 A Yes, she reported that to me.

7 Q And it seemed like it was more of kind of
8 a breathing-type allergy with wheezing and --

9 A Yes.

10 Q And the medications she was on were those
11 for allergies that have to do with breathing, lungs
12 and wheezing and --

13 A She was on appropriate medicine for her
14 asthma exacerbations.

15 Q And the asthma that she had before this,
16 looking through the records that she had, basically
17 was this her whole adult life?

18 A Yes.

19 Q And the asthma that she was treated before
20 for, before this incident, had she reported any type
21 of flare-ups and/or continuation of the asthma
22 getting worse prior --

23 A Can you repeat that question?

24 Q Had she been reporting any problems with
25 the asthma worsening prior to this incident?

1 A Miss Chamblee reported to me that she felt
2 that her asthma was fairly well controlled, that it
3 acutely worsened after her exposure.

4 And the majority of the records
5 I have occur after that exposure. I don't see any
6 pre-existing records describing her allergy testing
7 or control, including spirometry or any kind of
8 serologic evaluation.

9 Q So if she did complain prior to the
10 incident of her allergies getting worse, prior to
11 this incident, would that change any of your medical
12 opinions for causation as to the incident she
13 relates to as being the fire as the, I guess,
14 triggering event for the asthma?

15 A Unfortunately, I don't have any medical
16 records prior to her exposure at the fire. I only
17 have records afterwards. And she reported to me
18 that she did not experience any acute worsening of
19 her respiratory symptoms prior to exposure, that her
20 asthma was quiescent.

21 Q Okay. If I showed you a record what shows
22 that she talked about her asthma attacks getting a
23 lot worse prior to the incident, would that change
24 your opinion regarding her asthma worsening due to,
25 I guess, other reasons other than the fire?

12

1 A It could. If she had objective findings
2 of a spirometry or some other kind of measurement
3 that showed that pre-imposed exposure that was not
4 different and that she was on the same amount of
5 inhaled steroids or oral steroids or required oxygen
6 therapy.

7 Q And let me ask you this then. So you
8 would need to see diagnostic testing that would show
9 that her allergies were worsening prior to this fire
10 to really be able to relate, I guess, the worsening
11 of the allergies?

12 A Objectively, I'd like to see spirometry.
13 That's the maximal effort. Spirometry is where we
14 have the patient take a giant breath in and blast
15 out as forcefully and as long as they can.

16 And we compare it to 5,000
17 people who are supposed to be just like them but no
18 history of asthma. So we compare the patient's lung
19 function versus a pool of people who we think are
20 considered normal.

21 And we have a normal-gram. We
22 say, you know, based off your lung function compared
23 to them, do you have any limitation. And we follow
24 that serially.

25 Q Okay. And what if there was no testing

1 done but that she just reported that she was having
2 gradual persistent worsening of the asthma prior to
3 the fire?

4 A Well, I think we need to delve into
5 getting a little more information. Was she
6 requiring oxygen? Were those symptoms related to
7 her asthma or some other cause from possibly reflux
8 or allergic rhinitis or heart disease?

9 Q And were you aware that she had the sleep
10 apnea before this incident, the fire incident?

11 A Yes.

12 Q Okay. And I want to ask you about --
13 well, let me get in some more general questions,
14 then I may ask you more specifically about these
15 medical records.

16 I don't see any type of -- I
17 guess if she's just going to her family doctor, do
18 they normally do this, you called it spirometry?

19 A Spirometry.

20 Q Spirometry.

21 A Some doctors do, some do not.

22 Q Okay. But it wouldn't be the norm for
23 them to always do that?

24 A Well, we do make recommendations for most
25 physicians, whether they're a family practitioner or

14

1 internist or a pulmonologist to do spirometry. We
2 kind of at times consider it like the fifth vital
3 sign as a way to kind of guide your therapy.

4 Q But if her doctor was just treating her
5 and was keeping her pretty much on the same
6 medications, and she just reported that it was
7 worsening and they didn't do that testing, you
8 wouldn't really have any way to tell if it had
9 worsened or not objectively?

10 A Correct. And sometimes we use what's
11 called a step care approach based off the patient's
12 symptoms. So we use objective data like spirometry
13 or blood gas or oxygen measurements or x-rays. And
14 sometimes we use objective data where the patients
15 are reporting need for rescue therapy or they have
16 to use a medication in the middle of the night, to
17 kind of up our care.

18 So if the doctor takes a history
19 from a patient that a person's getting worse but
20 doesn't really address it by increasing the
21 medications or giving them oral steroids, doing some
22 other intervention, one often kind of questions what
23 the patient's reporting or what the doctor's doing,
24 you know, how severe could it possibly be.

25 Q Okay. And, but she reported to you that

1 her, I guess, asthma worsened after the fire?

2 A Yes.

3 Q And did she tell you that it was worsening
4 before the fire?

5 A No. She reported to me that prior to the
6 exposure her asthma was relatively stable and that
7 she had rare symptoms that she related to her
8 asthma.

9 She reported that prior to the
10 fire she only needed to use rescue bronchodilator
11 therapy approximately two or three times a year
12 without the need for daily usage, and she reported
13 that she didn't require oral steroids or inhaled
14 steroids, and she rarely required antibiotics which
15 in our mind, you know, tells us the patient's
16 controlled. They don't require rescue therapy or
17 maintenance medicines or oral steroids and that
18 their asthma is quiescent.

19 Q And did you have medical records that were
20 provided to you that supported what she reported to
21 you?

22 A I did not review any records to that
23 regard. She reported that she had previously
24 attempted allergy shots. However, she reported that
25 the majority of her symptoms were intermittent and

16

1 did not require daily therapy.

2 Q All right. And did she tell you what
3 medicines specifically she had been taking for the
4 asthma before the fire, like how much of the
5 inhaler, how much of the --

6 A She reported that prior to the fire she
7 only utilized a rescue bronchodilator therapy,
8 albuterol, two or three times a year.

9 Q And did she tell you that she was getting
10 allergy shots and how often?

11 A She said they were intermittent and she
12 did not believe they were a benefit.

13 Q Did she tell you any, I guess, any other
14 triggering factors for the asthma other than the
15 fire?

16 A She reported negative symptoms, meaning
17 that she denied any history of allergies or post
18 nasal drip. She denied any reflux. She denied any
19 exposure to birds or any kind of unusual pets,
20 things that one would associate with worsening of
21 asthma.

22 Q So she's had no reflux and no --

23 A No allergic rhinitis or allergy sinus
24 disease.

25 Q And did you look at any previous medical

1 records or were any provided to you that showed that
2 she had any of those problems before the fire?

3 A No, I did not review any records.

4 Q Okay. And -- all right. Tell me what she
5 told you about with, when she talked to you about
6 the fire and being exposed to the fumes and what
7 happened.

8 A She reported a relatively detailed
9 history --

10 (There was an interruption in the
11 deposition, and the deposition went off
12 the record.)

13 BY MS. CECIL:

14 Q All right. Let me get back on here and
15 let me see what -- so what did she tell you about
16 specifically what happened right after that fire?

17 A The patient reported that her symptoms for
18 her asthma greatly increased after exposure to a
19 fire in the summer of 2010.

20 She reports that she was
21 employed as a firefighter training officer whose job
22 did not include active firefighter duties.

23 She reports at the time of her
24 exposure she was riding as a passenger with a fellow
25 firefighter who decided to respond to an active

18

1 fire.

2 She reported that she remained
3 inside that firetruck, initially running up to one
4 and a half to two hours in duration that she was at
5 the fire site.

6 During that time she reports
7 that she was exposed to fumes and smoke related to
8 the fire which led to the immediate onset of cough,
9 shortness of breath, wheezing, chest tightness as
10 well as dyspnea, shortness of breath. She limited
11 her exposure by utilizing a wet towel as a mask.

12 She felt the sudden onset of
13 difficulties including persistent shortness of
14 breath, coughing, wheezing. Her cough was
15 productive of a thick mucoid white phlegm. Her
16 wheezing occurred with chest tightness, and severe
17 breathlessness was noted.

18 She presented to her physician
19 where she was diagnosed with status asthmaticus and
20 was admitted urgently to the hospital. She reports
21 that she developed respiratory failure and required
22 a ten-day hospital stay.

23 She reports that she was treated
24 with IV steroids, oxygen, antibiotics as well as
25 bronchodilators.

1 (There was an interruption in
2 the deposition.)

3 She was seen by a pulmonologist.
4 She was given oxygen. After she was released she
5 subsequently re-exacerbated, and she was readmitted
6 for another six days.

7 And following that hospital stay
8 she was placed on medical disability related to
9 respiratory failure and pulmonary condition.

10 She reports that since her smoke
11 exposure she's had daily symptoms that include cough
12 with shortness of breath as well as wheezing. Her
13 cough is typically nonproductive but may have been
14 productive of a clear phlegm. She noted that at
15 times it becomes discolored.

16 She had no coughing of blood.
17 Shortness of breath now occurs with most activities
18 including activities of daily living including
19 dressing, showering, and walking on level ground.

20 She notes the presence of lower
21 extremity edema. She now reports a need for
22 multiple rescue bronchodilator treatments.
23 Throughout the day more than six treatments at times
24 are needed to improve her respiratory status, and
25 she has been placed on oxygen continuously.

20

1 She reports other symptoms
2 including lightheadedness and dizziness and has
3 required multiple courses of antibiotics and
4 steroids.

5 She believes that she was unable
6 to return to work and then gained 70 pounds since
7 her work exposure.

8 She denied again any symptoms of
9 reflux or heartburn. She had no headaches, visual
10 changes, rashes or arthritis. She had no history of
11 lupus or a connective tissue disorder.

12 She again did report symptoms of
13 sleep apnea as well as insomnia and fibromyalgia.

14 Q Well, let me ask you this. Backing up,
15 when she first --

16 A Yes.

17 Q -- came to you and told you about all
18 those issues, right, with the fire, did she tell you
19 that she went and saw the doctor right then, you
20 know, after that fire?

21 A Yes. I don't know the time course after
22 the exposure to when she saw the doctor and was
23 admitted.

24 Q Okay. So you weren't provided those
25 medical records?

1 A No.

2 Q Would she at that point, I guess if she
3 went and saw a doctor right after the fire, would
4 she have said to that doctor all these conditions
5 came upon right after she was exposed to the fire?

6 A I've had people that have been exposed to
7 fires and they report cough, shortness of breath and
8 wheezing, and you treat them acutely and send them
9 home, and then they transiently improve and then get
10 worse.

11 So it's not unusual for someone
12 to get slightly improved and then exacerbate again
13 due to a late response.

14 I'm not sure exactly the time
15 course of her symptoms, as I did not obtain that
16 history, after she was exposed to the time course
17 before she saw the doctor until she was admitted to
18 the hospital.

19 Q Okay. And do you have any kind of records
20 to even show that she reported to her doctors that
21 she was having problems with the coughing and
22 breathing shortly thereafter from the time of the
23 fire?

24 A I do not have any medical records.

25 Q And do you have any type of testing that

22

1 would show that she had any kind of testing to show
2 that after the fire she had any kind of objective
3 testing to show that her allergies worsened due to
4 the fire?

5 A I don't have any data showing worsening of
6 her allergies or breathing prior to the exposure --
7 I mean, between the exposure and admission to the
8 hospital.

9 Q Okay. And do you have anything -- I know
10 the time with Doctor Hewitt (phonetic) was in 2012.
11 So do you have anything between the time she said
12 she was exposed in May of 2011 until she saw you in
13 December of 2012 to show that she went to the doctor
14 complaining of the coughing and breathing issues and
15 everything she said to you in that note was a result
16 of the fire?

17 A I have medical records as it relates to a
18 discharge summary from AnMed.

19 Q And what did that say?

20 A I believe this is a second admission with
21 chest pain and shortness of breath.

22 Q And does that record refer anywhere in
23 there about the fire, talking about the exposure to
24 the fire?

25 A This admission was related to shortness of

1 breath and chest pain, and they were concerned about
2 a pulmonary embolus. And it does not relate to the
3 fire though.

4 She was placed on very high dose
5 steroids and inhaled bronchodilators and inhaled
6 corticosteroids therapy. She was placed on IV
7 steroids at a high dose, inhaled bronchodilators,
8 inhaled corticosteroids treating asthma condition.

9 Q And when was that record?

10 A This record relates to a hospital stay
11 from June 15th, 2011 through June 18th, 2011 at
12 AnMed in Anderson, South Carolina.

13 Q And does anywhere in those records talk
14 about that she was complaining about, I guess,
15 increased shortness of breath or the chest pains due
16 to the exposure to the fire?

17 A Unfortunately, that was a discharge
18 summary. It wasn't an H&P, and that was not made
19 note of in the discharge summary.

20 Q What other notes do you have?

21 A I have an H&P from September 1st, 2011
22 from the Medical Center of Elberton that reports
23 shortness of breath, trouble breathing.

24 Q Does it mention that she was complaining
25 about that because of the exposure to the fire?

24

1 A The records are incomplete in that regard.

2 Q Meaning incomplete not found in there or
3 incomplete you don't have all the records?

4 A Patient words, checkup and trouble
5 breathing.

6 Q So it does not say anything about a fire?

7 A Does not say anything about a fire.

8 Q What else do you have?

9 A They do treat her with inhaled nebulized
10 bronchodilators, inhaled bronchodilators as well,
11 treating a respiratory condition.

12 Q Okay. What other records have you got?

13 A They gave her steroids as well, and they
14 diagnosed her with asthma on that visit.

15 We have a visit from July 1st,
16 2011 for neck pain, and they do make note of a prior
17 recent hospital stay for a lung problem.

18 Q Any mention about the recent exposure to
19 the smoke and the fire?

20 A They diagnosed her with asthma and acute
21 bronchitis, and they have not listed the cause. Her
22 oxygen saturation was 94 percent with supplemental
23 oxygen, and we would consider that abnormal.

24 There's another history and
25 physical from that same location. Complaints at

1 this time are abdominal pain. She was on oxygen at
2 that time with a low oxygenation of 92 percent.

3 On December -- no, June the 1st,
4 2011 she presented to that same location with
5 asthma, with asthma attacks since one month and is
6 getting worse.

7 Q She talk about the fire, being exposed to
8 the fire and that was --

9 A This medical record does not list the
10 fire. They treated her with nebulized
11 bronchodilator therapy.

12 On May the 13th, 2011 there is
13 another presentation, menopause, it looks like the
14 diagnosis, and Vitamin D deficiency.

15 On May the 11th, 2011, muscle
16 soreness and the diagnosis is myalgia, muscle aches.

17 Q Any mention of the respiratory in that
18 one?

19 A No. There was a discharge handwritten
20 note from August the 5th, 2011. Patient was ordered
21 oxygen, two liters with a nasal cannula and
22 instructed to follow up with a respiratory
23 therapist. That's from AnMed Health in Anderson,
24 home care. I guess they evaluated her in her home.

25 Q Was there any mention in that note about

26

1 her being exposed to fumes and smoke?

2 A No. Here's a discharge summary from
3 Elberton Memorial Hospital at Elberton, Georgia from
4 June 1st, 2011 through June 10th, 2011 that
5 describes an asthma exacerbation. It does not note
6 the cause of her asthma's exacerbation.

7 Q Any mention in that note that she talked
8 about smoke related to the fire which led to
9 immediate onset of cough, shortness of breathing,
10 wheezing, chest tightness as well as --

11 A No.

12 Q Do you have any medical records that talk
13 about her reporting to any physician immediate onset
14 of cough, shortness of breath, wheezing, chest
15 tightness as a result of smoke related to the fire
16 or exposure to the fumes and smoke?

17 A I have an admission to Elberton Memorial
18 Hospital in Elberton, Georgia, relates severe
19 shortness of breath for which the patient's been
20 admitted to the hospital but the physician did not
21 state a cause, just said the patient has been
22 wheezing and had low oxygen counts.

23 Q They get an H&P at that visit?

24 A That was the H&P.

25 Q So no mention of exposure to fumes and

1 smoke related to the fire?

2 A Correct. As a matter of fact, there was
3 no mention of any cause of her problems, just that
4 she had a problem.

5 Q Okay. I'll just give you time to look
6 over, see if there are any other records.

7 A None of these are germane to the case.

8 Q Okay.

9 A Okay.

10 Q All right. All right. So then she came
11 to see you, and you went through her history and
12 physical. And tell me what, I guess, kind of your
13 plan or what your thoughts were on the examination
14 and treatment.

15 A So we diagnosed her with chronic
16 obstructive asthma that was occupational worsened,
17 related to her smoke exposure.

18 (There was an interruption in
19 the deposition.)

20 Q All right. Let me ask you, so when you
21 diagnosed her with occupational worsened chronic
22 obstructive asthma with severe air flow limitation,
23 and you related it to her being exposed to the smoke
24 and fire?

25 A The smoke and fire did not cause her

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1 asthma since she had childhood asthma, but it did
2 acutely worsen her asthma.

3 Unfortunately, I don't have any
4 medical records that detailed her air flow or her
5 lung function or her physiology prior to her
6 exposure.

7 But the patient reported that
8 she was active and was able to be gainfully
9 employed, and that since her exposure that she
10 requires oxygen, requires the need for what most
11 pulmonologists consider one of the markers for lung
12 disease and lung control is the use of inhaled
13 rescue bronchodilator therapy, oral steroids,
14 inhaled corticosteroids, and their exercise capacity
15 or exercise tolerance.

16 Q Can you testify to a medical, in your
17 medical opinion to a reasonable degree of medical
18 certainty that her, I guess, chronic obstructive
19 asthma worsened as a result of exposure to the smoke
20 and fire?

21 A Yes. If you get a small cut on your hand,
22 even a mild soap like Ivory is going to burn. So
23 while the smoke exposure and the chemicals she may
24 breathe in might not have caused the process
25 initially of the chronic obstructive asthma, but she

1 now is sensitized and now has developed recurrent
2 difficulties, even to mild symptoms that she may
3 breathe in, any dust or fumes or chemical changes.

4 Q And was there any other, I guess, cause of
5 that versus the exposure to the smoke?

6 A I think it's very difficult to partition
7 off the causation as it relates to this individual's
8 chronic obstructive asthma without having a clear
9 definition of what her lung function is before her
10 exposure.

11 Had she had just normal lungs
12 with normal spirometry or pulmonary function studies
13 it would be easier. What we're left with is that
14 she was not on medications and she reports that she
15 was active.

16 And since her exposure now she
17 does clearly have an impairment, and that's measured
18 based off physiology, stuff that we can measure
19 based off pulmonary function testing, and is
20 measured based off of her oximetry, the measured
21 oxygen content of her blood, and her history and her
22 symptoms.

23 Q And your opinion would change, I presume,
24 if you were provided some type of report prior to
25 the exposure then of her lung?

30

1 A It would change to some degree. But even
2 if she had severe lung dysfunction prior to her
3 exposure but since her exposure now has increased
4 symptoms, that still is consistent with the reactive
5 airway dysfunction syndrome by definition.

6 MS. CECIL: The only thing I can see
7 in here is -- I'm just going to ask him.
8 I think it's like a 2005, I don't know how
9 to read any of that.

10 MR. THOMPSON: Yeah, looks like
11 July 5th of '05.

12 MS. CECIL: And I was just going to
13 ask him to look at that and tell me what
14 that test could be. That's the only one I
15 have in here.

16 A So she weighed about the same. Since our
17 lung function is based on our height, our weight,
18 our ethnicity, our gender, and we're comparing 5,000
19 people who are supposed to be normal compared to the
20 patient.

21 So on this test they did size of
22 the patient's lungs, what we call body
23 plethysmography, spirometry by measuring the air
24 flow, gas exchange, what we call diffusion capacity,
25 and usually they include another parameter. They

1 did not. And we're comparing what her lung function
2 is before and after she received a bronchodilator.

3 So this study in and of itself
4 does show the patient does have severe air flow
5 limitation with response to a bronchodilator.

6 Q So that's what she had before?

7 A Um-hum.

8 Q And that's what she had when you saw her
9 as well?

10 A She is not very much different based off
11 of that, other than her room air saturation was
12 normal -- oxygen, room air saturation was normal.

13 The interesting thing as well is
14 that this could have been done when she was sick
15 because I see the next day they did spirometry -- is
16 that the same patient?

17 Q You can take it out.

18 A It looks like a different patient. They
19 gave you someone else's records.

20 MS. CECIL: Off the record.

21 (The deposition went off the record.)

22 BY MS. CECIL:

23 Q I'm going to mark it as Exhibit 1, on the
24 record, and this would have been her 2005 spirometry
25 testing?

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1 A Pulmonary function studies, yes.
2 (Marked for identification was Defendants'
3 Exhibit 1.)

4 MS. CECIL: If that's okay.

5 MR. THOMPSON: I have no objection.

6 MS. CECIL: It's just one page. All
7 right.

8 BY MS. CECIL:

9 Q Let me get back into kind of the, I guess,
10 getting back into where we are today. So when she
11 said she was exposed to smoke and that fire and
12 there was a worsening of her asthma, objectively do
13 you have some testing that shows that her asthma
14 worsened as a result of exposure to the smoke and
15 fire?

16 A Well, subjectively it would be that she
17 required admission to the hospital with then now
18 initiation of oxygen therapy, need for daily inhaled
19 steroid therapy and frequent rescue bronchodilator
20 therapy.

21 Q But that's just what she told you?

22 A Yes.

23 Q You don't have any medical records that
24 say that she had exposure to smoke that caused a
25 worsening of her asthma?

1 A Only that she now requires oxygen therapy.

2 Q You don't know -- no one said that's
3 because of the exposure to the smoke?

4 A Well, she didn't require it before, and
5 she had been evaluated on several occasions, or she
6 had been evaluated before.

7 Q And this isn't something that these kind
8 of people will possibly get without any kind of
9 exposure?

10 A Not without the loss of lung function.

11 Q So you have to have, for these type of
12 asthma patients, some type of exposure to something
13 that worsens your asthma and then will make your
14 oxygen level decrease?

15 A Not always. Some people do have low
16 oxygen levels. But if her spirometry, and that's
17 what those pulmonary function studies from 2005
18 show, didn't change but now she requires oxygen
19 therapy when she didn't before, something either
20 occurred. She developed a hole in her heart or she
21 lost lung function, which we didn't see on your
22 comparison to her studies, or she developed scarring
23 condition of her lungs like what we call pulmonary
24 fibrosis which we didn't see on her x-rays that she
25 had from those reports.

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1 She's not living on a mountain,
2 you know. There's a reason that she now requires
3 supplemental oxygen.

4 Q And so before she didn't have fibrosis?

5 A Correct.

6 Q And then when you saw her, you have a
7 diagnosis of fibrosis?

8 A Unfortunately, when you see patients,
9 since electronic records you have to use a code.
10 And the real code would be restrictive lung disease
11 which is 515, which unfortunately the computer pops
12 up as fibrosis.

13 Q All right. So is it your testimony to a
14 reasonable degree of medical certainty that her
15 asthma symptoms increased since her exposure to the
16 fire in the summer of 2011?

17 A Yes.

18 Q Okay. And that required her to now have
19 to use increased medications?

20 A Yes.

21 Q Okay. And the oxygen?

22 A Yes.

23 Q And do you have -- I know you filled out a
24 14B. Can I ask you a little bit about that?

25 A Yes.

1 Q And you gave her a, I think, 55 percent
2 impairment to the lungs, would that be correct?

3 A Yes.

4 Q And that's based on the aggravation due to
5 the exposure from the smoke, or was that from the
6 original condition?

7 A That would be based off her pulmonary
8 function studies when we -- can I see what I wrote?

9 Q Yeah, sorry. This was your note. All
10 right.

11 A That would be worsening of her
12 pre-existing condition, yes.

13 Q Okay. So the rating is for the worsening
14 and the aggravation to her pre-existing condition?

15 A Yes.

16 Q Not to the original condition?

17 A Right. It didn't cause her chronic
18 obstructive asthma. It just worsened it.

19 Q Okay. I think those are all the questions
20 I have.

21 (Marked for identification was Plaintiff's
22 Exhibit 1.)

23 EXAMINATION

24 BY MR. THOMPSON:

25 Q Doctor, I have just a few questions.

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1 Number 1, I'm going to show you what will probably
2 be established at some point as an employee's first
3 report of injury.

4 A Okay.

5 Q Which is something somebody has to file
6 when they claim they're hurt at work. It says
7 describe employee's activities when the injury
8 occurred. That's where my thumb was.

9 What did the claimant -- what
10 does that form show the claimant reported?

11 A She had a cold. She went to a grass fire.
12 She stayed in the truck with air-conditioner. She
13 developed into carbon dioxide poisoning.

14 Q Simply stated, is that basically what she
15 told you?

16 A That she had a cold? No.

17 Q What about the rest of it?

18 A That she got exposed to smoke and she
19 tried to put a mask on which she made out of a rag
20 and water as a filter.

21 Q But simply stated, is what she told you
22 inconsistent with what's on that form?

23 A Yes.

24 Q To what degree?

25 A She described the onset of shortness of

1 breath, cough and wheezing. She had no measurement
2 of her carbon dioxide as far as I can determine. So
3 I'm not sure how that was determined.

4 Q Okay.

5 A Nothing a patient would report.

6 Q But it does mention she had a problem when
7 she went to a fire?

8 A Yes.

9 Q And I believe the date on that form is May
10 the 26th of '11?

11 A Yes.

12 Q Okay.

13 MR. THOMPSON: I'd like to mark this.

14 BY MR. THOMPSON:

15 Q Now, as I understand it, the medical
16 records that you have and that we have talked about
17 today indicate that she has a history of asthma,
18 which you've talked about, that she went to the
19 doctor at the Medical Center of Elberton on May 11th
20 of '11.

21 And I think just for the record
22 the report, the date of the fire in your report is a
23 year off. It's '11 instead of '10?

24 A Yes. It's a year off, and there are other
25 errors that occur with my speech to text Dragon

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1 software.

2 Q I think we're all talking about the same
3 thing.

4 MS. CECIL: That's fine. We're all
5 in agreement.

6 BY MR. THOMPSON:

7 Q When she went to the doctor on May 11th
8 which was about two weeks before this incident, it's
9 got a listing of the medication she's on. Is she on
10 any steroids at that time?

11 A She's not on oral steroids but she does
12 utilize an inhaled steroid listed.

13 Q All right, sir. Does that medical sheet,
14 such as it is, show anybody in any kind of acute
15 distress, respiratory distress?

16 A No.

17 Q All right, sir.

18 MR. THOMPSON: I'd like to mark this
19 as an exhibit.

20 MS. CECIL: Fine.

21 (Marked for identification was Plaintiff's
22 Exhibit 2.)

23 A The patient reported to me, what's
24 different than that is she was not utilizing an
25 inhaled steroid, that she rarely used them prior to

1 her exposure. That says that she was utilizing it.

2 Q All right, sir. All right. Then I'm
3 going to show you what's listed as history and
4 physical report Number 2, May 13th of '11. Does
5 that show anybody in any kind of acute respiratory
6 distress?

7 A No.

8 Q All right, sir.

9 MR. THOMPSON: I'd ask to make that
10 an exhibit.

11 MS. CECIL: That's fine.

12 (Marked for identification was Plaintiff's
13 Exhibit 3.)

14 Q May 16th of '11, same medical provider,
15 does that show anybody in any kind of acute
16 distress?

17 A No.

18 MR. THOMPSON: Ask to make that an
19 exhibit.

20 MS. CECIL: That's fine.

21 (Marked for identification was Plaintiff's
22 Exhibit 4.)

23 BY MR. THOMPSON:

24 Q This is a history and physical June 1st,
25 2011 from the Medical Center of Elberton. Does that

40

1 show anyone in any acute distress as far as what
2 that sheet shows?

3 A It reports that asthma attacks have been
4 occurring and it's getting a lot worse, what she
5 reports.

6 Q That's basically all it says as far as
7 what's on the sheet?

8 A Yes.

9 Q All right, sir.

10 MR. THOMPSON: I'd ask to make this
11 as an exhibit.

12 A It additionally shows that now her oxygen
13 counts are 90 percent of room air.

14 Q All right. What's the significance of
15 that?

16 A That is evidence of low oxygen. Normal
17 oxygenation is typically 94 percent to a hundred
18 percent. We supplement oxygen when your oxygen
19 counts are 88 or less.

20 Q When you take someone's reading on room
21 air, are they normally in a seated or sedentary
22 position?

23 A Yes.

24 Q So they're not up and moving around with
25 activity like you might do with cardiac

1 measurements?

2 A Correct.

3 Q So if this person's at 90 percent and
4 they're sedentary, could I conclude that if they
5 were up moving around it would be less?

6 A It could.

7 Q Could be?

8 A It could be.

9 Q All right.

10 A Some individuals you have better matching
11 of the blood flow, the perfusion to the ventilation
12 with their breathing, and so their oxygen counts
13 actually go up, could go up. But in this case I
14 would expect it would go down with activity.

15 Q Is there any other thing of significance
16 on this report other than what you pointed out?

17 A They received a history the patient had
18 cough and wheezing without fever or chills or sputum
19 production.

20 Q What's the significance of that?

21 A That if she's short of breath, it's not
22 from a bronchial pneumonia. She's not producing
23 mucus or phlegm or it doesn't sound infectious.

24 They noted expiratory wheezes
25 and provided her with a rescue bronchodilator

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1 therapy.

2 Q All right, sir.

3 MR. THOMPSON: I'm going to move to
4 make that an exhibit.

5 MS. CECIL: That's fine.

6 (Marked for identification was Plaintiff's
7 Exhibit 5.)

8 BY MR. THOMPSON:

9 Q Doctor, I don't know how many records you
10 have from the Elberton Memorial Hospital, but this
11 is a copy of Miss Chamblee's discharge summary and
12 other medical records from a hospitalization that
13 apparently occurred from June 1st of '11 to
14 June 10th of '11, June 1st of '11 being the same
15 date as Plaintiff's Exhibit Number 5, and I think
16 less than a week after the alleged incident. Are
17 there any records here that you haven't seen
18 previously?

19 (There was an interruption in the
20 deposition.)

21 A I believe I reviewed all these records.

22 Q All right, sir. What's the significance
23 of her being immediately -- what's the significance
24 of her being placed in the hospital after the -- I
25 assume the visit in the doctor's office would have

1 preceded the hospital admission?

2 A Yes.

3 Q All right. What's the significance of
4 that, if any?

5 A I believe he diagnosed her with status
6 asthmaticus which we consider a medical emergency,
7 status asthmaticus, treated her immediately with
8 bronchodilator therapy and then led to her acute
9 hospitalization to be treated for her respiratory
10 condition.

11 Had they not done so she might
12 have developed impending respiratory failure
13 followed by a cardiac arrest.

14 Q Simply stated, what is status asthmaticus?

15 A It's acute exacerbation of the asthma that
16 requires immediate intervention, lasts more than
17 four hours.

18 Q So we're not talking about an asthma
19 attack?

20 A We're talking asthma attack that
21 exacerbates even further, that you can't relieve
22 with simple rescue bronchodilator therapy, that
23 requires the initiation of aggressive therapy to
24 prevent any further respiratory decline.

25 Q And had she not gone into a hospital for

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1 this treatment, what might have happened?

2 A Well, as evidenced by her blood gas
3 measurements, it looks like she was developing
4 impending respiratory failure and possibly could
5 have developed a cardiac arrest.

6 Q What is respiratory failure?

7 A Lungs have multiple functions. One is to
8 blow off carbon dioxide. Another is to provide
9 oxygen.

10 Based off her blood gas
11 measurements that were obtained in the hospital in
12 therapy, she had evidence that her carbon dioxide
13 levels, she was retaining carbon dioxide and her
14 oxygen counts were low, that she had inappropriate
15 oxygenation and ventilation based off her status
16 asthmaticus.

17 Q You don't get treatment for that, you may
18 not do very well?

19 A You may end up on life support and then
20 intensive care unit and/or subsequently some people
21 die from status asthmaticus.

22 Q There's no record of her ever having this
23 before in the records that you reviewed, is that
24 right?

25 A Correct.

1 Q And she's never told you about having this
2 before?

3 A No.

4 Q All right, sir. Is a nine-day
5 hospitalization about what you would expect with
6 someone in this condition?

7 A That's a little long.

8 Q What would you expect if she had been at,
9 perhaps here at your facility, or at the Medical
10 University?

11 A Our typical hospital stays are possibly
12 four to five, depending on the extent of their
13 asthma. But if they have very severe airflow
14 limitation and then start retaining carbon dioxide
15 or require supplemental oxygen sometimes they can be
16 up to a week or two.

17 Q So best case scenario, you're talking
18 about almost a week in the hospital?

19 A Yes.

20 Q For someone in her condition, is that
21 correct?

22 A Yes.

23 Q And this is certainly inconsistent with
24 working, being employed?

25 A What would --

1 Q This is inconsistent with working, being
2 at work when you have this going on?

3 A Yes. You're not -- you're medically
4 disabled. I would not recommend anyone try to
5 return to work.

6 Q All right, sir. Now, Doctor, what is the
7 significance of the fact that the lady, the claimant
8 had to -- she got out of the Elberton County
9 Hospital, Elberton Memorial Hospital on June the
10 10th of '11, and she gets put in AnMed from
11 June 15th to June 18th?

12 A That her respiratory impairment had not
13 improved. At that time they were also, I believe if
14 I recall, that they were worried about chest pain as
15 well. Is that the same hospital stay?

16 Q Yes, sir.

17 A And they thought maybe she may have
18 another additional condition. Now, if they were
19 just concerned about developing a blood clot, that
20 would be a procedure they could do in the emergency
21 room and not admit into the hospital. But they made
22 the decision to keep her in the hospital and
23 continue to treat her for her asthma condition.

24 Q All right, sir. Doctor, based on the
25 history that you got from the claimant, her activity

1 level has gone down quite a bit since this occurred,
2 is that correct?

3 A Yes.

4 Q You say that her spirometry readings are
5 not that different from the ones you took from the
6 ones she had back in 2005?

7 A Correct.

8 Q What then do we use to explain why her
9 activities level is -- go ahead.

10 (There was an interruption in
11 the deposition.)

12 A They can wait. Sorry.

13 Q You might have answered this to opposing
14 counsel's question, but let me just be sure I
15 understand it.

16 What would we then say is the
17 explanation of why her functioning level, activities
18 of daily living, shortness of breath, having to have
19 oxygen, this type of thing, what changed in her
20 lungs between the exposure to the smoke to make her
21 the way she is now?

22 A When you have impaired lungs, it doesn't
23 take much change in that function to make someone a
24 lot worse, which means -- think of it this way.

25 Our lungs are very large. If

48

1 you take someone's lungs out, my lungs, and you
2 unfold them over their true surface area, a human's
3 lungs will cover one and a half to two tennis
4 courts.

5 And so you can really lose a lot
6 of your lung function before you feel a physical
7 impairment. Typically, you have to get an amount of
8 air out in the first second, FEV-1 of about
9 30 percent before people become impaired with
10 symptoms at rest.

11 And so that when you have
12 limited lung capacity, it doesn't take much change
13 in your lung function to develop that impairment.

14 So in her case I would use her
15 symptomatology, things that she reports like her
16 ability to tolerate normal activities of daily
17 living, you know, dressing, showering, bending,
18 stooping as well as other data. You wouldn't
19 necessarily have much change in her spirometry
20 because if you change much more you'd be in the ICU
21 on life support or you'd be dead.

22 Other findings that you can
23 measure that would objectively count would be her
24 oxygenation, the fact that she requires supplemental
25 oxygen to maintain normal levels. That means that

1 she's lost surface area for gas exchange, or more
2 specifically probably in asthma she can't ventilate
3 as well. And you have to supplement the oxygen
4 because she's not able to oxygenate and ventilate
5 appropriately.

6 Q Are you saying that once she has
7 compromised lung function, there's not a whole lot
8 of room for error or impairment to make her a lot
9 worse?

10 A Correct. That when she has limited lung
11 function, it doesn't take much change in that lung
12 function. She just has no reserves. So a little
13 bit of disease, a little bit of inflammation, a
14 little bit of mucus goes a very long way in her
15 body.

16 Q How does exposure to smoke cause this?

17 A Smoke acutely will cause her bronchial
18 glands to hyper secrete mucus and lead to more
19 mucous plugging and can lead to more recurrent
20 infections and set off this pathologic process where
21 you have recruitment of inflammatory cells, and
22 leads to small airway disease, bronchospasm, loss of
23 oxygenation.

24 Q How much exposure to smoke would it take
25 for this to happen? Are we talking about one

50

1 minute, five minutes, two hours or --

2 A Oh, it can be a very short time, 30
3 seconds, sometimes minutes.

4 Q So you're saying just a 30-second exposure
5 to smoke with somebody in this lady's condition
6 initially could damage her lungs to the extent that
7 she could be in -- have to have oxygen for ADLs for
8 the rest of her life?

9 A She has limited lung function, so it
10 doesn't take much change in her physiology to cause
11 this. And so that smoke exposure in and of itself
12 could have been more or less the proverbial straw
13 that broke the camel's back to lead to more
14 inflammation and mucous plugging that led to this
15 condition.

16 Q So you're saying just a small amount of
17 smoke could do a great deal of damage to her ability
18 to function normally?

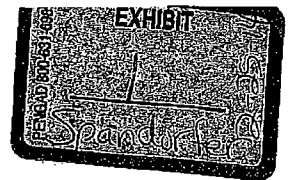
19 A Yes.

20 Q Now, assuming that the history that Miss
21 Chamblee gave you is true, can you state to a
22 reasonable degree of medical certainty that the
23 diagnosis that you put in your report and the fact
24 of -- that this is an aggravation of pre-existing
25 condition, is that still your opinion?



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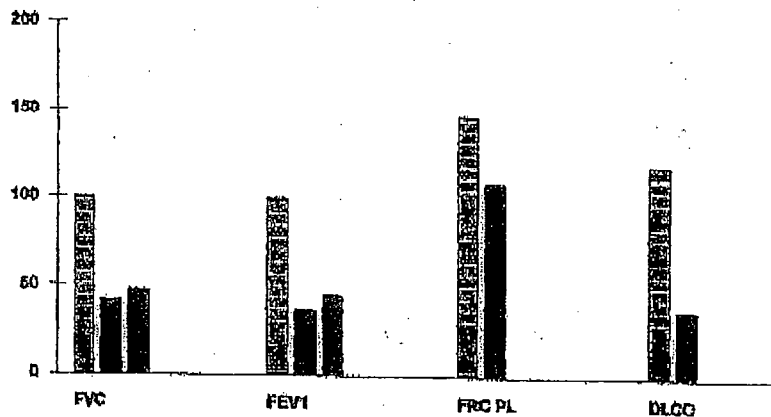
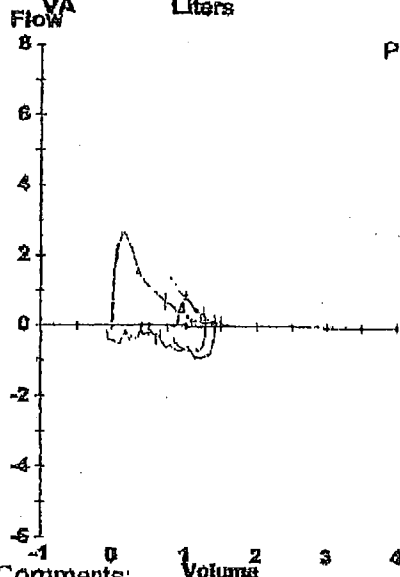


Name: CHAMBLEE, SANDRA LYNNE
Gender: Female Room: Out-Pt
Age: 42 Race: Caucasian
Height(in): 65 Weight(lb): 265
Any Info:

Id: 249-06-2253
Date: 07/05/05 Diagnosis: ASTHMA
Temp: 20 PBar: 753
Physician: SEYMOUR
Technician: PAIGE WARREN

Spirometry (BTPS)		PRE-RX			POST-RX		
		PRED	BEST	%PRED	BEST	%PRED	% Chg
FVC	Liters	3.42	1.43	42	1.63	48	14
FEV1	Liters	2.86	1.03	36	1.28	45	24
FEV1/FVC	%	84	72		79		
FEF25-75%	L/sec	3.25	0.69	21	1.19	37	72
FEF50%	L/sec	3.85	(0.71)	(18)	(1.40)	(36)	97
FEF100%	Sec		8.05		7.39		-8
PEF	L/sec	6.30	2.71	43	3.27	52	21
Lung Volumes (BTPS)							
TLC	Liters	5.24	(3.57)	(68)			
RV	Liters	1.76	1.87	106			
RV/TLC	%	33	(52)				
FRC PL	Liters	1.99	2.18	109			
VC	Liters	3.42	1.70	50			
Vtg	Liters		3.29				
Raw	cmH2O/L/sec	2.00	3.16	158			
Diffusion							
DLCO	mL/min/mmHg	30.1	(11.2)	(37)			
DL Adj	mL/min/mmHg	30.1	(11.2)	(37)			
DLCO/VA	1/min/mmHg	4.29	(9.10)	(212)			
DLVA Adj	1/min/mmHg		9.10				
VA	Liters		1.23				

CHAMBLEE, SANDRA LYNNE
12/27/62 042Y F #VISITS 1
M/R # 96346 SEYMOUR, ZACHAR
7/05/05 5141167 FIC: T CC: 03



Comments: Spirometry data is ACCEPTABLE and REPRODUCIBLE. GOOD EFFORT/CO-OPERATION FROM PT. WITH TEST, 4 PUFFS VENTOLIN MDI WAS GIVEN VIA SPACER WITH INSTRUCTIONS ON PROPER USE OF MOUTHPIECE WITH NO COMPLICATIONS NOTED. HR 82 SAT ON RM AIR 96%.

Interpretation: There is a mild obstructive lung defect. The airway obstruction is confirmed by the decrease in flow rate at peak flow and flow at 25%, 50% and 75% of the flow volume curve. There is a mild restrictive lung defect. There is a severe decrease in diffusing capacity. FVC changed by 14%. FEV1 changed by 24%. PEF 25-75 changed by 72%. This is interpreted as a good response to bronchodilator.

* OUTSIDE 95% CONFIDENCE INTERVAL

Norm Set: Knudson (1983)

Version: IVS-0101-04-1

See Dr. Hand
7-25-05

[Signature]

1 A Yes. To a reasonable degree of medical
2 certainty, I believe that the patient has
3 occupationally induced -- excuse me, occupationally
4 worsened asthma due to her smoke exposure.

5 Q Is that to a reasonable degree of medical
6 certainty?

7 A Yes.

8 Q All right, sir. Now, I understand -- I
9 was going to say I understand the 55 percent rating.
10 I may not understand that. Did you get that off of
11 a table or how did you come up with that figure?

12 A My usual standard routine is to use the
13 AMA guidelines, and I usually write down the number,
14 the page and the table, but I do not have that in
15 front of me right now.

16 Q But that's routinely what you'd use?

17 A Yes.

18 Q All right, sir. So that's what you think
19 you used in this case?

20 A Yes.

21 Q Do you think this lady is able to return
22 to work as of the date you last saw her in December
23 of last year?

24 A No.

25 Q Someone in her condition, what would you

52

1 expect a person in her condition to be restricted in
2 doing?

3 A I believe that someone in her condition
4 would be restricted in any physical activities. I
5 would not allow -- I would restrict her from lifting
6 or carrying more than ten pounds. I don't believe
7 she'd be fully employed because of the frequency of
8 her symptomatology.

9 I believe that she would require
10 frequent rescue bronchodilator therapy. She would
11 need a clean environment, and by that I mean she
12 needs to avoid exposure to chemicals, dust, fumes,
13 extremes of temperature, humidity, molds. And so
14 she would be very limited in her ability to be
15 employed.

16 Q And so given her condition as you've seen
17 it, you would expect her to be regularly restricted
18 in her activities of daily living?

19 A Yes.

20 Q Housework?

21 A Yes.

22 Q Any type of walking?

23 A Yes.

24 Q Shopping?

25 A That would be problematic for her, yes.

1 Q And you're saying that her shortness of
2 breath -- what's the word you use?

3 A Dyspnea.

4 Q Yes. Is that going to be pretty much a
5 constant problem?

6 A Yes.

7 Q And are you also saying that in addition
8 to all this, she's going to have episodes where she
9 would be missing amounts of time from work because
10 there are certain days she wouldn't be able to go
11 in?

12 A Due to the exacerbation, mucous plugging,
13 she will require frequent medications or rescue
14 therapy.

15 Q I think I'm almost through. I have one
16 more, one or two more questions about your report.

17 You basically gave this lady, I
18 think, either three or four diagnoses. You
19 explained the one about, starts with an F, fibrosis.
20 You explained that.

21 A Yes.

22 Q You say what you actually meant by that is
23 what?

24 A Restrictive lung disease.

25 Q What does that mean?

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1 A It's for -- it's a diagnosis we reserve
2 for people who have lungs that are smaller than
3 expected, and so that limitation may be due to a
4 belt that stuck across their chest, or their body
5 habitus, being weight.

6 It could be due to increased
7 elastic recoil of the lungs due to something we call
8 pulmonary fibrosis, a scarring condition. It could
9 be due to vascular-related changes including
10 something we call congestive heart failure or
11 pulmonary hypertension.

12 Q All right. Reactive airway disease?

13 A Reactive airway disease is a phenomenon
14 that when you get exposed to some chemical or fume
15 or some agent that causes worsening respiratory
16 systems, even though you're no longer exposed to
17 that same agent, much in the way if you get a small
18 cut on your hand, even a mild soap like Ivory is
19 going to burn. The Ivory didn't cause the cut, but
20 it acts as an inflammatory condition.

21 So that in some of these
22 patients who are exposed to chemical dust fumes,
23 anything they breathe in, dust, perfumes, household
24 cleaning agents causes her lung condition to worsen
25 and acutely exacerbate.

Janice D. Hayward, RMR
843.478.6756

1 Q And chronic obstructive asthma?

2 A That was her preceding diagnosis.

3 Q And you believe that the diagnosis that
4 you have given, with the qualifications that you
5 gave about the post-inflammatory pulmonary fibrosis,
6 all of these were aggravated by the exposure to the
7 smoke, and that's your opinion that those most
8 probably occurred and to a reasonable degree of
9 medical certainty?

10 A Yes.

11 Q I think that's -- does she need any more
12 care and treatment?

13 A Yeah, I believe so. She will require
14 lifelong use of certain medications, including
15 inhaled corticosteroids and long-acting
16 bronchodilators and rescue bronchodilator therapy.

17 She'll need oxygen therapy. The
18 expectation that she's going to likely require
19 antibiotics and oral steroids or possibly hospital
20 stay once or twice a year is expected.

21 Side effects from the
22 medications used to treat this would be cataracts,
23 glaucoma, hypertension, possibly weight gain which
24 would worsen her pre-existing condition of the sleep
25 apnea.

Janice D. Hayward, RMR
843.478.6756

56

1 Q This lady's pretty much permanently
2 disabled from doing anything, is that correct?

3 A Yes.

4 Q Thank you, Doctor. That's all my
5 questions.

6 MS. CECIL: Thank you. That's all.
7 We'll let you out of here.

8 THE WITNESS: I waive my signing and
9 reading.

10 (The deposition was concluded at
11 6:22 p.m.)

12 ---oOo---

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Janice D. Hayward, RMR
843.478.6756

1 STATE OF SOUTH CAROLINA)

2 COUNTY OF DORCHESTER)

CERTIFICATE

3 I, Janice D. Hayward, Registered Merit
4 Reporter and Notary Public, certify that I was
5 authorized to and did stenographically report the
6 foregoing deposition, and that the transcript is
7 a true record of the testimony given by the witness.

8 I further certify that the witness was
9 duly sworn and cautioned by me to tell the truth,
10 the whole truth and nothing but the truth. I
11 certify that the same was reduced to typewritten
12 form from my original stenograph notes by
13 computer-aided transcription.

14 I further certify that I am not of
15 counsel or kin to any of the parties to this cause
16 of action, nor am I interested in any manner in
17 its outcome.

18 IN WITNESS WHEREOF I have hereunto set
19 my hand and seal this the 12th day of March, 2014.
20

21 **COPY**

22
23 Janice D. Hayward, RMR
24 Notary Public, South Carolina
25 My Comm. Expires 10-10-22

Janice D. Hayward, RMR
843.478.6756

History & Physical Report #1

Sandy L. Chamblae

5/11/2011 9:24 AM

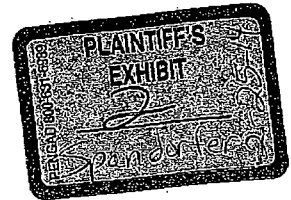
Location: The Medical Center of Elberton

Patient #: 1052310

DOB: 12/27/1962

Undefined / Language: Undefined / Race: White

Female



History of Present Illness (Glenn S Poon, MD; 5/11/2011 9:52 PM)

Patient words: pap physical. with a lot of muscle soreness.as been seeing a psychiatrist lately.

The patient is a 48 year old female

Allergies (Glenn S Poon, MD; 5/11/2011 10:34 PM)

Dust

Trees

Pollens

Family History (Glenn S Poon, MD; 5/11/2011 11:18 PM)

Chronic Ischemic Heart Disease. Father.

Hypertension. Father, Brother, Sister.

Social History (Glenn S Poon, MD; 5/11/2011 11:19 PM)

Tobacco Use. Never smoker.

Alcohol Use. Occasional alcohol use, Drinks wine.

Medication History (Glenn S Poon, MD; 5/11/2011 11:24 PM)

Singulair (10MG Tablet 1 Oral daily) Active.

Oleptro (300MG Tablet ER 24HR 1 Oral at bedtime) Active.

Ambien (10MG Tablet 1 Oral as needed) Active.

Klonopin (0.5MG Tablet 1 Oral two times daily) Active.

Zyrtec (10MG Tablet 1 Oral as needed) Active.

Advair Diskus (250-50MCG/DCSE Aero Pow Br Act 1 puff Inhalation two times daily, as needed) Active.

ProAir HFA (108 (90 Base)MCG/ACT Aerosol Soln 2 puffs Inhalation as needed) Active.

Past Surgical History (Glenn S Poon, MD; 5/11/2011 11:26 PM)

Cesarean Delivery. 10-2002

Hysterectomy; Abdominal 11-2002 for endometriosis

tubes in ears

lap-band surgery in 12-2008

Other Problems (Glenn S Poon, MD; 5/11/2011 10:33 PM)

MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)

MYALGIA (729.1)

COMPLETE MEDICAL EXAMINATION (V70.0)

ABDOMINAL PAIN (789.0)

NECKSPRAIN (847.0)

SCREENING FOR MALIGNANT NEOPLASMS OF THE BREAST (V76.1)

Review of Systems (Glenn S Poon, MD; 5/11/2011 11:16 PM)

General: Not Present- Fever and Chills.

HEENT: Not Present- Headache.

Respiratory: Not Present- Cough

Cardiovascular: Not Present- Chest Pain and Shortness of Breath.

Gastrointestinal: Not Present- Nausea, Vomiting and Diarrhea.

Female Genitourinary: Present- Painful Intercourse.

Musculoskeletal: Present- Muscle Aches.

Vitals (Deborah Tate; 5/11/2011 9:25 AM)

5/11/2011 9:24 AM

Weight: 221 lb Height: 65 in

Height was reported by patient.

Body Surface Area: 2.14 m² Body Mass Index: 36.78 kg/m²

Temp: 98.5° F (Oral) Pulse: 73 (Regular)

BP: 136/82 (Sitting, Left Arm, Standard)

Physical Exam (Glenn S Poon, MD; 5/11/2011 11:27 PM)

The physical exam findings are as follows:

Clinical Summary for Sandy L Chamblee

Date of Encounter: 05/11/2011 09:24 AM

The Medical Center of Elberton
109 College Avenue
Elberton, GA 30635
Phone: (706) 283-3315 Fax: (706) 283-2159

Reason for today's visit and reported symptoms

Patient words: pap physical. with a lot of muscle soreness.

The patient is a 48 year old female

Medical problems addressed today

- COMPLETE MEDICAL EXAMINATION (V70.0)
- MYALGIA (729.1)
- MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)
- SCREENING FOR MALIGNANT NEOPLASMS OF THE BREAST (V76.1)
- NECK SPRAIN (847.0)
- ABDOMINAL PAIN (789.0)

Medications

**No medications ordered or changed today.

Vital Signs

Temp.: 98.5 °F (Oral) Pulse: 73 (Regular)
BP: 136/82 Electronic (Sitting, Left Arm, Standard)
Weight: 221 lb Height: 65 in
Body Surface Area: 2.14 m² Body Mass Index: 36.78 kg/m²

Procedures ordered today

- MAMMOGRAM, SCREENING, BOTH BREASTS (76092)
- X-RAY EXAM OF NECK SPINE (72040)
- ULTRASOUND OF ABDOMEN, COMPLETE (76700)
- ULTRASOUND, PELVIC (76856)

2335
60 min

Judy

Wednesday, May 11, 2011

Page 1 / 2

Laboratory tests ordered today

- **TMC-CBC, PLATELETS & AUT DIFF (85025)** Ordered
Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)
- **SED RATE ERYTHROCYTE (85651) LC5215** Ordered
Diagnosis: MYALGIA (729.1)
- **Estrogens, Total; CPT 82672; LC#4549** Ordered
Diagnosis: MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)
- **THIN PREP PAP (88175) LC 194074** Ordered
Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)
- **CREATINE KINASE TOTAL (82550) LC 1362** Ordered
Diagnosis: MYALGIA (729.1)
- **Estradiol; CPT 82670; LC#4515** Ordered
Diagnosis: MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)
- **METABOLIC PANEL, COMPREHENSIVE (80053) LC 322000** Ordered
Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)
- **ANA (ANTINUCLEAR ANTIBODY) (86038) LC6254** Ordered
Diagnosis: MYALGIA (729.1)
- **TSH (THYROID STIMULATING HORMONE) (84443) LC 2188** Ordered
Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)
- **URINALYSIS W MICROSCOPY (81000) LC 3772** Ordered
Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)
- **LIPID PANEL (80061) LC 303756** Ordered
Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)

Instructions and recommendations discussed today

Next appointment (if scheduled)

Your next appointment is on 05/11/2011 at 09:40 AM with Glenn S Poon, MD.
Your appointment is scheduled at the The Medical Center of Elberton.

History & Physical Report #2

Sandy L. Chamblee

5/13/2011 7:14 PM

Location: The Medical Center of Elberton

Patient #: 1052310

DOB: 12/27/1962

Undefined / Language: Undefined / Race: White
Female

The patient is a 48 year old Female.

Assessment & Plan (Glenn S Poon, MD; 5/13/2011 8:15 PM)

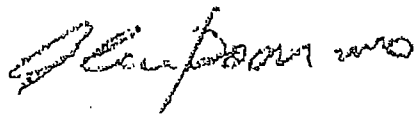
MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)

VITAMIN D DEFICIENCY, NOS (268.9)

Current Plans

1 Vitamin D 2000UNIT, 1 Capsule three times daily for 3 months then one a day, 360 days starting 05/13/2011, No Refill. Active.
for vitamin d replacement

Note: all the labs are ok, except the hormone is low and low vitamin d. all the x-ray are good. left her a message, recheck as planned.



Signed electronically by Glenn S Poon, MD (5/13/2011 8:16 PM)



History & Physical Report #3

Sandy L. Chamblee

5/16/2011 8:31 PM

Location: The Medical Center of Elberton

Patient #: 1052310

DOB: 12/27/1962

Undefined / Language: Undefined / Race: White

Female

The patient is a 48-year old Female.

Assessment & Plan (Glenn S Poon, MD; 5/16/2011 8:57 PM)

Note: talked to her, told her the lab report. recheck as planned.



Signed electronically by Glenn S Poon, MD (5/16/2011 8:57 PM)

History & Physical Report #4

Sandy L. Chamblee

6/1/2011 2:28 PM

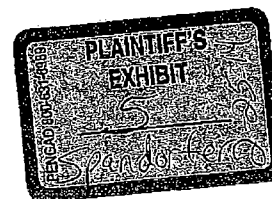
Location: The Medical Center of Elberton

Patient #: 1052310

DOB: 12/27/1962

Undefined / Language: Undefined / Race: White

Female



History of Present Illness (Glenn S Poon, MD; 6/1/2011 3:01 PM)

Patient words: asthma and lab results. with asthma attacks since one month ago and is getting a lot worse.

The patient is a 48 year old female

Allergies (Glenn S Poon, MD; 6/1/2011 3:01 PM)

Pollens

Dust

Trees

Family History (Glenn S Poon, MD; 6/1/2011 3:01 PM)

Chronic Ischemic Heart Disease. Father.

Hypertension. Father, Brother, Sister.

Social History (Glenn S Poon, MD; 6/1/2011 3:01 PM)

Tobacco Use. Never smoker.

Alcohol Use. Occasional alcohol use, Drinks wine.

Medication History (Glenn S Poon, MD; 6/1/2011 3:01 PM)

Vitamin D (2000UNIT Capsule 1 Oral three times daily for 3 months than one a day, Taken starting 05/13/2011) Active. (for vitamin d replacement)

Singular (10MG Tablet 1 Oral daily) Active.

Oleptro (300MG Tablet ER 24HR 1 Oral at bedtime) Active.

Ambien (10MG Tablet 1 Oral as needed) Active.

Klonopin (0.5MG Tablet 1 Oral two times daily) Active.

Zyrtec (10MG Tablet 1 Oral as needed) Active.

Advair Diskus (250-50MCG/DOSE Aero Pow Br Act 1 puff Inhalation two times daily, as needed) Active.

ProAir HFA (108 (90 Base)MCG/ACT Aerosol Soln 2 puffs Inhalation as needed) Active.

Past Surgical History (Glenn S Poon, MD; 6/1/2011 3:01 PM)

tubes in ears

lap-band surgery in 12-2008

Cesarean Delivery. 10-2002

Hysterectomy; Abdominal. 11-2002 for endometriosis

Other Problems (Glenn S Poon, MD; 6/1/2011 3:06 PM)

VITAMIN D DEFICIENCY, NOS (268.9)

MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)

SCREENING FOR MALIGNANT NEOPLASMS OF THE BREAST (V76.1)

COMPLETE MEDICAL EXAMINATION (V70.0)

MYALGIA (729.1)

NECK SPRAIN (847.0)

ABDOMINAL PAIN (789.0)

Review of Systems (Glenn S Poon, MD; 6/1/2011 3:01 PM)

General: Not Present- Fever and Chills.

HEENT: Present- Nasal congestion and Runny Nose. Not Present- Headache.

Respiratory: Present- Cough and Wheezing. Not Present- Sputum Production.

Cardiovascular: Not Present- Chest Pain and Shortness of Breath.

Gastrointestinal: Not Present- Nausea, Vomiting and Diarrhea.

Vitals (Jessica D Norris; 6/1/2011 2:29 PM)

6/1/2011 2:29 PM

Weight: 218 lb Height: 65 in

Body Surface Area: 2.13 m² Body Mass Index: 36.28 kg/m²

Temp: 98.1° F (Oral) Pulse: 85 (Regular) P.Ox: 90% (Room air)

BP: 126/87 (Sitting, Left Arm, Standard)

Physical Exam (Glenn S Poon, MD; 6/1/2011 3:05 PM)

The physical exam findings are as follows:

General

Mental Status - Alert. **General Appearance** - Not in acute distress. **Build & Nutrition** - Well nourished and Well developed.

ENMT

Global Assessment

Upon examination of the ears, nose, mouth and throat - normal pinnae with no scars, masses or lesions and otoscopic exam reveals normal external auditory canals, with tympanic membranes clear and mobile.

Nose and Sinuses

Nasal Mucosa - Bilateral - congested.

Frontal Sinuses - Bilateral - no tenderness observed. **Maxillary Sinuses** - Bilateral - no tenderness observed.

Mouth and Throat

Hypopharynx - mild pharyngeal erythema noted.

Chest and Lung Exam

Auscultation:

Adventitious sounds: Expiratory wheeze - Both Lung Fields (and right).

Cardiovascular

Auscultation: Rhythm - Regular. **Heart Sounds** - Normal heart sounds.

Abdomen

Palpation/Percussion: Palpation and Percussion of the abdomen reveal - Non Tender, No Rebound tenderness and No Rigidity (guarding).

Peripheral Vascular

Lower Extremity:

Palpation: Edema - Bilateral - No edema.

Lymphatic

General Lymphatics

Description - Normal.

Assessment & Plan (Glenn S Poon, MD; 6/1/2011 3:08 PM)

ASTHMA (493.)

Current Plans

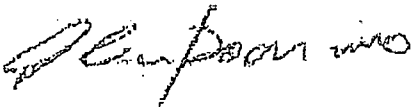
1 Albuterol Sulfate (5 MG/ML) 0.5%, 0.5cc In 3cc NS NOW. Active.

ACUTE BRONCHITIS (466.0)

NECK SPRAIN (847.0)

VITAMIN D DEFICIENCY, NOS (268.9)

Note: with Jet. neb. treatment with some help. will admit for more breathing Rx.



Signed electronically by Glenn S Poon, MD (6/2/2011 11:26 PM)

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1107022

EMPLOYEE/CLAIMANT: SANDY CHAMBLEE

EMPLOYER: ANDERSON COUNTY FIRE DEPARTMENT

INSURER: STATE ACCIDENT FUND

 COPY

DEPOSITION OF GREGORY J. FELDMAN, M.D.

PURSUANT TO NOTICE, THE WITHIN DEPOSITION OF
GREGORY J. FELDMAN, M.D. WAS TAKEN BY THE
EMPLOYER/INSURER ON THE 20TH DAY OF OCTOBER, 2014,
COMMENCING AT THE HOUR OF 2:57 P.M., AT THE OFFICES OF
UPSTATE LUNG AND CRITICAL CARE SPECIALISTS, 151 HAROLD
FLEMING COURT, SPARTANBURG, SOUTH CAROLINA, ATTENDED BY
COUNSEL AS FOLLOWS:

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EXHIBITS:

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OBJECTIONS:

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* DIGITAL RECORDING RETAINED FOR SIX (6) MONTHS FROM
DATE OF CERTIFICATION.

1 PURSUANT TO NOTICE AND/OR AGREEMENT TO TAKE
2 DEPOSITIONS, THE WITHIN DEPOSITION WAS TAKEN BY THE
3 ABOVE-NAMED COURT REPORTER, A NOTARY PUBLIC FOR THE
4 STATE OF SOUTH CAROLINA, BY CONSENT OF ALL PARTIES
5 AT UPSTATE LUNG AND CRITICAL CARE SPECIALISTS,
6 SPARTANBURG, SOUTH CAROLINA.

7 * * * * * * * * * * * * * * * *

8 **STIPULATIONS:**

9 IT IS AGREED BY AND BETWEEN COUNSEL FOR THE PARTIES
10 AS FOLLOWS:

- 11 1. THE DEPOSITION IS BEING TAKEN PURSUANT TO THE
12 SOUTH CAROLINA RULES OF CIVIL PROCEDURE.
13 2. THE READING AND SIGNING OF THE DEPOSITION
14 TRANSCRIPT ARE **WAIVED** BY THE WITNESS AND THE
15 PARTIES.

16 * * * * * * * * * * * * * * * *

17 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
18 WHOLE TRUTH AND NOTHING BUT THE TRUTH CONCERNING THE
19 MATTER HEREIN:

20 **GREGORY J. FELDMAN, M.D.**

21 BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS FOLLOWS:

22 **EXAMINATION BY MR. GOHEAN:**

23 Q. DR. FELDMAN, MY NAME AGAIN IS IAN GOHEAN; I
24 REPRESENT THE EMPLOYER AND THE INSURANCE CARRIER IN
25 SANDY CHAMBLEE'S WORKERS' COMPENSATION CLAIM. IF

1 YOU DON'T MIND, BEFORE WE GET STARTED, JUST GIVE US
2 A BRIEF SYNOPSIS OF YOUR EDUCATION AND EXPERIENCE.

3 A. OKAY. I HAVE GRADUATED FROM SECOND MOSCOW MEDICAL
4 SCHOOL MEDICAL UNIVERSITY IN 1979. I HAVE CONDUCTED
5 SOME RESEARCH UNTIL '85, AND THEN I FINISHED
6 INTERNAL MEDICINE AT SETON HALL UNIVERSITY, AND THEN
7 AT DARTMOUTH-HITCHCOCK MEDICAL CENTER, DARTMOUTH
8 MEDICAL SCHOOL. AND THEN I FINISHED MY FELLOWSHIP
9 IN PULMONARY CRITICAL CARE AT THE SAME INSTITUTION,
10 DARTMOUTH. AND I AM BOARD CERTIFIED IN INTERNAL
11 MEDICINE, PULMONARY MEDICINE, CRITICAL CARE
12 MEDICINE. I'VE BEEN PRACTICING SINCE I FINISHED MY
13 FELLOWSHIP SINCE 1992 HERE IN SPARTANBURG.

14 Q. AND YOU SPECIALIZE IN PULMONOLOGY AND CRITICAL CARE?

15 A. CORRECT.

16 Q. OKAY. YOU SAW MS. CHAMBLEE ON MARCH 5TH, 2014. AND
17 PRIOR TO SEEING HER, YOU HAD A CHANCE TO REVIEW HER
18 PREVIOUS MEDICAL RECORDS, CORRECT?

19 A. YES.

20 Q. GIVE ME JUST KIND OF A BRIEF SYNOPSIS OF HER
21 PULMONOLOGY HISTORY.

22 A. WELL, SHE HAS A LIFELONG HISTORY OF ASTHMA SINCE
23 EARLY CHILDHOOD WITH QUITE SEVERE ASTHMA WAS BY
24 CLINICAL PRESENTATION, BY BREATHING TESTS, AND BY --
25 BY SYMPTOMS. AND SO SHE REALLY IS A VERY ADVANCED

1 ASTHMATIC.

2 Q. YOU ALSO HAD A CHANCE TO REVIEW THE MEDICAL RECORDS
3 AFTER MAY 26TH, 2011, WHICH IS THE DATE OF THIS
4 FIRE.

5 A. YES.

6 Q. AND THEN YOU ALSO HAD A CHANCE TO REVIEW HER
7 DEPOSITION TESTIMONY, CORRECT?

8 A. YES.

9 Q. OKAY. AFTER REVIEWING THOSE MATERIALS AND AFTER YOU
10 EVALUATED HER, YOU ISSUED AN OPINION THAT IT WAS
11 UNLIKELY THAT AN EXPOSURE TO SMOKE ON MAY 26TH,
12 2011, CAUSED OR CONTRIBUTED TO HER ASTHMA CONDITION.

13 A. YES.

14 Q. HOW DID YOU ARRIVE AT THAT OPINION?

15 A. WELL, THIS IS A PATIENT THAT HAS A VERY, VERY SEVERE
16 ASTHMA, LONGSTANDING ASTHMA. SHE HAS A TERRIBLE
17 BREATHING TEST PRECEDING HER ASTHMA -- PRECEDING HER
18 FIRE, AND SHE CONTINUED TO HAVE A PRETTY BAD CAUSE.
19 THE FACT THAT SHE GOT INTO THE HOSPITAL, IT DIDN'T
20 HAPPEN AFTER SHE WAS EXPOSED TO FIRE. IT HAPPENED
21 LIKE A WEEK LATER. IN ADDITION, SHE HAS A VIRAL
22 INFECTION, COLD SYMPTOMS, WHICH IS FAR MORE LIKELY
23 THAN FIRE THAT CAUSED IT, WHICH IS WHAT GENERALLY WE
24 SEE IN THE PULMONARY PRACTICE WHEN SEVERE ASTHMATICS
25 GET UPPER RESPIRATORY INFECTION, THAT WOULD PROBABLY

1 PUT YOU IN THE HOSPITAL. FAR MORE LIKELY THAN A
2 FIRE. IT WAS NOT DIRECT EXPOSURE TO FIRE. IT WAS
3 LIKE KIND OF -- KIND OF THE OTHER WAY IT SEEMS.

4 Q. OKAY. MEDICALLY, HOW DOES A COLD EXACERBATE ASTHMA
5 SYMPTOMS?

6 A. WELL, ASTHMA IS INFLAMATION; IT WAS INFLAMATION.
7 I'LL GIVE YOU AN EXAMPLE, I'LL TRY TO DO IT, BUT
8 MAYBE YOU CAN PICK IT OUT. IF YOU SCRAPE YOUR LIP
9 AND THE LIP IS SWOLLEN, THAT'S NOT AN INFECTION.
10 SAME AS A VIRUS, OKAY. A VIRUS GETS INTO THE
11 BREATHING TUBES, BREATHING TUBES SWELLS UP AND
12 PRODUCE A LOT OF CONSEQUENTIAL PROBLEMS, WHICH IS A
13 BRONCHIAL CONSTRICTION, WHICH IS AIRWAY CONSTRICT,
14 MUCUS CLOGGING, WHICH IS A FORMATION OF A THICK,
15 GLUE TYPE OF MUCUS MATERIAL THAT PLUGS AIRWAY, OKAY,
16 AND -- WHICH IS VERY, VERY DIFFICULT FOR THE PATIENT
17 TO COUGH IT UP BECAUSE IT'S A VERY, VERY MUCH
18 PLUGGED UP. AND IT BASICALLY AS A RESULT OF THAT,
19 YOU CAN COMPARE IT TO THE HURRICANE, IT MAY HAVE
20 BEEN DONE, VIRUS, BUT RESULTS OF THE ASTHMA IS VERY,
21 VERY PERSISTENT. AND MORE SO WITH SOMEBODY WHO HAS
22 BEEN IMPAIRED PREVIOUSLY FROM CHRONIC ASTHMA, A
23 LONGSTANDING ASTHMA.

24 Q. SO, TO MAKE SURE I'M UNDERSTANDING, THE COLD CAUSES
25 INFLAMMATION, AND THE INFLAMMATION THEN ---

1 A. YEAH, IT'S A CHAIN REACTION, AND IT PRODUCES MUCOUS
2 INFLAMMATION THAT IT BECOME VERY THICK MUCOUS; IT
3 PLUGS THE AIRWAY. IT PRODUCES HYPOXIA. IT PRODUCES
4 DIFFICULTY BREATHING. IT PRODUCES ALL THAT.

5 Q. OKAY. YOU MENTIONED SOMETHING ABOUT SHE DIDN'T GO
6 TO THE HOSPITAL FOR A WEEK, AND IN YOUR RECORDS IT
7 SAYS (AS READ) "NO IMMEDIATE BRONCHO SPASM."

8 A. RIGHT.

9 Q. HAD THERE NOT BEEN A COLD AND HAD IT BEEN THE SMOKE
10 THAT CAUSED THIS AGGRAVATION OF HER ASTHMA SYMPTOMS,
11 WHAT KIND OF REACTION WOULD YOU HAVE EXPECTED?

12 A. OH, INSTANTANEOUS, MEANING LIKE IMMEDIATELY.

13 Q. LIKE AN ASTHMA ATTACK?

14 A. WELL, YEAH, IMMEDIATE ASTHMA ATTACK WITHIN LIKE
15 SECONDS OR MINUTES.

16 Q. OKAY. WOULD YOU HAVE EXPECTED HER TO NEED TO
17 PRESENT TO THE HOSPITAL IMMEDIATELY?

18 A. WELL, MANY PEOPLE DO, NOT EVERYBODY. SOME PEOPLE
19 PROCRASTINATES AND -- AND THEY MAY -- AND THEY MAY
20 WAIT. BUT GENERALLY -- LET ME JUST GET FOR THE
21 RECORD, I READ THE DEPOSITION OF SOME DOCTOR WHO
22 MENTIONED REACTIVE AIRWAY DYSFUNCTION SYNDROME. SO
23 WHEN I SAY THAT IT WAS REACTIVE AIRWAY DYSFUNCTION
24 SYNDROME, THEY PRESENT IMMEDIATELY, OKAY, NUMBER
25 ONE. NUMBER TWO, THE HISTORY OF PREEXISTING ASTHMA

1 EXCLUDES DIAGNOSIS. IT'S AN INVENTORY. THERE IS NO
2 HISTORY OF ASTHMA TO EVEN MENTION REACTIVE AIRWAY
3 DYSFUNCTION SYNDROME. THAT'S ONE OF THE MAJOR
4 CRITERIAS OF NO HISTORY OF ASTHMA, OKAY. SO WHEN I
5 AM SAYING THEY PRESENTED IMMEDIATELY, I'M ALSO
6 REFERRING TO THAT DIAGNOSIS OF REACTIVE AIRWAY
7 DYSFUNCTION SYNDROME. BUT YES, THEY PRESENT
8 IMMEDIATELY, WITHIN 24 HOURS OR LESS.

9 Q. OKAY.. SO, IT CAN BE REACTIVE ---

10 A. AIRWAY FUNCTION, NO, ABSOLUTELY NOT.

11 Q. OKAY.. BECAUSE THAT MEANS THERE'S NO HISTORY OF
12 ASTHMA?

13 A. YES, IF YOU HAVE A HISTORY OF ASTHMA, THAT EXCLUDES
14 THE DIAGNOSIS.

15 Q. OKAY. AND DR. SPANDORFER IS THE DOCTOR YOU'RE
16 REFERRING TO?

17 A. YES.

18 Q. OKAY.. IS THAT HIS DIAGNOSIS?

19 A. YEAH. I DON'T KNOW IF ULTIMATELY HE HAD ARRIVED TO,
20 BUT THE DIAGNOSIS HE HAS MENTIONED IS IMPOSSIBLE
21 BECAUSE IT'S A MAJOR, MAJOR CRITERIA OF ABSENCE OF
22 PREEXISTING ASTHMA.

23 Q. OKAY. YOU ALSO USE THE WORDS PROGRESSIVE AND
24 MULTIFACTORIAL TO DESCRIBE HER ASTHMA.

25 A. CORRECT.

1 Q. WHAT ARE SOME OF THE FACTORS I GUESS THAT COULD
2 CAUSE HER ASTHMA TO PROGRESS?

3 A. WELL, THE BIGGEST ONE ARE GENETICS; YOU'RE BORN THAT
4 WAY. NOT EVERYBODY WHO IS -- ENVIRONMENT OF COURSE
5 MAY PLAY THE ROLE, BUT THE BIGGEST ONE IS THE
6 GENETICS. YOU CAN BE -- HAVE IN THE SAME
7 ENVIRONMENT, BUT IF YOU'RE NOT PREDISPOSED
8 GENETICALLY, ONE PERSON WILL DEVELOP EXACERBATION OF
9 ASTHMA, AND THE OTHER PERSON WILL JUST BASICALLY
10 COUGH AND WALK AWAY, OKAY. SO GENETICS PLAY A BIG
11 ROLE. THE OTHER THING THAT PLAY A ROLE IS -- IS THE
12 TREATMENT. PEOPLE WHO ARE UNDER TREATED, ESPECIALLY
13 EARLY, ARE OFTEN DEVELOP PERSISTENT ASTHMA. NOW,
14 THERE HAVE BEEN MANY ADVANCEMENTS IN TREATMENT OF
15 ASTHMA. HOW OLD IS MS. CHAMBLEE?

16 Q. I BELIEVE 50ish.

17 A. RIGHT. BACK IN -- BACK, THERE WAS NO GOOD
18 TREATMENT. SO WE SEE VERY OFTEN ASTHMATICS WHO HAVE
19 ASTHMA AS A CHILD IN -- IN THE CHILDHOOD THAT HAS
20 NOT BEEN TREATED. NOT BECAUSE OF A LACK OF A
21 DIAGNOSIS, BUT BECAUSE WE DID NOT HAVE AS A MEDICINE
22 GOOD TREATMENT BACK THEN.

23 Q. OKAY. COULD MS. CHAMBLEE'S ASTHMA HAVE
24 PROGRESSIVELY WORSENERD WITHOUT ENVIRONMENTAL
25 EXPOSURES, OR HAS IT PROGRESSED OVER TIME BECAUSE

1 SHE'S EXPOSED TO THINGS?

2 A. LET ME GIVE YOU A DEFINITION OF WHAT ASTHMA IS.

3 ASTHMA HAVE EXACERBATIONS. EXACERBATIONS IS WHEN

4 YOU GET COLD OR SOME OTHER, FIRE, WHATEVER, OKAY,

5 BUT MOST COMMON ARE COLDS AND VIRUSES, OKAY. AND --

6 AND PEOPLE FALL OFF THE CLIFF. THEY'RE STABLE

7 CONDITION AND THEY FALL OFF THE CLIFF, AND SOME

8 PEOPLE RECOVER FULLY, OTHERS RECOVER TO THE

9 BASELINE, THEY DON'T GET BETTER. HOWEVER, MS.

10 CHAMBLEE HAS A VERY, VERY SEVERE ASTHMA PREEEXISTING

11 ANY FIRE, VERY TERRIBLE, OKAY, BOTH BY BREATHING

12 TESTS AND BY HER SYMPTOMS. SO -- SO RIGHT NOW SHE

13 RETURNED TO HER BASELINE WHERE SHE WAS BEFORE, ACUTE

14 EXACERBATION, JUDGING BY WHAT I -- WHAT I HAVE

15 REVIEWED.

16 (INTERRUPTION-TELEPHONE RINGING)

17 BY THE WITNESS:

18 CAN I HAVE A SECOND?

19 BY MR. THOMPSON:

20 CERTAINLY.

21 (OFF THE RECORD)

22 BY MR. GOHEAN:

23 BACK ON THE RECORD NOW, DOCTOR.

24 EXAMINATION RESUMED BY MR. GOHEAN:

25 Q. WE WERE TALKING ABOUT SHE HAS EXACERBATIONS AND THEN

1 RETURNS TO HER BASELINE.

2 A. YES, RIGHT NOW SHE RETURNED TO HER BASELINE, BUT SHE
3 HAD EXACERBATION BACK WHEN SHE WAS IN THE HOSPITAL,
4 A PRETTY SIGNIFICANT EXACERBATION. HOWEVER, WHEN I
5 SEEN HER, SHE WAS VERY TIRED. BUT I SEEN HER ONLY
6 ONCE, SO I DON'T KNOW WHETHER SHE WAS UNDER TREATED,
7 WHETHER THAT IS HER BEST OR NOT BECAUSE I'M NOT HER
8 PERSONAL DOCTOR. IF I WERE HER PERSONAL DOCTOR AT
9 THE TIME, I WOULD DEFINITELY ESCALATE HER TREATMENT
10 BECAUSE SHE WAS NOT WELL.

11 Q. IS IT POSSIBLE FOR HER TO HAVE A SEVERE COLD OR HAVE
12 SOME SORT OF OTHER EXPOSURE TO SOMETHING OR HAVE AN
13 EXACERBATION THAT DOES PERMANENTLY WORSEN HER
14 UNDERLYING ASTHMA CONDITION; IS THAT SOMETHING
15 THAT'S POSSIBLE?

16 A. YEAH, IT CAN HAPPEN, THAT EXACERBATION CAN WORSEN
17 HER CONDITION, ABSOLUTELY.

18 Q. OKAY. BUT BASED ON THE RECORDS YOU'VE SEEN, THE
19 PRIOR 2005 SPIROMETRY AND YOUR EVALUATION OF HER, DO
20 YOU THINK THAT SHE RETURNED BACK TO HER BASELINE
21 CONDITION FOLLOWING THIS INCIDENT?

22 A. I WOULD -- I DON'T KNOW WHAT HER BASELINE CONDITION
23 IS OTHER THAN SPIROMETRICALLY IT WAS VERY SEVERE,
24 OKAY. BUT AS A PULMONOLOGIST, SPIROMETRY IS NOT
25 IMPORTANT AS MUCH AS IN C.O.P.D. FOR ASTHMA, OKAY.

1 BUT IT DOES IN HER CASE INDICATE SHE HAD A PERMANENT
2 DAMAGE WAY BEFORE ANY COLD OR EXPOSURE. SO SHE IS A
3 VERY SEVERE ASTHMATIC, OKAY, AND SHE PROBABLY HAS A
4 CHRONIC, PERSISTENT, IRREVERSIBLE CONDITION, OKAY.
5 HOW MUCH SHE CAN IMPROVE OR NOT, I DON'T KNOW
6 BECAUSE I'M NOT HER PERSONAL TREATING PHYSICIAN. I
7 SUSPECT SHE CAN BE, OKAY, BECAUSE SHE HAS NOT HAVE
8 AS AGGRESSIVE TREATMENT AS I WOULD LIKE FOR HER TO
9 HAVE AT THE TIME THAT I SEEN HER. IN FACT, I
10 ADVISED HER THAT SHE NEEDED TO SEEK FURTHER
11 TREATMENT.

12 Q. RIGHT. HOW DO ALLERGIES AND SINUS PROBLEMS PLAY
13 INTO ASTHMA; DO THEY AFFECT EACH OTHER?

14 A. WELL, IT'S A -- IT COULD, THEY COULD BE RELATED,
15 COULD BE UNRELATED. I MEAN, YOU GO BACK TO THE
16 CHILDHOOD. IT'S PROBABLY ALL GENETIC.

17 Q. OKAY. IF SHE HAS BAD PROBLEMS WITH ALLERGIES AND
18 SHE HAS ALLERGY FLARE-UPS, WOULD THOSE ALSO FLARE UP
19 HER ASTHMA?

20 A. IT -- IT -- IT CAN BE. THERE'S MANY OTHER THINGS
21 THAT AS A NON-TREATING PULMONOLOGIST I DON'T HAVE,
22 WHETHER SHE HAS AN IgE TITER TAKEN. THERE'S A NEW
23 MEDICINE NOW FOR THAT, MANY OTHER THINGS. BUT YES,
24 ALLERGY, ECZEMA, WHICH IS RASH AND SO FORTH, ASTHMA,
25 ARE VERY CLOSELY RELATED CONDITIONS BECAUSE IN

1 REALITY, INTRINSIC ASTHMA, WHICH IS WHAT USUALLY
2 STARTS AS CHILDREN, OKAY, AND ALLERGIES ARE ALL
3 IMMUNE RELATED, AND IMMUNOLOGY RELATED. AND YES,
4 THEY ARE VERY MUCH RELATED TO ONE ANOTHER AND OFTEN
5 PREEXIST.

6 Q. HOW ABOUT EXTREME HEAT? I SAW SOMETHING IN HER
7 MEDICAL RECORDS ABOUT HOT DAYS FLARE UP HER ASTHMA.
8 HOW DOES THAT WORK?

9 A. YEAH. YEAH, ENVIRONMENT OF ANY KIND CAN DO THAT.
10 YES. OKAY, YOU CAN HAVE EXTREME HEAT, EXTREME COLD,
11 EXERCISE. YOU CAN HAVE SOMEBODY BURNING LEAVES.
12 YOU CAN HAVE SOMEBODY -- LIKE DAMP WEATHER, YES.
13 PEOPLE DO REACT TO THE -- TO THE ENVIRONMENT IN
14 ADVERSE FASHION.

15 Q. OKAY. SO, LET ME MAKE SURE I'M GETTING THIS RIGHT.
16 THE COLD WAS MORE LIKELY TO HAVE CAUSED THE
17 AGGRAVATION TO HER UNDERLYING CONDITION THAN THE
18 EXPOSURE TO THE SMOKE?

19 **BY MR. THOMPSON:**

20 JUST FOR THE RECORD, I OBJECT TO LEADING. YOU
21 CAN GO AHEAD AND ANSWER, WE JUST HAVE TO PUT AN
22 OBJECTION ON THE RECORD.

23 **BY THE WITNESS:**

24 I UNDERSTAND. I UNDERSTAND. I DID NOT SAY
25 COLD, YOU SAID, "COLD." I SAID VIRAL INFECTION.

1 FOR US, UPPER RESPIRATORY INFECTION HAVE DEFINITION,
2 OKAY. THEY'RE 99 PERCENT OF THE TIME ARE VIRAL,
3 OKAY. SO WHAT YOU CALL IN THE LAY TERM, COLD, WE'LL
4 CALL IT UPPER RESPIRATORY INFECTION. FOR THE MOST
5 PART, THOSE ARE VIRAL.

6 EXAMINATION RESUMED BY MR. GOHEAN:

7 Q. OKAY. WAS THE COLD MORE LIKELY TO HAVE CAUSED HER
8 AGGRAVATION THAN THE ---

9 A. BY FAR, BY FAR MORE LIKELY. BY FAR, NOT EVEN CLOSE.

10 Q. OKAY. COULD YOU PUT A PERCENTAGE ON IT?

11 A. YES, 99.9 PERCENT.

12 Q. OKAY, TO POINT ---

13 A. TO POINT TO -- TO GO TO THE VIRAL INFECTION, YES.

14 Q. OKAY. IF SLEEP APNEA IS NOT BEING TREATED, DOES
15 THAT CAUSE AN AGGRAVATION OF ASTHMA?

16 A. YES, THERE'S BEEN STUDIES THAT POORLY TREATED SLEEP
17 APNEA LEAD TO THE AGGRAVATION OF ASTHMA. THERE'S A
18 DIFFERENT MECHANISM OF THAT. IT'S USUALLY
19 PRECIPITATED ACID REFLUX, OKAY, AND PEOPLE ARE VERY
20 MUCH ADVISED TO HAVE SLEEP APNEA TREATED FOR MANY
21 REASONS. ASTHMA, YES, GETS BETTER WITH THAT.

22 Q. SO, IT REMAINS YOUR OPINION THAT THE EXPOSURE TO
23 SMOKE IN MAY OF 2011 MOST LIKELY DID NOT CAUSE OR
24 CONTRIBUTE TO MS. CHAMBLEE'S ASTHMA CONDITION?

25 A. YES.

1 Q. OKAY. IS THAT TO A REASONABLE DEGREE OF MEDICAL
2 CERTAINTY?

3 A. YES.

4 Q. I ASKED YOU TO READ THIS DEPOSITION OF DR. MICHAEL
5 SPANDORFER BEFORE THE DEPOSITION.

6 A. YES.

7 Q. YOU READ THAT TODAY?

8 A. YES.

9 Q. OKAY. AS YOU SAW IN THERE, ULTIMATELY DR.
10 SPANDORFER INDICATED THE 2005 SPIROMETRY AND THE
11 UPDATED SPIROMETRY AFTER THE FIRE INCIDENT WERE VERY
12 SIMILAR, BUT. BASICALLY THE SMOKE EXPOSURE WAS THE
13 STRAW THAT BROKE THE CAMEL'S BACK IS THE TERM HE
14 USES, WHICH CAUSED MUCOUS, WHICH THEN CAUSED
15 INFLAMATION, WHICH THEN CAUSED A PERMANENT
16 AGGRAVATION OF HER ASTHMA CONDITION; DO YOU DISAGREE
17 WITH THAT?

18 A. YES, I DISAGREE WITH THAT.

19 Q. OKAY. WHAT'S THE PRIMARY REASON FOR DISAGREEING
20 WITH IT; IS IT THE COLD ISSUE VERSES THE SMOKE
21 ISSUE, OR DO YOU DISAGREE WITH THE SMOKE CAUSING IT
22 AT ALL?

23 A. WELL, I HAVE NOT SEEN ANY EVIDENCE THAT SHE WAS IN A
24 FIRE. WHEN YOU SAY "SIGNIFICANT EXPOSURE," SHE WAS
25 IN A TRUCK APPARENTLY THAT STAYED LIKE YARDS AND

1 YARDS AWAY, THAT'S NUMBER ONE. NUMBER TWO, SHE
2 ALREADY HAD THE PREEXISTING SYMPTOMS, OKAY. IT'S
3 NOT LIKE THE OLD SYMPTOMS REAPPEAR AND SHE WAS
4 ABSOLUTELY FINE. AND NUMBER THREE, HER PULMONARY
5 FUNCTION TEST INDICATE THAT SHE HAS AN IRREVERSIBLE
6 OBSTRUCTIVE AIRWAY DISEASE IN 2005, OKAY. SO IT'S
7 NOT LIKE HER CONDITION BECAME REVERSIBLE AFTER HER
8 HOSPITALIZATION. SHE ALREADY HAD IRREVERSIBLE AND
9 TERRIBLE. SO IN 2005 OR 2010, I FORGOT WHEN THE
10 BREATHING TEST WAS, BUT IT WAS WAY BEFORE, AND I CAN
11 FIND THAT, OKAY, WAY BEFORE ANY EXPOSURE OR ANY
12 COLD. SO WE ALREADY KNOW THAT SHE HAS A
13 IRREVERSIBLE LUNG DISEASE. SO HOW IT CAN CAUSE
14 IRREVERSIBLE LUNG DISEASE WHEN SOMEBODY ALREADY HAD
15 IRREVERSIBLE LUNG DISEASE. IT MAKES NO SENSE.

16 Q. AND I THINK THAT THE KEY ISSUE -- I DON'T THINK THAT
17 ANYONE'S DISPUTING THAT IT WAS ALREADY THERE. I
18 THINK THE ISSUE IS, WAS IT MADE PRIMARILY WORSE BY
19 THE FIRE VERSUS HER COLD?

20 A. HER BREATHING TEST HAS NOT CHANGED, SO HER LUNG
21 FUNCTION WAS TERRIBLE AND STILL IS.

22 Q. SO, OBJECTIVELY, IT HAS NOT CHANGED?

23 A. NO, OBJECTIVELY IT HAS NOT BY BREATHING TEST.

24 SUBJECTIVELY, NOW WE'RE TALKING ABOUT THE ART OF
25 MEDICINE; CAN I IMPROVE HER, I POSSIBLE CAN, BUT I'M

1 NOT HER TREATING PHYSICIAN. SO WAS SHE UNDER
2 TREATED, IN MY OPINION, SHE WAS.

3 Q. ARE YOU STILL RECOMMENDING THE SAME TREATMENTS THAT
4 YOU RECOMMENDING BACK IN MARCH?

5 A. I MEAN, I WOULD -- IF -- IF I WERE HER TREATING
6 PHYSICIAN, I WOULD HAVE DONE EVERYTHING DIFFERENTLY.

7 Q. OKAY. STARTING WITH THE TEST THAT YOU'VE
8 RECOMMENDED?

9 A. TESTS, TREATMENT, ALL OF THE THINGS I WOULD HAVE
10 DONE DIFFERENTLY.

11 Q. HOW WAS SHE UNDER TREATED IN THE PAST?

12 A. WELL, NOT ENOUGH STEROIDS, NOT ENOUGH DIFFERENT
13 TYPES OF STEROIDS, PROBABLY BRONCHOSCOPY TO CLEAR
14 THICK AND TENACIOUS SECRETIONS SHE PROBABLY HAS,
15 TEST HER FOR SPECIFIC ALLERGENS LIKE (INAUDIBLE),
16 IgE, BECAUSE THERE'S A VERY, VERY MODERN TREATMENT
17 FOR THAT, AND THINGS LIKE THAT. SHE'S UNDER
18 DIAGNOSED, UNDER TREATED IN MY JUDGEMENT. I -- I
19 WASN'T ASKED TO TREAT HER, AND I -- YOU KNOW, AND
20 NEITHER SHE ASKED ME TO TREAT HER. SO I CANNOT BE
21 HER TREATING PHYSICIAN.

22 Q. DR. SPANDORFER MENTIONED THE MUCOUS BEING CAUSED BY
23 THE INFLAMMATION FROM THE SMOKE INHALATION. CAN THE
24 UPPER RESPIRATORY VIRAL INFECTION ALSO CAUSE ---

25 A. WELL, I AGREE IT WAS MUCOUS, AND -- AND IT

1 OVERWHELMINGLY LIKELY WAS A VIRAL INFECTION THAT
2 CAUSED IT. IT'S NOT EVEN IN MY -- IN MY JUDGEMENT,
3 NOT EVEN CLOSE.

4 Q. THAT CAUSED HER ---

5 A. VIRUS, YES, THE UPPER -- UPPER RESPIRATORY INFECTION
6 CAUSED IT. WE SEE IT EVERY DAY WITH THIS TYPE OF
7 ASTHMATICS. EVERY DAY THEY'RE EXPOSED TO NOTHING,
8 OKAY, THIS IS A MOST COMMON CAUSE OF CLINICAL
9 DETERIORATION BY FAR.

10 Q. THAT UPPER RESPIRATORY INFECTION?

11 A. UPPER RESPIRATORY INFECTION, YES.

12 Q. OKAY. DR. SPANDORFER ALSO SAID SOMETHING ABOUT IT'S
13 NOT UNCOMMON TO SEE SOMEONE WHO'S EXPOSED TO
14 SOMETHING, KIND OF IMPROVES AND THEN HAS A DELAYED
15 REACTION OR A LATE RESPONSE. THAT ACCOUNTS FOR THE
16 ONE WEEK BEFORE THE HOSPITAL VISIT. DO YOU AGREE
17 WITH THAT; DO YOU SEE THAT OFTEN?

18 A. WELL, LET ME TELL YOU WHAT CONTEXT HE SAID. HE SAID
19 IN THE CONTEXT OF REACTIVE AIRWAY DYSFUNCTION
20 SYNDROME. I STRONGLY DISAGREE. IT'S A CRITERIA
21 THAT SOMEBODY HAS TO PRESENT IMMEDIATELY. IF THEY
22 DON'T PRESENT IMMEDIATELY, IT'S NOT REACTIVE AIRWAY
23 DYSFUNCTION SYNDROME. IN ADDITION -- THAT'S A MAJOR
24 CRITERIA. THE SECOND MAJOR CRITERIA IS THE ABSENCE
25 OF PREEXISTING ASTHMA. SO SHE HAS A TWO MAJOR

1 CRITERIAS THAT MAKES DIAGNOSIS NON-GERMAINE. IT
2 CANNOT EVEN BE ENTERTAINED, OKAY, IN THAT CONTEXT.
3 IN THE CONTEXT OF ASTHMA REACTIVE AIRWAY DYSFUNCTION
4 SYNDROME, IT'S SUCH A VARIABLE DISEASE, AND -- AND
5 SO MANY THINGS GOES INTO IT THAT IT'S ALMOST
6 IMPOSSIBLE TO SPECULATE. AND IT WOULD BE A
7 SPECULATION ON HIS PART AND IT WOULD BE ON MINE,
8 OKAY, TO SAY WHETHER IT'S POSSIBLE TO PRESENT
9 SUDDENLY. SOME PEOPLE PROCRASTINATE FOR TWO MONTHS
10 BEFORE THEY SEE THE DOCTOR.

11 Q. ASSUME FOR ME THAT SHE DID HAVE A PERMANENT
12 AGGRAVATION OF HER UNDERLYING ASTHMA CONDITION WHEN
13 SHE WENT TO THE HOSPITAL BACK IN JUNE OF 2011.

14 A. I AGREE WITH THAT, SHE DID.

15 Q. OKAY. IT'S MULTIFACTORIAL.

16 BY MR. THOMPSON:

17 JUST FOR THE RECORD, OBJECT TO THE LEADING.

18 EXAMINATION RESUMED BY MR. GOHEAN:

19 Q. ASSUMING THAT THE SMOKE DID HAVE SOME EFFECT ON
20 CAUSING THIS AGGRAVATION IN COMBINATION WITH THE
21 COLD AND WHATEVER OTHER, WHAT IS MOST LIKELY THE
22 PRIMARY CAUSE OF THE AGGRAVATION?

23 A. WELL, SHE HAD A VERY, VERY TERRIBLE ASTHMA SYMPTOMS,
24 OKAY, AND SHE HAD A VIRAL INFECTION, AND IT'S JUST A
25 PROGRESSION OF UNTREATED ASTHMA LED HER TO

1 HOSPITALIZATION THE NEXT SEVEN DAYS, OKAY, SO SHE
2 COULD NOT GO ANYMORE, OKAY. BUT IT PREEXISTED THE
3 SMOKE, IT CONTINUED, AND THEN SHE FINALLY WAS SO
4 SICK THAT SHE HAD TO BE ADMITTED, OKAY. IF SHE COME
5 TO ME THE DAY BEFORE THE FIRE, I PROBABLY WOULD HAVE
6 ADMITTED HER TOO.

7 Q. MS. CHAMBLEE'S FAMILY DOCTOR, DR. GLENN POON, HAS
8 ALSO ISSUED THIS STATEMENT.

9 BY MR. GOHEAN:

10 I'M GOING TO INTRODUCE THIS AS DEFENDANT'S
11 EXHIBIT ONE.

12 BY MR. THOMPSON:

13 NO OBJECTION. ARE YOU DOING THE STATEMENT AND
14 THE ATTACHMENT WITH IT?

15 BY MR. GOHEAN:

16 YEAH, AND THE ATTACHMENT'S THERE AS WELL.
17 (COURT REPORTER MARKS DOCUMENT DEFENDANT'S EXHIBIT NUMBER
18 ONE, ATTACHED)

19 EXAMINATION RESUMED BY MR. GOHEAN:

20 Q. IF YOU'LL JUST GIVE THAT A READ, DOCTOR.

21 A. (WITNESS VIEWS DOCUMENT). AND ONE MORE TIME, DR.
22 GLENN POON, WHO IS HE?

23 Q. THIS IS MS. CHAMBLEE'S FAMILY DOCTOR.

24 A. OKAY.

25 Q. DO YOU AGREE OR DISAGREE WITH THAT STATEMENT?

1 A. I PARTIALLY AGREE, PARTIALLY DISAGREE. I AGREE WITH
2 THE CHRONOLOGY. I DISAGREE THAT SOMEHOW SHE HAD
3 AGREED TO CONTROLLED ASTHMA. SHE HAS VERY POORLY
4 CONTROLLED ASTHMA JUST BY BREATHING TESTS AND
5 EVERYTHING I'VE SEEN.

6 Q. OKAY. SO, YOU DISAGREE WITH HIS STATEMENT THAT HER
7 ASTHMA WAS WELL CONTROLLED UP UNTIL THE DATE OF THE
8 FIRE?

9 A. OH, ABSOLUTELY I DISAGREE WITH THAT.

10 Q. OKAY.

11 A. SHE MAY NOT REALIZE THAT SHE WAS WELL BUT -- SHE WAS
12 NOT WELL CONTROLLED, BUT SHE WAS POORLY CONTROLLED.

13 Q. YOU'LL AGREE WITH THE CHRONOLOGY BACK HERE THOUGH?

14 A. YES.

15 Q. OKAY. YOU DISAGREE OR AGREE WITH THE STATEMENT, (AS
16 READ) "I CAN STATE TO A REASONABLE DEGREE OF MEDICAL
17 CERTAINTY THAT HER EXPOSURE TO SMOKE MOST PROBABLY
18 CAUSED AN AGGRAVATION OF HER PRIOR ASTHMATIC
19 CONDITION"?

20 A. I CAN NEITHER AGREE OR DISAGREE. THAT'S HIS
21 OPINION. HE'S ENTITLED TO HIS OPINION. MY OPINION
22 IS TOTALLY DIFFERENT. YOU SEE THE DIFFERENCE?

23 Q. OKAY.

24 A. OKAY. I MEAN, I'M NOT IN THE BUSINESS OF OPINING
25 FOR SOMEBODY ELSE. THAT'S HIS OPINION.

1 Q. OKAY. AND THAT'S NOT YOUR OPINION?

2 A. NO.

3 Q. OKAY. SO, IN YOUR OPINION,...

4 A. I CAN ONLY DISAGREE OR AGREE WITH HIS OPINION. I
5 CANNOT PROVIDE AN OPINION FOR HIM.

6 Q. ABSOLUTELY. I'M GOING TO TRY TO JUST KIND OF
7 SUMMARIZE WHAT WE'VE DISCUSSED. YOU STAND BY YOUR
8 OPINION IN YOUR INITIAL EVALUATION AND NARRATIVE
9 INDICATING THAT THE SMOKE EXPOSURE WAS NEITHER A
10 CAUSE OR CONTRIBUTING FACTOR TO HER ASTHMA CONDITION
11 OR A PERMANENT AGGRAVATION OF HER UNDERLYING ASTHMA
12 CONDITION?

13 A. I AGREE, YES, WITH THAT. I STAND BY MY OPINION,
14 YES.

15 Q. OKAY. I THINK YOU SAID, "HER UPPER RESPIRATORY
16 INFECTION," WHICH WE WERE REFERRING TO AS A COLD,
17 "WAS FAR MORE LIKELY TO HAVE AGGRAVATED HER ASTHMA
18 THAN THE SMOKE EXPOSURE"?

19 A. THAT IS MY OPINION, YES.

20 Q. OKAY. AND YOU INDICATED, IF YOU HAD TO PUT NUMBERS
21 ON IT, IT'D BE 99.9 PERCENT MORE LIKELY THE COLD WAS
22 THAN THE ---

23 A. YEAH, I SAID -- I WOULD -- I WOULD SAY PERCENTAGES,
24 HIGHLY, HIGHLY IS SPECULATIVE, BUT I WOULD SAY
25 OVERWHELMINGLY LIKELY BECAUSE OF A PERCENTAGE IS

1 LIKE A FIGURE OF SPEECH, OKAY. YOU KNOW, NOBODY CAN
2 ASSIGN PERCENTAGE TO THAT, OKAY. BUT
3 OVERWHELMINGLY, YES, IT'S A VIRAL INFECTION, WHICH
4 WE SEE EVERY DAY IN THE MAJORITY OF PATIENTS LIKE
5 MS. CHAMBLEE. AND IN FACT, MS. CHAMBLEE IS A
6 CLASSIC CASE OF THAT.

7 Q. AND THAT'S THE MOST COMMON ---

8 A. BY FAR.

9 Q. --- AGGRAVATING FACTOR ---

10 A. BY -- BY FAR.

11 Q. OKAY. DR. SPANDORFER INDICATED MS. CHAMBLEE WAS AT
12 MAXIMUM MEDICAL IMPROVEMENT. I DON'T BELIEVE YOU'VE
13 SEEN HER SINCE MARCH, BUT ASSUMING SHE HASN'T HAD
14 ANY OF THE TREATMENTS YOU RECOMMENDED OR ANY OTHER
15 PULMONOLOGY TREATMENTS SINCE YOU SAW HER, ---

16 A. YEAH, I -- I -- I WAS VERY UNHAPPY THE WAY SHE
17 SOUNDED AND THE WAY SHE LOOKED; SHE WAS VERY MUCH
18 UNDER TREATED, VERY TIGHT. I WOULD HAVE DONE
19 TOTALLY THINGS DIFFERENTLY AT THAT POINT.

20 Q. IF SHE HASN'T HAD ANY OF THOSE TREATMENTS, DO YOU
21 STILL RECOMMEND THOSE TREATMENTS?

22 A. WELL, I HAVEN'T SEEN HER, OKAY. SOME PEOPLE GET
23 BETTER, I DON'T KNOW. BUT AT THE POINT THAT I'VE
24 SEEN HER, OKAY, I FELT LIKE SHE WAS UNWELL.

25 Q. OKAY. SO, AS OF THE LAST TIME YOU SAW HER, DO YOU

1 BELIEVE SHE'S AT MAXIMUM MEDICAL IMPROVEMENT?

2 A. NO.

3 Q. OKAY. DO YOU BELIEVE SHE CAN RETURN TO SOME FORM OF
4 WORK?

5 A. I DON'T KNOW THAT. I'VE ONLY SEEN HER ONCE. AT THE
6 POINT THAT SHE WAS WHEN I SEEN HER, NO, OKAY. AT
7 THAT POINT, I WOULD NOT ADVISE HER TO RETURN TO
8 WORK.

9 Q. BECAUSE SHE NEEDS TREATMENT?

10 A. SHE WAS NEEDED TREATMENT, YES.

11 Q. OKAY. AFTER SHE'S TREATED, SOMEONE WITH HER
12 SPIROMETRY READINGS, WOULD YOU ANTICIPATE SHE WOULD
13 ULTIMATELY BE ABLE TO RETURN TO WORK?

14 A. SOME PEOPLE DO, SOME DON'T, IT'S -- I -- I DON'T.

15 Q. YOU JUST HAVE TO SEE HOW SHE REACTS TO TREATMENT?

16 A. YEAH, I'M NOT -- I'M NOT HER TREATING PHYSICIAN. I
17 DON'T KNOW.

18 Q. OKAY. HAVE ALL OF YOUR OPINIONS AND ANSWERS TODAY
19 BEEN STATED TO A REASONABLE DEGREE OF MEDICAL
20 CERTAINTY?

21 A. YES, TO THE REASONABLE DEGREE OF MEDICAL CERTAINTY,
22 FOR SURE.

23 **BY MR. GOHEAN:**

24 DOCTOR, I APPRECIATE IT VERY MUCH. I DON'T
25 HAVE ANYMORE QUESTIONS.

1 BY MR. THOMPSON:

2 DOCTOR, I HAVE JUST A FEW QUESTIONS.

3 EXAMINATION BY MR. THOMPSON:

4 Q. YOU SAID THAT SOME PEOPLE CAN GET EXACERBATIONS OF
5 ASTHMA BY BURNING -- BY SMELLING BURNING LEAVES?

6 A. IT CAN HAPPEN.

7 Q. OKAY.

8 A. BUT THIS HAPPENS INSTANTLY.

9 Q. WELL, YOU ALSO SAID THAT SOME PEOPLE WHEN THEY HAVE
10 EXACERBATIONS GO TO THE HOSPITAL IMMEDIATELY, AND
11 SOME MAY WAIT LONGER TIMES.

12 A. LET ME PUT IT IN THE CONTEXT.

13 Q. WELL, MY QUESTION IS, IS THAT WHAT YOU SAID?

14 A. WELL, I'M ENTITLED TO CLARIFY MY ANSWER, AM I NOT?

15 Q. YES. WELL, FIRST I WANT KNOW IF YOU AGREE THAT'S
16 WHAT YOU SAID, THEN YOU CLARIFY IT HOWEVER YOU WANT
17 TO.

18 A. I AGREE THAT I SAID IT IN THE CONTEXT OF REACTIVE
19 AIRWAY DYSFUNCTION SYNDROME. IN -- IN CONTEXT OF
20 REACTIVE AIRWAY DYSFUNCTION SYNDROME, IT'S A
21 CRITERIA THAT THEY GO TO THE -- TO THE HOSPITAL, TO
22 THE DOCTOR, OR HAVE A SIGNIFICANT MEDICAL PROVIDER
23 ATTENTION WITHIN THE FIRST 24 HOURS.

24 Q. OKAY. NOW, LET ME ASK YOU THIS. YOU READ DR.
25 SPANDORFER'S DEPOSITION?

1 A. YES, I DID.

2 Q. AND I GUESS YOU'RE AWARE THAT HE GAVE THIS LADY
3 THREE DIAGNOSES: ONE WAS REACTIVE AIRWAY DISEASE;
4 TWO WAS ASTHMA, CHRONIC OBSTRUCTIVE; AND THREE WAS
5 POST-INFLAMMATORY PULMONARY FIBROSIS. SO IN
6 ADDITION TO THE DIAGNOSIS OF REACTIVE AIRWAY
7 DISEASE, SHE'S GOT TWO OTHER DIAGNOSIS THAT SHE
8 CARRIES. SO MY QUESTION THEN IS, ---

9 A. CAN YOU SHOW ME WHERE HE SAYS "REACTIVE AIRWAY
10 DISEASE"?

11 Q. YES, SIR, YOU WANT TO SEE IT RIGHT NOW?

12 A. I WANT TO SEE IT RIGHT NOW BECAUSE I HAVEN'T SEEN
13 THAT DIAGNOSIS.

14 Q. OKAY. WELL, LET ME ASK YOU THIS WHILE I'M GETTING
15 THIS. BEFORE YOU SAW MS. CHAMBLEE, WHAT ALL
16 INFORMATION WERE YOU PROVIDED IN THIS CASE?

17 A. THAT (INDICATES).

18 Q. DO YOU MIND IF I LOOK AT IT?

19 A. ABSOLUTELY.

20 Q. I'LL GET YOU WHAT YOU ASKED ME FOR, JUST GIVE ME ONE
21 MINUTE.

22 A. SURE.

23 Q. ALL RIGHT, SIR, I THINK IT'S RIGHT HERE. THIS IS
24 DR. SPANDORFER'S REPORT DATED NOVEMBER 26TH, 2013.
25 AS I UNDERSTAND, HE SAYS (AS READ) "REACTIVE AIRWAY

1 DISEASE, ASTHMA, CHRONIC OBSTRUCTION ---"

2 A. WELL, SHOW ME THE REACTIVE AIRWAY DISEASE, WHERE IT
3 SAYS IT.

4 Q. RIGHT THERE, NUMBER ONE, REACTIVE AIRWAY DISEASE.

5 A. RIGHT.

6 Q. TWO IS ASTHMA, CHRONIC OBSTRUCTIVE.

7 A. YEAH, BUT DR. SPANDORFER, ---

8 Q. YES, SIR.

9 A. --- CAN YOU TELL ME IN HIS DEPOSITION HE SAYS
10 "REACTIVE AIRWAY DYSFUNCTION SYNDROME"; AM I WRONG?

11 Q. HOLD ON. AND THEN THE THIRD THING HE SAID WAS
12 PULMONARY RESPIRATORY FIBROSIS. SO YOU ASKED ME TO
13 FIND YOU IN THE RECORDS WHERE HE SAID THOSE THREE
14 THINGS. THAT'S IN HIS REPORT OF THAT DATE I JUST
15 MENTIONED.

16 A. OKAY. AND HOW HE MADE THE DIAGNOSIS OF POST-
17 INFLAMMATORY PULMONARY FIBROSIS DEFIES COMPLETELY
18 AND TOTALLY MY UNDERSTANDING OF THE DISEASE. I'M
19 NOT HERE TO ARGUE WITH YOU.

20 Q. I UNDERSTAND, BUT LET ME ---

21 A. REACTIVE AIRWAY DISEASE -- REACTIVE AIRWAY DISEASE
22 AND ASTHMA IS THE SAME THING. SO HE HAS -- HE MAKES
23 ONE DIAGNOSIS, WHICH IS ASTHMA. AS FAR AS THE
24 FIBROSIS, HE IMPLIES THE CONSEQUENCE OF ASTHMA. SO
25 HE MAKES ONLY ONE DIAGNOSIS.

1 Q. ALL RIGHT. WELL, DO YOU THINK DR. SPANDORFER IS
2 APPROPRIATELY EDUCATED FOR THE JOB THAT HE HAS?

3 A. I MOST CERTAINLY AGREE WITH THAT.

4 Q. OKAY.

5 A. AND DIFFERENCE OF OPINION IS NOT EVIDENCE FOR POOR
6 EDUCATION.

7 Q. I UNDERSTAND.

8 A. HE'S ENTITLED TO HIS OPINIONS. BUT YOU'RE NOT A
9 DOCTOR, AND BEFORE I TRIED TO EXPLAIN TO YOU THAT
10 REACTIVE AIRWAY DISEASE AND ASTHMA IS THE SAME.

11 Q. WELL, LET ME ASK YOU THIS.

12 A. IT'S NO DIFFERENT.

13 Q. BUT YOU DID SAY A FEW MINUTES AGO THAT SOME PEOPLE
14 WHEN THEY HAD AN EXACERBATION WAITED LONGER TO GO TO
15 THE HOSPITAL THAN DID OTHERS.

16 A. FOR SURE.

17 Q. OKAY. NOW, LET ME ASK YOU THIS. THIS ISN'T THE
18 FIRST COLD MS. CHAMBLEE'S EVER HAD.

19 A. I'M SORRY?

20 Q. THE COLD THAT MR. GOHEAN HAS ASKED YOU ABOUT THAT
21 SHE HAD BEFORE THE INCIDENT, ---

22 A. RIGHT.

23 Q. --- THAT'S NOT THE FIRST COLD SHE'S EVER HAD, I
24 DON'T GUESS. I MEAN, MOST PEOPLE THAT HAVE ASTHMA
25 GET COLDS PERIODICALLY; IS THAT CORRECT, ---

1. A. YOU HAVE ASKED ---

2. Q. --- OR VIRAL INFLAMMATIONS AND DISEASES?

3. A. CORRECT, SOME PEOPLE HAVE A VIRAL INFECTION THAT PUT
4. THEM IN THE HOSPITAL, AND OTHERS DON'T.

5. Q. SO, THAT'S AN EVERYDAY THING FOR AN ASTHMATIC IS TO
6. GET A COLD OR A VIRAL INFECTION?

7. A. IT'S NOT AN EVERYDAY THING, BUT IT CAN HAPPEN, YES.

8. Q. WELL, ANYBODY CAN GET ONE, ASTHMATIC OR NOT?

9. A. YES.

10. Q. NOW, WHEN YOU SAID THAT BURNING LEAVES WITH SMOKE
11. COULD CAUSE AN EXACERBATION OF ASTHMA, THAT'S WHAT
12. YOU MEANT?

13. A. YES.

14. Q. NOW, WHEN YOU TALKED TO MS. CHAMBLEE, WAS IT YOUR
15. UNDERSTANDING THAT SHE WAS -- WHAT WAS YOUR
16. UNDERSTANDING OF WHAT HER JOB WAS?

17. A. IT WAS SO LONG AGO. WHEN DID I SEE HER?

18. Q. SOMETIME IN MARCH OR APRIL OF THIS YEAR.

19. A. HOW MANY PATIENTS HAVE I SEEN?

20. Q. PROBABLY A LOT. BUT IN YOUR HISTORY, YOU SAY --
21. GIVE ME JUST ONE MINUTE. IN YOUR HISTORY -- WELL,
22. FIRST YOU SAID THAT SHE WAS AN UNFORTUNATE 48-YEAR-
23. OLD FEMALE. WHY DID YOU THINK SHE WAS UNFORTUNATE?

24. A. BECAUSE SHE HAS BAD ASTHMA.

25. Q. OKAY. AND THEN YOU SAID, "ON MAY 26TH, 2011, MS.

1 CHAMBLEE WAS IN HER FIRE TRUCK WHEN THEY HAD STOPPED
2 TO ASSIST WITH SOME FIRE IN A FIELD." SO WHAT WAS
3 YOUR UNDERSTANDING OF WHAT HER JOB WAS?

4 A. I JUST QUOTED WHAT SHE TOLD ME.

5 Q. WELL, DID YOU THINK SHE WAS A FIREMAN THAT FOUGHT
6 FIRES, OR DID YOU THINK SHE ---

7 A. I DID NOT THINK SHE WAS A FIREMAN. SHE WAS IN A
8 FIRE TRUCK THAT STOPPED TO HELP SOMEBODY.

9 Q. OKAY. WHAT IF I TOLD YOU THAT MS. CHAMBLEE HAD NOT
10 FOUGHT FIRES FOR A NUMBER OF YEARS AND PRIMARILY
11 ACTED AS A TRAINER OR AN EDUCATOR FOR THE FIRE
12 DEPARTMENT, THAT SHE WAS NO LONGER ACTIVELY FIGHTING
13 FIRES. WOULD THAT MAKE A DIFFERENCE?

14 A. I WOULD TAKE YOUR WORD WHOLEHEARTEDLY AND WOULD SAY
15 YOU -- YOU EDUCATED ME.

16 Q. OKAY. WOULD THAT CHANGE YOUR OPINION ABOUT THIS
17 CASE?

18 A. NO.

19 Q. OKAY. WHEN YOU SAW MS. CHAMBLEE, WAS HER CONDITION
20 CONSISTENT WITH BEING GAINFULLY EMPLOYED?

21 A. IF SHE WOULD'VE ASK ME, ---

22 Q. YES, SIR.

23 A. --- I WOULD HAVE ADVISED HER NOT TO GO TO WORK THAT
24 DAY.

25 Q. SO, THE DAY YOU SAW HER, SHE WAS NOT ABLE TO GO TO

1 WORK?

2 A. NO.

3 Q. OKAY. BUT BASED ON THE HISTORY YOU'VE GOT WITH MS.
4 CHAMBLEE, SHE WAS GOING TO WORK PRETTY MUCH FULL
5 TIME UNTIL SHE HAD THIS INCIDENT THAT WE'RE TALKING
6 ABOUT?

7 A. UNTIL SHE HAS A WEEK LATER AFTER HER COLD ADMITTED
8 TO THE HOSPITAL.

9 Q. WHAT IF I TOLD YOU THAT MS. CHAMBLEE GAVE A REPORT
10 AT WORK THAT SHE FELT HER ASTHMA HAD BECOME MUCH
11 WORSE THE DAY THIS HAPPENED OR THE DAY AFTER THAT,
12 WOULD THAT CHANGE YOUR OPINION?

13 A. IT WOULD CONFIRM WHAT I JUST TOLD YOU, THAT SHE HAD
14 A PREEXISTING COLD AND I PROBABLY WOULD HAVE
15 ADMITTED HER MYSELF THE DAY BEFORE SHE HAD HER
16 ACCIDENT. SHE ALREADY WAS THAT BAD THAT I WOULD
17 HAVE PUT HER IN THE HOSPITAL THE DAY BEFORE.

18 Q. BUT SHE WAS WORKING THEN.

19 A. PEOPLE DO STUPID STUFF LIKE WORKING THROUGH ASTHMA,
20 THAT'S TRUE. SHE SHOULD NOT HAVE BEEN WORKING,
21 OKAY. WHEN YOU HAVE AN UPPER RESPIRATORY INFECTION,
22 AN ASTHMATIC WITH HER SEVERITY, YOU SHOULDN'T BE
23 WORKING.

24 Q. YEAH, WELL, MS. CHAMBLEE HAD BEEN WORKING FOR THIS
25 FIRE DEPARTMENT FOR OVER 20 YEARS.

1 A. I DON'T KNOW WHY YOU HAVE DECIDED TO BE SO
2 ARGUMENTATIVE. I'M JUST TELLING YOU THAT IN MY
3 OPINION, IN MY OPINION, SHE WAS FAR WORSE THAN SHE
4 REALIZED FOR FAR LONGER.

5 Q. BUT SHE WAS STILL WORKING.

6 A. WELL, SHE SHOULDN'T HAVE.

7 Q. OKAY, BUT SHE WAS STILL WORKING. THAT'S THE HISTORY
8 THAT YOU'VE GOT IN THIS CASE, THAT THIS LADY WAS
9 WORKING THE DAY BEFORE THE INCIDENT AND WAS AT WORK
10 WHEN THE INCIDENT HAPPENED.

11 A. SHE HAS BEEN WORKING THROUGH SEVERE SYMPTOMS, YES.

12 Q. OKAY. AND YOU SAY THERE'S NOT A LOT OF DIFFERENCE
13 BETWEEN HER SPIROMETRY READINGS BOTH BACK IN 2005
14 AND HER SPIROMETRY READINGS THAT SHE HAS NOW?

15 A. CORRECT.

16 Q. THEY'RE BAD BOTH TIMES?

17 A. YES.

18 Q. AND YOU SAY THAT BREATHING IN SMOKE CAN MAKE A
19 PERSON HAVE AN EXACERBATION?

20 A. IT CAN.

21 Q. ALL RIGHT. IF YOU'LL ASSUME FOR THE SAKE OF THE
22 QUESTION THAT MS. CHAMBLEE BREATHED IN SMOKE FOR 30
23 MINUTES TO AN HOUR, HOW CAN YOU SAY THAT DID NOT
24 CAUSE AN EXACERBATION?

25 A. BECAUSE SHE WAS ALREADY IN AN EXACERBATION BUT SHE

1 WAS HAVING A COLD.

2 Q. BUT WOULD YOU JUST AT LEAST GIVE ME THE POINT THAT
3 IT COULD HAVE MADE HER EXACERBATION WORSE?

4 A. I GAVE YOU THE POINT. I JUST SAID IN THE SCHEME OF
5 THINGS -- IN THE SCHEME OF THINGS, WE ADMIT PATIENTS
6 WITHOUT ANY FIRE OR FIRE TRUCK EXPOSURE EVERY DAY,
7 INCLUDING TODAY, WITH EXACTLY THE SAME COMPLAINT OF
8 VIRAL INFECTION AND THEN THEY CANNOT BREATHE, AND
9 THEN THEY'RE WORKING, AND THEY COME IN AND FROM
10 THERE THEY GO TO THE HOSPITAL BECAUSE SOMEBODY LIKE
11 ME WILL REALIZE THEY SHOULDN'T BE WORKING.

12 Q. SO, WHATEVER MS. CHAMBLEE'S CONDITION WAS WHEN SHE
13 WENT TO WORK THE DAY THIS HAPPENED, ---

14 A. RIGHT.

15 Q. --- ARE YOU TELLING ME THAT BREATHING IN SMOKE DID
16 NOT MAKE IT WORSE?

17 A. I'M TELLING YOU THAT IN THE SCHEME OF THINGS, SHE
18 HAD A SEVERE ASTHMA AND VIRAL INFECTION THAT PUT HER
19 IN THE HOSPITAL. THAT IS JUST A COINCIDENCE.

20 Q. BUT ARE YOU SAYING THE SMOKE WAS GOOD FOR HER?

21 A. NO, ABSOLUTELY NOT.

22 Q. AND YOU ALREADY TOLD ME THAT IT'S ONE OF THE THINGS
23 THAT CAN EXACERBATE HER CONDITION.

24 A. INCLUDING WEATHER CHANGES, YES.

25 Q. OKAY. AND WE KNOW THAT SHE FELT WELL ENOUGH TO BE

1 WORKING WHEN SHE GOT IN THE TRUCK TO GO PUT IN THIS
2 SMOKE DETECTOR AND THEY STOPPED TO LOOK AT THIS
3 FIRE.

4 A. I DISAGREE. I THINK SHE ALREADY HAD THE SEVERE
5 EXACERBATION BACK THEN. IT HAPPENS ALL THE TIME
6 WHEN THE PEOPLE COME TO THE DOCTOR AND THE DOCTOR
7 SAYS, "YOU KNOW WHAT, MY DARLING, YOU GOT TO GO TO
8 THE HOSPITAL."

9 Q. WELL, WHY WON'T YOU AGREE WITH ME -- YOU SAY SHE WAS
10 ALREADY BAD OFF TO START WITH?

11 A. YES.

12 Q. WHY WILL YOU NOT AGREE WITH ME THAT SITTING IN A
13 TRUCK BREATHING IN SMOKE FOR A PERIOD OF TIME WOULD
14 MAKE WHATEVER HER CONDITION WAS IN WORSE?

15 **BY MR. GOHEAN:**

16 OBJECT TO THE FORM OF THE QUESTION.

17 **BY THE WITNESS:**

18 WELL, FIRST OF ALL -- FIRST OF ALL, I A HUNDRED
19 PERCENT AGREE WITH YOU THAT BREATHING IN SMOKE, AN
20 ASTHMATIC, IS NOT GOOD, OKAY. I ALREADY TOLD YOU
21 THAT BURNING LEAVES CAN DO THAT, OKAY. WHERE THE
22 ARGUMENT IS, I DON'T KNOW IF IT'S AN ARGUMENT OR A
23 DIFFERENCE OF OPINION, OKAY, I SEE PEOPLE WITH FIRE
24 OR WITHOUT FIRE, OKAY, THEY COME TO MY OFFICE AND GO
25 TO THE HOSPITAL WITHOUT REALIZING HOW BAD THEY ARE.

1 YOU CANNOT RELY ON THE PATIENT TO TELL YOU IF
2 THEY'RE FINE, THEY'RE NOT FINE.

3 EXAMINATION RESUMED BY MR. THOMPSON:

4 Q. BUT WHAT I'M ASKING YOU IS, IF MS. CHAMBLEE WENT TO
5 WORK THAT DAY, WHICH EVERYBODY AGREES SHE DID, AND
6 SHE WAS AT WORK THAT DAY AND SHE BREATHED IN SOME
7 QUANTITY OF SMOKE, WHY DO YOU NOT BELIEVE THAT WOULD
8 HAVE MADE HER CONDITION WORSE GIVEN THE FACT THAT A
9 PERSON CAN HAVE AN EXACERBATION JUST FROM BURNING
10 LEAVES?

11 A. DO YOU KNOW WHAT DAY BECAUSE I DON'T SEE, MAYBE YOU
12 DO, DO YOU KNOW WHAT DAY I SEEN HER FOR THE
13 INHALATION?

14 Q. YOU SAW HER ON MARCH 5TH, 2014, ACCORDING TO YOUR
15 REPORT.

16 A. ON MY -- ON THAT DAY, I WAS MORE PREPARED TO PUT HER
17 IN THE HOSPITAL, OKAY, BUT SHE WASN'T MY PATIENT,
18 OKAY. THERE WAS NOT FIRE, NO NOTHING, SHE WAS
19 TERRIBLE, BUT SHE DIDN'T REALIZE HOW TERRIBLE SHE
20 IS, SHE DOESN'T, OKAY. HER CONDITION'S FAR WORSE
21 THAN SHE UNDERSTANDS, OKAY. SHE DOES NOT UNDERSTAND
22 HOW BAD HER ASTHMA IS, OKAY, AND APPARENTLY THAT'S
23 WHAT HAPPENED TO HER ON THAT DAY. NOW, IN
24 RETROSPECT, PEOPLE HAVE A TENDENCY TO PUT IT ON
25 SOMETHING, OR THAT CAUSED IT, THAT CAUSED IT, SHE

1 WAS PROBABLY TERRIBLE FOR TWO MONTHS OR MORE, OKAY.
2 SHE WAS -- SHE'S A TERRIBLE ASTHMATIC.

3 Q. DO YOU NOT PUT ANY SIGNIFICANCE IN THE FACT THAT
4 THIS LADY WAS ABLE TO WORK UP UNTIL SHE BREATHED IN
5 THE SMOKE?

6 A. I PUT FAR MORE CREDENCE IN 2005 SHE HAD A HORRIBLE
7 LUNG DISEASE, OKAY. THAT WASN'T CAUSED BY FIRE.

8 Q. BUT SHE'S WORKED SINCE 2005.

9 A. YES, AND SHE WAS STEADILY GETTING WORSE AND WORSE
10 AND WORSE AND WORSE AND PROBABLY SHOULD HAVE BEEN
11 BETTER TREATED.

12 Q. BUT SHE WAS STILL WORKING.

13 A. YES.

14 Q. AND SHE CONTINUED TO WORK UP UNTIL THIS DATE IN MAY
15 OF 2011 WHEN SHE BREATHED IN THIS SMOKE, AND SHE
16 HASN'T WORKED SINCE.

17 **BY MR. GOHEAN:**

18 I OBJECT TO THE FORM OF THE QUESTION.

19 **EXAMINATION RESUMED BY MR. THOMPSON:**

20 Q. AND YOU DON'T THINK THE SMOKE HAS ANYTHING TO DO
21 WITH THAT?

22 A. I THINK THE PROGRESSION OF HER ASTHMA, WHICH WAS
23 TERRIBLE, AND THAT FINALLY SHE CAME TO THE HOSPITAL
24 WITH HER EXACERBATION, AND HAVING AN EXACERBATION,
25 IT DOESN'T HELP.

1 Q. DO YOU NOT FIND IT INTERESTING THAT THE ASTHMA
2 BECAME EXACERBATED THE SAME DAY THAT SHE BREATHED IN
3 THE SMOKE?

4 A. NO, I DON'T. SHE HAD IT THE SAME DAY SHE HAD A
5 COLD.

6 Q. THAT'S JUST A COINCIDENCE THEN IS WHAT YOU WOULD
7 HAVE ME BELIEVE?

8 A. I'M NOT TELLING YOU IT'S A COINCIDENCE. I'M TELLING
9 YOU THAT HER ASTHMA WAS MULTIFACTORIAL. AND IN A
10 MULTIFACTORIAL ISSUES, THE VIRAL THAT SHE HAS, VIRAL
11 SYMPTOMS THAT SHE HAS, IS FAR, FAR MORE SIGNIFICANT.
12 WE SEEM TO BE ABSOLUTELY OBLIVIOUS IS THAT SHE HAS A
13 VIRAL INFECTION MOST COMMON CAUSE OF HER
14 EXACERBATION TO ASTHMA AND HOSPITALIZATION OF
15 PEOPLE. YOU SEEM TO BE -- TRY TO SEPARATE, NORMAL
16 VIRAL HAS NOTHING TO DO WITH THAT. THAT IS THE MOST
17 COMMON CAUSE OF PEOPLE IN THE HOSPITAL.

18 Q. BUT ALSO A VERY COMMON CAUSE IS INHALATION OF SMOKE
19 DUE TO BURNING LEAVES AND OR THE ---

20 A. LET'S DO THIS. ONE TO A HUNDRED; POINT ONE MAY BE
21 SMOKING, LEAVES OR SOMETHING, THE MAJORITY OF THESE
22 PEOPLE WITH VIRAL INFECTION, OVERWHELMINGLY, OKAY,
23 IT'S NOT EVEN CLOSE.

24 Q. LET ME ASK YOU THIS QUESTION. LET'S SUPPOSE WE HAVE
25 MS. CHAMBLEE UP HER THIS AFTERNOON ---

1 HOW BAD HER LUNG DISEASE WAS BETWEEN 2005 AND 2011,
2 SHE WAS STILL FUNCTIONING WELL ENOUGH TO WORK, AND
3 THEN AFTER SHE GETS THIS SMOKE, SHE HASN'T WORKED
4 SINCE, ---

5 BY MR. GOHEAN:

6 OBJECTION.

7 EXAMINATION RESUMED BY MR. THOMPSON:

8 Q. --- AND SHE'S BEEN IN A TERRIBLE ---

9 A. IT'S CALLED EXACERBATION. WHAT I'M OBJECTING TO IS
10 TO ASSIGN EXACERBATION TO SMOKING, WHAT HAPPENED,
11 SMOKE EXPOSURE SEVEN DAYS PRIOR TO HER ADMISSION TO
12 THE HOSPITAL, WHERE SHE ALREADY HAS A SIGNIFICANT
13 PROBLEMS AND TERRIBLE LUNG DISEASE. JUST TO ASSIGN
14 ALL OF THAT TO SITTING IN THE TRUCK IS A
15 PREPOSTEROUS LINE OF THOUGHT.

16 Q. EVEN THOUGH BREATHING IN OF SMOKE CAN CAUSE AN
17 EXACERBATION, ---

18 A. I'LL GIVE YOU A DIFFERENT SCENARIO. SOMEBODY COMES
19 TO ME, BEEN IN A FIRE, NEVER HAD ASTHMA, HUNDRED
20 PERCENT NORMAL BREATHING TEST IN 2005, ABSOLUTELY I
21 WILL AGREE WITH YOU, MOST CERTAINLY. THIS IS THE
22 OPPOSITE CASE. THIS IS SOMEBODY WHO HAS A TERRIBLE
23 LUNG DISEASE FOR MANY, MANY YEARS, WHO HAD
24 EXACERBATION, HAPPENED TO BE IN A FIRE, OKAY, OR
25 SOME EXPOSURE TO THE SMOKING FROM A DISTANCE, SEVEN

1 DAYS LATER, NOT ONLY DOESN'T GET BETTER, BUT GETS
2 WORSE AND PUT INTO THE HOSPITAL AND SOMEBODY SAYS
3 "IT'S ALL FIRE," TO ME IT'S PREPOSTEROUS.

4 Q. WELL, LET ME ASK IT THIS WAY. DO YOU THINK -- WOULD
5 YOU AGREE THAT THE EXPOSURE TO THE SMOKE COULD HAVE
6 AGGRAVATED AN ALREADY UNFORTUNATE PREEXISTING
7 CONDITION?

8 A. THAT'S WHAT THE DOCTOR'S IMPLY THAT SMOKING
9 AGGRAVATED HER PREEXISTING CONDITION. AND I'M
10 TELLING YOU, THAT THE MOST COMMON AGGRAVATION OF
11 PREEXISTING CONDITION IS VIRAL INFECTION. AND THE
12 FACT THAT THERE WAS SOME SMOKING SEVEN DAYS PRIOR,
13 OKAY, IT IS ALMOST IMPOSSIBLE TO ASSIGN SIGNIFICANCE
14 TO THAT WHEN WE KNOW THAT SHE HAS A VIRAL INFECTION,
15 AND THAT'S THE MOST COMMON CAUSE OF EXACERBATION.
16 OKAY, NOW, TO ASSIGN A PERCENTAGE EXCLUSIVELY LIKE
17 SOME DOCTORS DO HERE, I WOULD DISAGREE WITH THOSE
18 DOCTORS ASSIGNING JUST BECAUSE SOMEBODY WAS, FROM A
19 DISTANCE FROM THE FIRE, WITH A SEVERE LUNG DISEASE
20 AND HAVE A VIRAL INFECTION, TO ASSIGN ALL THAT TO
21 THIS. BECAUSE THAT'S WHAT THEY'RE DOING. THEY'RE
22 ASSIGNING ALL OF THAT TO EXPOSURE TO SMOKING.

23 Q. ALL RIGHT. WELL, LET ME ASK IT THIS WAY. I ASSUME
24 YOU TOOK IN THE HISTORY, MS. CHAMBLEE'S POSITION,
25 THAT AS SHE WAS SITTING IN THE TRUCK, THE WIND

1 SHIFTED AND THIS TRUCK WAS ENGULFED IN SMOKE AND
2 THAT'S HOW SHE GOT THE SMOKE?

3 BY MR. GOHEAN:

4 I OBJECT TO THE FORM OF THAT QUESTION.

5 BY THE WITNESS:

6 I'M GOING -- I'M GOING TO DISAGREE.

7 EXAMINATION RESUMED BY MR. THOMPSON:

8 Q. LET ME REPHRASE MY QUESTION.

9 A. I'M -- I'M NOT DISPUTING WHAT MY PATIENT TELLS ME,
10 OKAY, I NEVER DO.

11 Q. WHAT DID MS. CHAMBLEE TELL YOU ABOUT THE SMOKE?

12 A. SHE SAID THAT SHE WAS EXPOSED TO -- TO SOME SMOKING
13 THAT WAS COMING FROM THE FIRE WHERE THEY STOPPED TO
14 ASSIST.

15 Q. OKAY. AND YOU AGREE THAT SMOKE FROM FIRE, LEAF
16 FIRES, CAN CAUSE EXACERBATION?

17 BY MR. GOHEAN:

18 OBJECTION.

19 BY THE WITNESS:

20 IT CAN, BUT USUALLY INSTANTLY.

21 EXAMINATION RESUMED BY MR. THOMPSON:

22 Q. WELL, WHAT'S THE LONGEST TIME YOU'VE EVER SEEN IN
23 YOUR PROFESSIONAL EXPERIENCE OF A PERSON THAT HAD
24 EXACERBATION TO SMOKE AND THEN WHEN THEY WENT TO THE
25 HOSPITAL?

1 A. IT VARIES. PEOPLE -- YOU KNOW, IN HER PARTICULAR
2 CASE, SHE SHOULD HAVE BEEN PROBABLY GOING TO THE
3 HOSPITAL DAY BEFORE SHE WAS IN THE FIRE.

4 Q. YOU'VE SAID THAT BEFORE. WELL, I'M ASKING, IN YOUR
5 PRACTICE AND EXPERIENCE, WHAT'S THE LONGEST TIME YOU
6 EVER SAW BETWEEN WHEN A PERSON HAS SOMETHING THAT
7 EXACERBATED THEIR CONDITION AND WHEN THEY ACTUALLY
8 WENT TO THE HOSPITAL?

9 A. SOME GO BY AMBULANCE IMMEDIATELY.

10 Q. BUT WHAT'S THE LONGEST YOU EVER SAW A PERSON WAIT?

11 A. THEY WAIT FOREVER, AND -- AND PEOPLE ARE DIFFERENT.
12 YOU CAN WAIT ---

13 Q. WELL, FOREVER IS A LONG TIME.

14 A. FOREVER -- FOREVER IS NOT A LONG TIME BECAUSE SOME
15 PEOPLE DO -- DO NOT SEEK MEDICAL ATTENTION, BELIEVE
16 IT OR NOT, FOR FIVE MONTHS, SIX MONTHS, ONE YEAR
17 WHEN THEY SHOULD HAVE.

18 Q. OKAY. WELL, MS. CHAMBLEE AT LEAST -- DID SHE
19 EXPLAIN TO YOU THAT SHE ALREADY HAD A DOCTOR'S
20 APPOINTMENT THE FOLLOWING WEEK?

21 A. SHE ALREADY WAS TERRIBLE. YEAH, SHE TOLD ME THAT.

22 Q. BUT AT LEAST SHE WAS WORKING?

23 A. SHE SHOULDN'T BE, BUT SHE WAS.

24 Q. WELL, LET ME ASK YOU THIS QUESTION. LET'S SEE IF
25 THERE'S ONE THING YOU AND I CAN AGREE ON.

1 A. LET'S AGREE ON IT.

2 Q. ALL RIGHT. WE AGREE THAT MS. CHAMBLEE'S ASTHMA WAS
3 BAD BEFORE THE INCIDENT, ---

4 A. WE AGREE ON THAT.

5 Q. --- AND WE AGREE IT'S BAD NOW.

6 A. YES.

7 Q. WE AGREE THAT MS. CHAMBLEE WAS WORKING BEFORE THE
8 INCIDENT, ---

9 A. WE DO.

10 Q. --- AND WE AGREE SHE'S NOT NOW.

11 A. WE DO.

12 Q. OKAY. LET ME SEE IF I HAVE ANYTHING ELSE TO ASK
13 YOU.

14 A. WHAT WE TOTALLY DISAGREE ON IS THAT MS. CHAMBLEE IS
15 NOT WORKING TODAY BECAUSE OF THAT UNFORTUNATE
16 STOPPAGE OF TRUCK. WE TOTALLY A HUNDRED PERCENT
17 DISAGREE ON THAT; YOU UNDERSTAND THAT, RIGHT?

18 Q. I THINK YOU'VE MADE THAT PRETTY CLEAR.

19 A. OKAY.

20 Q. LET ME ASK YOU THIS. IF YOU ASSUME THAT THE
21 EVIDENCE AND TESTIMONY IN THIS CASE SHOWS THAT MS.
22 CHAMBLEE REPORTED WITHIN A DAY AFTER THIS INCIDENT
23 THAT HER CONDITION WAS WORSENERED AND THAT SHE HAD AN
24 INJURY AT WORK, WOULD YOU PUT ANY SIGNIFICANCE INTO
25 THAT, THAT SHE AT LEAST REPORTED IT?

1 A. I WOULD HAVE ADMITTED HER THE DAY BEFORE THE
2 INCIDENT; THEREFORE, WHAT I'M SAYING IS THAT I PUT A
3 SIGNIFICANCE ON EXACERBATION THAT SHE HAD. I DON'T
4 DENY THAT SHE HAD EXACERBATION. I THINK THE
5 EXACERBATION WAS TERRIBLE. I THINK THERE'S A VERY
6 SIGNIFICANT EVIDENCE OF EXACERBATION BEFORE SHE'D
7 BEEN EXPOSED TO FIRE. NOT AFTER, BEFORE. SO TO THE
8 FACT THAT SHE FELT WORSE EVERY DAY, I WOULD
9 ANTICIPATE, YES.

10 Q. DID YOU EVER KNOWN ANYBODY THAT HAD AN EXACERBATION
11 THEN GET SLIGHTLY IMPROVED THEN EXACERBATE AGAIN DUE
12 TO A LATE RESPONSE?

13 A. YES, ALL THE TIME; ASTHMA MUCH WORSE IN THE MORNING,
14 GETS BETTER AS THE DAY PROGRESS, GETS WORSE. YES,
15 THAT'S VERY COMMON FOR ASTHMA TO FLUCTUATE DAY-TO-
16 DAY. SOMEBODY TAKE AN INHALER, FEELS BETTER FOR TWO
17 HOURS. BUT THAT'S SO MISLEADING BECAUSE IT'S NOT
18 ASTHMA GOT BETTER, IT'S THE PATIENT FEELS BETTER
19 SUBJECTIVELY. BUT OBJECTIVELY, IT'S STILL TERRIBLE.

20 Q. BUT YOU HAVE NO RECORD TO SHOW THAT THE -- EXCUSE
21 ME, WHAT DID YOU SAY YOU CALLED A COLD?

22 A. VIRAL UPPER RESPIRATORY INFECTION.

23 Q. YOU HAVE NO EVIDENCE OR INFORMATION TO SHOW THAT THE
24 VIRAL UPPER RESPIRATORY INFECTION THAT MS. CHAMBLEE
25 HAD THE DATE IN QUESTION WAS ANY WORSE THAN ANY

1 OTHER COLD SHE HAD HAD?

2 A. WELL, I HAVE INFORMATION THAT SHE GOT A WEEK LATER
3 IN THE HOSPITAL. THAT'S SUFFICIENT INFORMATION FOR
4 ME TO SAY IT WAS A TERRIBLE INFECTION FOR HER. SHE
5 GOT IT IN THE HOSPITAL.

6 Q. SO, YOU'RE BASING THE SEVERITY OF HER COLD BASED ON
7 THE FACT SHE WOUND UP IN THE HOSPITAL FOR A WEEK?

8 A. SHE MADE AN APPOINTMENT TO SEE A DOCTOR. SHE WASN'T
9 FEELING WELL. SHE WAS USING HER INHALERS. SHE HAS
10 -- YES, OF COURSE. YES, ALL OF THAT IS EVIDENCE OF
11 EXACERBATION. YES.

12 Q. AND YOU SAY THE SMOKE PLAYED NO PART ---

13 A. BEFORE SMOKING, NOT AFTER. NOW, IF YOU TELL ME SHE
14 WAS FINE BEFORE SMOKE, I WOULD NOT ARGUE WITH YOU
15 TODAY. BUT SHE WAS NOT WELL BEFORE SMOKE.

16 Q. BUT YOU'RE SAYING THAT THE FACT THAT SHE HAD THE
17 UPPER RESPIRATORY INFECTION, ---

18 A. ONGOING, YES.

19 Q. --- ONGOING, THE FACT THAT SHE HAS THAT, ---

20 A. YES.

21 Q. --- THEN IF SHE'S EXPOSED TO SMOKE, THAT MAKES NO
22 DIFFERENCE?

23 A. I DIDN'T SAY THAT. I JUST SAID THAT THE MAJOR,
24 MAJOR, MAJOR, PROBLEM FOR PEOPLE WITH HER -- LIKE
25 HER IS UPPER RESPIRATORY INFECTION. NOW, WHEN YOU

1 SAY WELL, SOME PEOPLE HAVE THE DIFFERENT VIRUSES,
2 OKAY, SHE WAS SICK. NOW, WHEN YOU TELL ME, TRY TO
3 ASSIGN ALL OF THAT TROUBLE THAT HAPPENED TO HER TO A
4 30-MINUTE STOP, I FIND IT PREPOSTEROUS.

5 Q. OKAY. WELL, THAT'S WHAT I'M ASKING. SO, YOU'RE
6 SAYING THE EXPOSURE TO SMOKE HAD NOTHING TO DO WITH
7 HER WORSENING CONDITION? YOU'RE SAYING IT HAD
8 NOTHING TO DO WITH IT?

9 A. IF SHE WOULD HAVE GOTTEN SICK ON THE SPOT, CANNOT
10 BREATH, CALLED THE AMBULANCE, I WOULD SAY YOU'RE
11 RIGHT. BUT SEVEN DAYS LATER, IT'S AN UTTER
12 SPECULATION AND UNLIKELY.

13 Q. EVEN IF SHE WENT BACK TO WORK AND REPORTED THAT
14 SOMETHING HAD HAPPENED TO HER?

15 A. YES, SHE HAS A PROGRESSIVE EXACERBATION, IT WAS
16 GETTING WORSE AND WORSE, SHE MADE AN APPOINTMENT TO
17 SEE A DOCTOR, SHE WAS INCREASINGLY USING INHALERS,
18 AND THERE -- AND YES, THE TRUCK STOPPED AT A FIRE IS
19 A RUSE. IT -- SHE WOULD BE IN THE HOSPITAL ONE WAY
20 OR ANOTHER.

21 Q. EVEN THOUGH YOU AGREE THAT SOME PEOPLE GET BETTER
22 AND THEN GET WORSE AFTER AN EXACERBATION?

23 A. I CAN GIVE YOU A HISTORY AFTER HISTORY AFTER HISTORY
24 OF PEOPLE GOING TO THE HOSPITAL AFTER A VIRAL
25 INFECTION WITHOUT ANY FIRE; WOULD THAT HELP YOU?

1 AND IT'S OVERWHELMING HISTORY, OKAY. IT'S SO
2 OVERWHELMING THAT BURNING LEAVES, WEATHER, FIRE,
3 IT'S NOT EVEN ON THE SAME SCALE. THE GREATEST
4 MAJORITY OF THE PEOPLE TODAY IN EVERY HOSPITAL IN
5 THE UNITED STATES OF AMERICA AND EVERY OTHER COUNTRY
6 ARE BECAUSE OF VIRAL INFECTION. THAT'S HOW THAT IT
7 IS. THEY HAD A VIRAL INFECTION BEFORE, OR THEY DID
8 NOT, IT MAKES NO DIFFERENCE.

9 Q. WELL, LET ME ASK YOU THIS WAY.

10 A. PEOPLE ARE IN THE HOSPITAL TODAY WITH ASTHMA
11 OVERWHELMINGLY BECAUSE OF A VIRAL UPPER RESPIRATORY
12 INFECTION. THAT'S A NUMBER ONE CAUSE OF ASTHMA
13 ADMISSION.

14 Q. OKAY. WELL, LET ME ASK YOU THIS QUESTION. WHAT IF
15 I TOOK THESE PEOPLE THAT ARE IN THE HOSPITAL TODAY
16 BECAUSE OF AN EXACERBATION OF ASTHMA ---

17 A. YES.

18 Q. --- DUE TO AN UPPER RESPIRATORY INFECTION, ---

19 A. RIGHT.

20 Q. --- AND SUPERIMPOSED ALL THAT UPPER RESPIRATORY
21 INFECTION AND EXPOSURE TO SMOKE AND BURNING LEAVES.
22 ARE YOU SAYING THAT WOULD MAKE THEM WORSE, BETTER,
23 OR WOULD HAVE NO EFFECT?

24 A. YOU ARE TRYING TO DESIGN A HIGHLY MEDICAL EXPERIMENT
25 THAT NOBODY WOULD AGREE IN THE MEDICAL PROFESSION TO

1 DO. SO GOOD LUCK WITH THAT EXPERIMENT.

2 Q. WELL, I'M NOT SUGGESTING TO DO IT. I'M JUST SAYING

3 ---

4 A. YOU'RE CONSISTENTLY TRYING TO SAY THAT IF SOMEBODY
5 HAD AN EXACERBATION AND YOU MAKE IT WORSE OR YOU DO
6 SOMETHING, THEN THAT EXACERBATION WOULD BE
7 DIFFERENT. THERE'S NO SUCH DATA, OKAY, ON THAT.
8 NOBODY'S GOING TO CONDUCT THE EXPERIMENT THAT YOU
9 SUGGEST.

10 Q. WELL, I'M JUST ASKING YOU, DOES IT NOT REASON THAT
11 IT WOULD MAKE -- THAT IF THEY HAD NOT ONE BUT TWO
12 EXACERBATING -- LET ME FINISH. IF THEY HAD NOT ONE
13 BUT TWO EXACERBATING AGENTS, WOULD THAT NOT MAKE
14 THEIR CONDITION WORSE?

15 A. A MEDICAL EXPERIMENT NEVER BE CONDUCTED. I'M BASING
16 MY JUDGEMENT, A PROFESSIONAL JUDGEMENT, ON -- ON MY
17 PROFESSIONAL EXPERIENCE, ON THE LITERATURE, ON MANY
18 YEARS OF BEING A PULMONOLOGIST. OVERWHELMING NUMBER
19 OF PATIENTS IN THE HOSPITAL, OKAY, ARE LIKE MS.
20 CHAMBLEE, OKAY, WHO HAD A VIRAL INFECTION AND PUT IN
21 THE HOSPITAL. THE INFECTION WAS WORKING -- OR NOT
22 WORKING. MANY ASTHMATIC PEOPLE WORK WHEN THEY
23 SHOULDN'T.

24 Q. WELL, LET ME ASK YOU THIS. HAVE YOU EVER HAD A CASE
25 WHERE A PERSON HAD A COLD OR UPPER RESPIRATORY

- 1 INFECTION AND WAS EXPOSED TO SMOKE AT THE SAME TIME;
2 HAVE YOU EVER HAD A CASE LIKE THAT IN YOUR PRACTICE?
- 3 A. IT'S POSSIBLE, BUT I CAN'T REMEMBER OFFHAND. IF
4 YOU'RE TELLING ME IS SMOKING GOOD FOR YOU, I ALREADY
5 TOLD YOU IT IS NOT.
- 6 Q. I UNDERSTAND. ALL RIGHT, SO, IT IS TRUE THEN THAT
7 YOU'VE NEVER EVER HAD A CASE LIKE THIS?
- 8 A. I CAN'T SAY IT'S TRUE OR NOT. IT'S JUST IMPOSSIBLE
9 TO -- I'D HAVE TO DO A SEARCH ON THE DATABASE. I
10 CAN TELL YOU I HAVEN'T SEEN ONE IN THE PAST NINE
11 MONTHS TO REMEMBER.
- 12 Q. BUT YOU DON'T REMEMBER -- BUT WE'RE SITTING HERE
13 THIS AFTERNOON AND YOU DON'T EVER REMEMBER ONE?
- 14 A. HAVING A COLD AND THE FIRE?
- 15 Q. YES, SIR, YOU DON'T EVER REMEMBER ONE?
- 16 A. NO. NO. NO, I DON'T -- I DON'T REMEMBER SOMEBODY
17 WHO'S WORKING WITH SEVERE COUGH AND SEVERE ASTHMA
18 AND THEN ACCIDENTLY GOT INTO THE FIRE. THAT'S AN
19 UNUSUAL CIRCUMSTANCES; WOULD YOU AGREE?
- 20 Q. WELL, I JUST ---
- 21 A. WELL, I CAN TELL YOU ABOUT USUAL CIRCUMSTANCES,
22 SOMEBODY GET A COLD AND GET ADMITTED. THAT'S A
23 THREE, FOUR PATIENTS A DAY. THIS IS COMMON.
- 24 Q. HAVE YOU EVER HAD A PERSON WHO HAD A COLD AND THEN
25 WAS UNFORTUNATELY INVOLVED IN A HOUSE FIRE? PERHAPS

1 NOT AS A FIREFIGHTER, BUT PERHAPS HAS A CITIZEN.

2 A. I'VE ADMITTED MANY PATIENTS WITH INDUSTRIAL
3 EXPOSURES TO THE HOSPITAL, ABSOLUTELY, WITH ASTHMA
4 PREEXISTING AND WITHOUT.

5 Q. OKAY. BUT I'M TALKING ABOUT SOMEBODY WITH A COLD
6 AND WITH SMOKE EXPOSURE AT THE SAME TIME.

7 A. WELL, YOU'RE TALKING ABOUT INDUSTRIAL EXPOSURES
8 BECAUSE THAT'S MOSTLY WHAT WE DEAL WITH.

9 (INTERRUPTION-TELEPHONE RINGING)

10 BY MR. THOMPSON:

11 PLEASE TAKE YOUR TIME.

12 EXAMINATION RESUMED BY MR. THOMPSON:

13 Q. OKAY. SO, YOU HAVE DONE INDUSTRIAL EXPOSURES
14 BEFORE?

15 A. MANY TIMES, YES.

16 Q. ALL RIGHT. HAVE YOU EVER HAD A CASE WITH AN
17 INDUSTRIAL EXPOSURE WHERE ON TOP OF THAT THE PERSON
18 IN QUESTION HAD EXPOSURE TO SMOKE?

19 A. YES, OF COURSE. I MEAN, I'VE DONE MANY INDUSTRIAL
20 EXPOSURES TO SMOKING, ABSOLUTELY. IF IT WAS A
21 MASSIVE USE -- MASSIVE SMOKE INHALATION AND USUALLY
22 PEOPLE CAN GET -- GET VERY SICK. IT'S NOT LIKE
23 BURNING LEAVES.

24 Q. OKAY. ALL RIGHT, WOULD YOU AGREE THAT IF A PERSON
25 HAS A COLD AND HAS AN INDUSTRIAL EXPOSURE TO SMOKE,

1 THE SMOKE WOULD CAUSE THEIR ASTHMA TO GET WORSE?

2 A. YES, IT'S DIFFERENT CIRCUMSTANCES. IT'S A
3 OVERWHELMING EXPOSURES WE'RE TALKING ABOUT
4 INDUSTRIAL EXPOSURE. IT'S NOT LIKE A TRIVIAL
5 SMOKING EXPOSURE THAT MS. CHAMBLEE HAS DESCRIBED OR
6 BURNING LEAVES. THESE PEOPLE GET -- THESE PEOPLE
7 CAN GET REAL SICK.

8 Q. YOU SAID, "IT'S NOT CAUSED BY A TRIVIAL EXPOSURE."

9 A. IT'S RARELY CAUSED BY A TRIVIAL EXPOSURE. IT'S
10 USUALLY CAUSED BY A SIGNIFICANT EXPOSURE.

11 Q. OKAY. SO, YOU'RE SAYING IF A PERSON HAS A
12 SIGNIFICANT EXPOSURE TO SMOKE AND THEY HAVE A COLD,
13 AND THEN THEY HAVE A SIGNIFICANT EXPOSURE TO SMOKE,
14 THE SMOKE CAN MAKE THEIR ASTHMA WORSE?

15 A. THAT'S WHAT YOU'RE SAYING.

16 Q. NO, ---

17 A. WHAT -- WHAT I'M SAYING IS THAT OVERWHELMING NUMBER
18 OF PATIENTS THAT I ADMITTED TO THE HOSPITAL HAVE
19 JUST COLD AND NO EXPOSURE WHATSOEVER.

20 Q. NO, LET'S GO ---

21 A. PEOPLE THAT HAVE EXPOSURE -- EXPOSURE USUALLY GO TO
22 THE HOSPITAL IMMEDIATELY AFTER SIGNIFICANT EXPOSURE.

23 Q. I KNOW, YOU'VE SAID THAT. BUT YOU JUST NOW SAID
24 THAT IF A PERSON -- IF YOU'VE GOT AN INDUSTRIAL
25 EXPOSURE CASE AND A PERSON HAS AN OVERWHELMING

1 EXPOSURE TO SMOKE, NOT JUST A TRIVIAL EXPOSURE TO
2 SMOKE LIKE MS. CHAMBLEE HAD, IT COULD MAKE THEIR
3 ASTHMA WORSE. ISN'T THAT WHAT YOU JUST SAID?

4 BY THE WITNESS:

5 YOU ASKED THREE QUESTIONS IN ONE. JUST
6 REPHRASE ME YOUR QUESTION SO I CAN UNDERSTAND BETTER
7 ABOUT TRIVIAL EXPOSURE. LEAVE INDUSTRIAL OFF
8 BECAUSE I DON'T -- I'M NOT CATCHING WHAT YOU'RE
9 TALKING ABOUT TRIVIAL EXPOSURE.

10 EXAMINATION RESUMED BY MR. THOMPSON:

11 Q. WELL, YOU'RE THE ONE WHO USED THE PHRASE, NOT ME.

12 A. OKAY. PEOPLE WITH TRIVIAL EXPOSURE CAN HAVE AN
13 EXACERBATION OF ASTHMA. IT'S USUALLY NOT CRITICAL.
14 IT'S USUALLY NOT SIGNIFICANT, USUALLY DON'T GO TO
15 THE HOSPITAL. THEY HAVE INCREASED COUGH, INCREASE
16 INHALER USE AND SO FORTH. PEOPLE WHO GO TO THE
17 HOSPITAL USUALLY HAVE FAR MORE THAN TRIVIAL
18 EXPOSURE.

19 Q. OKAY. BUT DID YOU JUST NOT SAY THAT YOU'VE HAD
20 CASES BEFORE IN YOUR PRACTICE WHERE SOMEONE HAS HAD
21 AN INDUSTRIAL ---

22 BY THE WITNESS:

23 CAN YOU SCALE BACK AND TELL ME WHAT I SAID
24 BECAUSE HE CAN'T TELL ME WHAT I SAID? I DON'T KNOW
25 WHAT I SAID.

1 BY MR. THOMPSON:

2 ACTUALLY, I'D BE GLAD FOR YOU TO DO THAT.

3 BY THE COURT REPORTER:

4 AND YOU'RE LOOKING FOR WHAT AGAIN NOW?

5 BY MR. THOMPSON:

6 WHERE HE SAID, "TRIVIAL," AND THEN GO BACK TWO
7 OR THREE SENTENCES.

8 (COURT REPORTER PLAYS BACK AUDIO)

9 BY THE COURT REPORTER:

10 IS THAT WHAT YOU WERE LOOKING FOR?

11 BY MR. THOMPSON:

12 YES, MA'AM. OKAY, DOCTOR, I'M ALMOST THROUGH.

13 EXAMINATION RESUMED BY MR. THOMPSON:

14 Q. WHERE DO YOU DRAW THE LINE BETWEEN A TRIVIAL
15 EXPOSURE TO SMOKE AND AN OVERWHELMING EXPOSURE TO
16 SMOKE?

17 A. PEOPLE GET SICK VERY, VERY, VERY QUICKLY, ALMOST
18 INSTANTANEOUSLY BECAUSE IT WAS NOT TRIVIAL EXPOSURE.
19 WITH A TRIVIAL EXPOSURE, THEY DON'T KNOW.

20 Q. IF THEY GET SICK DUE TO A SIGNIFICANT EXPOSURE TO
21 SMOKE, DO THEY KNOW IT ALMOST INSTANTLY?

22 A. YES.

23 BY MR. THOMPSON:

24 THANK YOU, THAT'S ALL I HAVE.

25 FURTHER EXAMINATION BY MR. GOHEAN:

1 Q. DOCTOR, DURING THAT, THERE WAS A LOT OF TALK ABOUT
2 AN IMMEDIATE REACTION FROM THE SMOKE VERSES GOING TO
3 THE DOCTOR DAYS LATER, AND I BELIEVE PART OF THE
4 BASIS FOR YOUR OPINION IS THAT HAD THE SMOKE BEEN
5 THE CAUSE OF HER ASTHMATIC AGGRAVATION, SHE WOULD
6 HAVE HAD A MORE IMMEDIATE REACTION; IS THAT CORRECT?

7 A. TRUE, POSSIBLY BEEN TRANSPORTED BY EMERGENCY ROOM TO
8 THE -- TO THE HOSPITAL.

9 Q. IN HER DEPOSITION MS. CHAMBLEE INDICATED SHE WENT TO
10 THE DOCTOR SIX DAYS LATER, OR HOWEVER MANY DAYS
11 LATER, TO AN APPOINTMENT THAT WAS ALREADY
12 PRESCHEDULED?

13 A. RIGHT.

14 Q. WAS THAT YOUR UNDERSTANDING AS WELL?

15 A. YES.

16 Q. SHE DIDN'T GO TO THE DOCTOR SPECIFICALLY BECAUSE SHE
17 WAS HAVING BREATHING PROBLEMS. SHE WENT BECAUSE SHE
18 ALREADY HAD AN APPOINTMENT SCHEDULED?

19 A. CORRECT.

20 Q. OKAY. DURING HER TESTIMONY, SHE ALSO SAID, AND I'M
21 GOING TO QUOTE THIS, ---

22 BY MR. THOMPSON:

23 COULD YOU GIVE ME PAGE PLEASE?

24 BY MR. GOHEAN:

25 ABSOLUTELY. IT'S PAGE 48, THE VERY LAST LINE,

1 AND A LITTLE BIT INTO 49.

2 FURTHER EXAMINATION RESUMED BY MR. GOHEAN:

3 Q. SHE SAID, QUOTE -- AND I APOLOGIZE. THIS IS WHILE
4 SHE'S AT HER DOCTOR AFTER, I THINK, JUNE 1ST. SHE
5 SAID, QUOTE, "AND I'M SITTING THERE AND I SAID,
6 'WELL, WHILE YOU'RE AT IT, YOU MIGHT BETTER LISTEN
7 TO MY LUNGS BECAUSE I THINK I'VE GOT A COLD.'"
8 DOCTOR, YOU TALKED A LOT ABOUT HOW SHE WAS THIS BAD
9 BEFORE THIS FIRE INCIDENT ALREADY?

10 A. RIGHT.

11 Q. OKAY. AND SHE HAS BEEN UNDER TREATED IN THE PAST?

12 A. YES.

13 Q. AND HAD SHE SEEN YOU THE DAY BEFORE THE FIRE, YOU
14 MOST LIKELY WOULD HAVE ADMITTED HER THEN AS WELL?

15 A. YES.

16 Q. OKAY. IS THIS TESTIMONY OF HERS THAT SHE SAID SHE
17 WENT TO THIS APPOINTMENT THAT WAS ALREADY SCHEDULED
18 AND TOLD THEM, "WELL, WHILE I'M HERE, YOU MIGHT AS
19 WELL CHECK MY LUNGS 'CAUSE I'VE GOT A COLD;" IS THAT
20 CONSISTENT WITH YOUR THEORY AS WELL?

21 A. YES.

22 Q. OKAY.

23 A. THIS HAPPENS SO OFTEN TO MANY PATIENTS. ASTHMATICS
24 UNDERESTIMATE THE SEVERITY OF THEIR DISEASE. OKAY,
25 THAT'S WHY WE DO THE SPIROMETRY. THAT'S WHY WE'RE

1 DOING THE BLOWING TESTS AND SO FORTH, BECAUSE
2 ASTHMATICS GENERALLY UNDERESTIMATE THEY'RE SICK,
3 THEY'RE SICK FOR MANY MONTHS. THEY CANNOT SEPARATE
4 THEIR CONDITION. SO YES, THIS IS VERY CONSISTENT
5 WITH HOW ASTHMATICS PRESENT.

6 Q. IF YOU HAVE A WORSE COLD, OR SORRY, WORSE VIRAL
7 INFECTION, IS THAT MORE LIKELY TO CAUSE A WORSE
8 AGGRAVATION OF YOUR ASTHMA, IS THE DEGREE THE SAME?

9 BY MR. THOMPSON:

10 JUST FOR THE RECORD, I OBJECT THE QUESTION, BUT
11 GO AHEAD AND ANSWER.

12 BY THE WITNESS:

13 NOT EVERY VIRUS IS THE SAME. SOME OF THEM ARE
14 VERY, VERY, VERY BAD. OTHERS MORE LESS BAD, AND SO
15 FORTH. IT'S NOT THAT EVERY VIRUS PUTS ASTHMATICS
16 INTO THE HOSPITAL. BUT THOSE WHO ARE IN THE
17 HOSPITAL, OVERWHELMINGLY LIKELY IN THE HOSPITAL
18 BECAUSE OF A VIRAL CONDITION, OKAY. AND NOT
19 NECESSARILY GO TO THE HOSPITAL AFTER VIRUS
20 IMMEDIATELY. IT STARTS WITH EXACERBATION AND THEY
21 LINGER AND LINGER AND LINGER AND LINGER. AND YOU
22 CAN LISTEN TO HISTORY OF MONTHS AGO. BUT IT'S STILL
23 TRACED BACK TO POORLY CONTROLLED ASTHMA THAT STARTS
24 WITH A VIRUS, OKAY. SO IT'S NOT LIKE INSTANT.

25 FURTHER EXAMINATION RESUMED BY MR. GOHEAN:

1 Q. OKAY. SO, THE FACT THAT I BELIEVE SHE TOLD YOU
2 SHE'D HAD A COLD FOR A FEW DAYS, ---

3 A. YES.

4 Q. --- AND I BELIEVE SHE TOLD ME MAYBE ABOUT A WEEK
5 BEFORE THIS FIRE. IS THAT ALSO CONSISTENT WITH HER
6 VIRAL INFECTION AGGRAVATING THIS ASTHMA?

7 A. YES, IT'S VERY CONSISTENT WITH VIRAL INFECTION AND
8 AGGRAVATING ASTHMA, AND IT'S ALSO VERY CONSISTENT
9 WITH SOMEBODY WITH BAD ASTHMA THAT BASICALLY
10 IGNORING SYMPTOMS BECAUSE THEY GOT USED TO THEM.

11 Q. SHE TOLD ME AT HER DEPOSITION SHE HAD A, QUOTE, "
12 REALLY BAD COLD."

13 A. RIGHT.

14 Q. AND I THINK I ASKED THIS BUT I DON'T THINK IT WAS --
15 I DON'T KNOW IF IT WAS ANSWERED, ---

16 A. I APOLOGIZE FOR INTERRUPTING YOU, BUT WHEN PEOPLE
17 SAY "REAL BAD COLD," WHAT THEY REALLY MEAN, "REALLY
18 BAD ASTHMA," OKAY. BECAUSE THEY ASCRIBE IT TO COLD,
19 WHEN IN REALITY, THEIR SYMPTOMS OF ASTHMA GOT BAD.
20 THAT'S WHAT THEY FEEL.

21 Q. SO, THE VIRAL INFECTION IS CAUSING WORSE ASTHMA
22 SYMPTOMS?

23 A. YES, IT'S A CASCADE, OKAY. SO, NOW -- NOW, WHAT
24 THEY REALLY FEEL IS A BAD ASTHMA, BUT THEY ASCRIBE
25 IT TO COLD. THEY'RE NOT DOCTORS, THE PATIENT CANNOT

1 REALLY SEPARATE. BUT FOR US -- FOR US, FOR
2 PULMONOLOGISTS, IT'S THE ASTHMA THAT'S -- IT'S --
3 SHE HAD REALLY BAD ASTHMA. THAT'S WHAT SHE HAD.

4 Q. OKAY. YOU TALKED ABOUT A LOT OF THINGS CAN CAUSE
5 ASTHMA AND EXACERBATIONS: HOT WEATHER, COLD WEATHER,
6 POLLEN, ---

7 A. NO REASONS.

8 Q. --- STORMS, NO REASONS. BUT THERE ARE A LOT OF
9 ENVIRONMENTAL FACTORS THAT COULD ---

10 A. IT COULD BE, BUT -- BUT MOST COMMON ARE VIRAL.

11 Q. RIGHT. AND WHAT I'M GETTING AT IS MR. THOMPSON HAD
12 ASKED YOU THE QUESTION, "HAD YOU EVER HAD A PATIENT
13 WHO HAD A COLD AND WAS EXPOSED TO SMOKE," AND YOU
14 INDICATED IT WAS TOUGH TO REMEMBER THAT. BUT
15 CERTAINLY HAVE YOU HAD PATIENTS COME IN WHO HAVE A
16 COLD AND SOME OTHER SECONDARY EXPOSURE; MAYBE IT'S A
17 HOT DAY AND IT'S ACTING UP, MAYBE IT'S A POLLEN
18 EXPOSURE AND IT'S ACTING UP, MAYBE THERE'S A COLD
19 DAY. DO YOU HAVE PATIENTS LIKE THAT WHERE THERE ARE
20 MULTIPLE I GUESS POTENTIALLY AGGRAVATING FACTORS?

21 A. YEAH, SURE.

22 Q. OKAY. BUT IN YOUR EXPERIENCE, DESPITE ALL THESE
23 ENVIRONMENTAL FACTORS, OR MAYBE A LEAF FIRE AS
24 YOU'VE BEEN SAYING, OR MAYBE A TRIVIAL EXPOSURE,
25 IT'S STILL YOUR OPINION THAT THE VIRAL INFECTION IS

1 ---
2 A. I DON'T KNOW HOW TO ANSWER THE QUESTION BETTER, BUT
3 I'M GOING TO GIVE YOU A SEPARATE EXAMPLE, OKAY. IF
4 SOMEBODY HAS A VIRAL INFECTION AND NO ASTHMA AND
5 BEEN EXPOSED TO SIGNIFICANT INDUSTRIAL SMOKING AND
6 GOT INTO THE HOSPITAL, I WOULD -- I WOULD IGNORE A
7 VIRAL INFECTION, NOT INHALATION. IT'S AN OPPOSITE
8 SCENARIO, OKAY, BECAUSE IT'S APPARENTLY THAT'S
9 SOMEBODY WHO HAS A COLD, SORE THROAT AND SO FORTH,
10 OKAY, AND THEN THEY'RE EXPOSED TO THE MASSIVE
11 INDUSTRIAL SMOKE AND INHALATION AND END UP IN THE
12 EMERGENCY ROOM, I WOULD IGNORE A VIRAL INFECTION,
13 NOT WITH SMOKE AND INHALATION. THIS IS OPPOSITE.
14 SHE HAD A BAD, BAD ASTHMA AND TRIVIAL EXPOSURE, AND
15 SEVEN DAYS LATER SHE WENT TO THE DOCTOR AND GOT
16 ADMITTED. I WOULD HAVE ADMITTED HER EIGHT, NINE
17 DAYS LIKELY BEFORE THAT. TO ATTRIBUTE IT TO
18 SMOKING, AS I SAID IN NORMAL MEDICAL LANGUAGE, IS
19 PREPOSTEROUS. NOW, ARE PEOPLE ENTITLED TO THEIR
20 OPINION, OF COURSE, THAT'S WHY WE HAVE ARBITRARY
21 SYSTEM IN ORDER TO FIND OUT JUST THAT, WHAT OPINION
22 HAS MORE CREDIBILITY, OKAY. BUT TO ME, TO ASCRIBE
23 TO SOMEBODY WHO HAD SUCH A TERRIBLE ASTHMA AND HAD
24 BEEN SO SICK, TO SITTING IN A TRUCK AND BE IN THE
25 HOSPITAL SEVEN DAYS LATER, AND THEN CONTINUE TO HAVE

1 TERRIBLE ASTHMA TO THAT EPISODE, I FIND IT
2 IMPOSSIBLE.

3 Q. IF YOU'LL BEAR WITH ME REAL QUICK, DOCTOR.

4 A. MOST CERTAINLY PEOPLE ARE ENTITLED TO THEIR
5 OPINIONS. THAT'S WHY WE CALL IT "OPINION."

6 Q. DOCTOR, THIS RECORD WAS IN THE RECORDS THAT WAS
7 PROVIDED TO YOU, BUT I JUST WANT TO ASK YOU A QUICK
8 QUESTION ABOUT IT. IT'S AN AUGUST 25TH, 2010,
9 RECORD FROM DR. GREGG SEYMOUR. AND I'LL SHOW IT TO
10 YOU.

11 BY MR. GOHEAN:

12 AND I'M GOING TO MARK THIS AS DEFENDANT'S TWO.
13 (COURT REPORTER MARKS DOCUMENT DEFENDANT'S EXHIBIT NUMBER
14 TWO, ATTACHED)

15 FURTHER EXAMINATION RESUMED BY MR. GOHEAN:

16 Q. OKAY. AND THIS IS THE AUGUST 25TH, 2010. SO, THIS
17 IS ROUGHLY NINE MONTHS I GUESS BEFORE THIS INCIDENT.

18 A. OKAY.

19 Q. AND YOU SEE HERE THAT SHE WAS HAVING INCREASING
20 SHORTNESS OF BREATH AND CHRONIC COUGH, AND SHE WAS
21 SUFFERING FROM A CHRONIC COUGH FOR THE LAST SIX
22 MONTHS. AND THE DOCTOR NOTED LONGSTANDING HISTORY
23 OF ASTHMA BUT IT WAS WELL CONTROLLED UNTIL TWO YEARS
24 AGO AT THIS POINT?

25 A. YES.

1 Q. OKAY. IS THIS INCONSISTENT WITH I GUESS HER
2 IMPRESSION THAT IT WAS WELL CONTROLLED UNTIL THIS
3 INCIDENT, THIS FIRE INCIDENT?

4 A. YEAH, IT IS INCONSISTENT. BUT LET ME CLARIFY MY
5 ANSWER AND CLARIFY IT FOR POSSIBLE FUTURE ANSWER.
6 YOU CANNOT RELY ON THE PATIENT FOR ASSESSING THEIR
7 ASTHMA CONTROL; THEY'RE NOTORIOUSLY TERRIBLE, OKAY.
8 THEY COME IN AND TELL YOU, "I FEEL OKAY." WHY THEY
9 SAY THEY FEEL OKAY, BECAUSE THEY GOT USED TO NOT
10 BEING OKAY. AS IN THE CASE THAT SHE TOLD DR. GREGG
11 SEYMOUR FOR TWO YEARS. THEY GET ADJUSTED TO THE NEW
12 BASELINE-OKAY. SHE'S NOT OKAY. THIS IS A HORRIBLE,
13 HORRIBLE ASTHMATIC, OKAY. AND EVEN WHEN SHE TOLD
14 DR. SEYMOUR UNTIL TWO YEARS AGO, IT COULD HAVE BEEN
15 TWO, FOUR YEARS AGO, PATIENT'S NO GOOD IN THAT.
16 REALLY BAD.

17 Q. OKAY. SO, AGAIN, SHE WAS BEING UNDER TREATED?

18 A. SHE WAS.

19 BY MR. GOHEAN:

20 OKAY. DOCTOR, I DON'T HAVE ANYMORE QUESTIONS.

21 THANK YOU.

22 BY MR. THOMPSON:

23 I HAVE JUST A FEW MORE.

24 FURTHER EXAMINATION BY MR. THOMPSON:

25 Q. YOU USED A WORD "CASCADE" JUST A FEW MINUTES AGO.

1 A. YES.

2 Q. TELL ME WHAT THAT IS AND WHAT THAT MEANS IN THE
3 PULMONARY AND ASTHMA TREATING SITUATIONS.

4 A. WELL, IMMEDIATE ALLERGIC CASCADE IS BASICALLY LEAD
5 TO THE IMMEDIATE REACTION. THERE'S A DELAYED
6 CASCADE, SCIENTIFICALLY THEY CAN LEAD UP TO SIX TO
7 EIGHT HOURS REACTION. IN ASTHMATICS WHO HAVE
8 ALLERGIC REACTION TO SOMETHING, THEY CAN BASICALLY
9 DEVELOP SEVERE BRONCHO SPASM WITHIN MINUTES OF SOME
10 FOOD AND SO FORTH. THAT'S ONE CASCADE. THERE'S A
11 DELAYED CASCADE, SIX TO EIGHT HOURS. NOW, SEVEN
12 DAYS -- SEVEN DAYS, SHE JUST HAD A BAD ASTHMA, OKAY,
13 AND WAITED TOO LONG. THAT'S WHY SHE GOT ADMITTED.
14 SHE COULD HAVE BEEN ADMITTED DAY BEFORE, TEN DAYS
15 BEFORE, AFTER THE SMOKE INHALATION, BEFORE SMOKE
16 INHALATION. THIS IS A WOMAN THAT HAD A TERRIBLE,
17 TERRIBLE ASTHMA, AND SHE WASN'T WELL CONTROLLED.
18 THAT'S WHAT SHE HAD.

19 Q. BASICALLY WHAT YOU SAID BEFORE?

20 A. MANY TIMES.

21 **BY MR. THOMPSON:**

22 OKAY, THAT'S ALL I HAVE.

23 (THERE BEING NO FURTHER QUESTIONS, THIS DEPOSITION WAS
24 CONCLUDED AT THE HOUR OF 4:10 P.M.)

25

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1107022

EMPLOYEE/CLAIMANT: SANDY CHAMBLEE

EMPLOYER: ANDERSON COUNTY FIRE DEPARTMENT

INSURER: STATE ACCIDENT FUND

I, SHEILA SMALL, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING 64 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING DEPOSITION OF GREGORY J. FELDMAN, M.D. TAKEN ON THE 20TH DAY OF OCTOBER, 2014.

THAT THE WITNESS WAS DULY PLACED UNDER OATH AND ADMONISHED TO SPEAK THE WHOLE TRUTH. THAT THE ORAL DEPOSITION WAS DULY TAKEN AND TRANSCRIBED AS TO THE QUESTIONS PROPOUNDED AND THE ANSWERS GIVEN.

THAT ALL THE OFFERED EXHIBITS, STIPULATIONS AND OBJECTIONS, IF ANY, INVOLVED IN THIS CASE ARE DULY ATTACHED OR INCLUDED HEREIN.

IN WITNESS WHEREOF, I HAVE SET MY HAND THIS 30TH DAY OF OCTOBER, 2014.

SHEILA SMALL
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 3/20/2019

* THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.

State of Georgia)
)
County of Elberton) Statement Glenn S. Poon, M.D.

My name is Glenn S. Poon and I am a physician at the Medical Center Elberton, LLP.

I have reviewed the past history for Sandy Chamblee's timing of exposure to smoke inhalation which is attached.

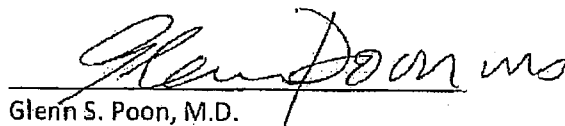
I am aware that prior to May 24, 2011, Sandy had a long standing history of asthma, however it was reasonably well controlled to the extent that she was able to be employed full-time.

I am aware that between Sandy's visit in my office on June 1, 2011 and her visit prior to that, her condition was much worse, which necessitated a stay in the Elberton Hospital from June 1, 2011 until June 10, 2011. When I saw Sandy on June 1, 2011, her condition was such that hospitalization was medically necessary.

I can state that to a reasonable degree of medical certainty that Sandy's exposure to smoke as described in the attachment most probably caused an aggravation of her prior asthmatic condition to the extent that she was not able to pursue full-time work and would have great difficulty with activities of daily living as of the last time I saw her in the summer of 2011.

I have not followed Sandy's progress since the summer of 2011.

In witness hereof, I have set my hand and seal this First day of August, 2014.


Glenn S. Poon, M.D.

1. Sandy Chamblee as of May 24, 2011 was a 48 year old female.
2. As of the date in question, Sandy had worked for the Anderson County Fire Department for approximately 23 years. At one time, she was a firefighter, but for the past four years prior to the date in question, she had taught classes, performed fire inspections, and engaged in other work activities not related to fighting fires and not involving any contact with smoke.
3. On May 25, 2011, Sandy and other employee, Larry Greer, Jr. were on route to a citizen's home to install a fire detector. While on route to this location, they noticed a grass fire at another location. Larry Greer, Jr., being an active firefighter at the time, drove Sandy and himself to the site of the fire in an Anderson County Fire Department vehicle. When they came to the fire scene, the vehicle in which Sandy was a passenger left the road and parked in three separate locations. The first location was not in the immediate vicinity of the fire and the wind was blowing the smoke away from where Sandy was located. On the other two locations where the vehicle was parked off the roadway, Sandy was exposed to smoke from a grass fire, which she estimates was approximately 30 minutes to an hour. During this period of time, Larry Greer, Jr. was out assisting in the fighting of the fire and was not in the truck with Sandy. During this period of time, Sandy was in the County vehicle with the motor running and the air conditioner on attempting to get the smoke out of the truck. She also wrapped some type of fabric around her nose. This was not totally successful and she inhaled a quantity of smoke during this experience.
4. That after this episode Sandy went on home that day from work feeling bad and somewhat short of breath because of the exposure of the smoke. She also had a cold that day.
5. That after May 25, 2011, Sandy continued to feel worse over the next several days. She did not miss any time from work, but was not otherwise feeling well.
6. On June 1, 2011, Sandy went to see Dr. Poon in Elberton, Georgia. She had seen him three weeks earlier for a physical. This physical was not required by Sandy's job, however her mother, Mr. Maureen Chamblee has encouraged her to have a physical, so she made arrangements with Dr. Poon for the physical and saw him again as stated, on June 1, 2011 to get the result.
7. While Sandy was in Dr. Poon's office, her condition worsened and he was sufficiently concerned about her condition that he had her admitted in the Elberton Hospital. She stayed there for approximately ten days and was released on June 10, 2011. She later continued to have difficulty and was seen at the Anderson Area Medical Center as an inpatient from June 15, 2011 through June 18, 2011.

8. Sandy was not using nose oxygen prior to May 25, 2011, other than for breathing treatments. It was not necessary for her to have oxygen for activities of daily living and she did not require oxygen while performing the duties of employment from Anderson County Fire Department.
9. That after her release from Anderson Area Medical Center on June 18, 2011, her breathing system was severely comprised and she has been on oxygen delivered by nose cannula ever since June 1, 2011.
10. She has since retired on disability from the Anderson County Fire Department and has been drawing retirement from the State Retirement System and has applied for social security disability and was immediately approved.

CHAMBLEE, SANDY

08/25/2010

CPSM#

REFERRING PHYSICIAN: Z. Gregg Seymour, M.D.

INITIAL PULMONARY CONSULTATION

CHIEF COMPLAINT AND REASON FOR THE CONSULT: Dyspnea on exertion and chronic cough.

HISTORY OF PRESENT ILLNESS: The patient is a pleasant 47-year-old female with few medical problems including reflux esophagitis, seasonal allergy, and history of asthma, is here to see me for increasing shortness of breath and chronic cough. The patient has been suffering from chronic cough for the last 6 months. She has a longstanding history of asthma, but it was well controlled until 2 years ago. For the last 2 years, she has been having trouble with cough, sputum production, etc. The patient has nebulizer machine and she uses the nebulizer treatment (aerosols 3 to 4 times a day). Currently, also receiving allergy shots on a regular basis. Still continues to have persistent cough. Sputum production has been noted for the last 6 weeks. No hemoptysis present. Two pillow orthopnea present. Nocturnal attacks of wheezing present.

No complaints of runny nose or sinus congestion now, but suffers from it periodically. She has no recent travel history. No history of exposure to any unusual chemicals, fumes, dust, etc. No pleuritic type of chest pain. The patient has been diagnosed to have sleep apnea and was using the CPAP machine, but currently uses it only a few nights in a week. She has no significant daytime sleepiness or tiredness.

REVIEW OF OTHER SYSTEMS: Constitutional: No fever, no chills. Weight loss present and has lost about 80 pounds within the last one and half years. Cardiovascular: No chest pain suggestive of cardiac etiology present. No pedal edema, no PND, no syncope, no dizziness. Respiratory: As mentioned above. Gastrointestinal: No nausea, no vomiting, no altered bowel habits. Symptoms of reflux esophagitis present. Genitourinary: No polyuria, no pyuria. Neurological: No headache, no gait disturbances, no focal neurological deficit.

PAST MEDICAL HISTORY:

1. Asthma.
2. Allergic rhinitis.
3. Sinusitis.
4. Sleep apnea.

SOCIAL HISTORY: Not a smoker, not an alcoholic. No history of any other illicit drug abuse.

PAST SURGICAL HISTORY:

1. Tonsillectomy.

DEFENDANT'S
EXHIBIT

Dr. Feldman
10-20-14 2

Page 2

2. Lap-Band surgery.
3. C-section.
4. Hysterectomy.

FAMILY HISTORY: No one in the family suffers from any sleep related problems.

OCCUPATIONAL HISTORY: She works as a fire marshal.

ALLERGIES: NKDA.

MEDICATIONS: Reviewed and updated.

PHYSICAL EXAMINATION:

VITAL SIGNS: Temperature: Afebrile. Vital signs stable. The patient is not in any acute distress. Blood pressure 138/83. Weight is 216 pounds.

HEENT: Unremarkable except for mild narrowing of the oropharynx.

LUNGS: Wheezing noted bilaterally.

HEART: S1, S2 heard. No murmur, no gallop.

ABDOMEN: Soft. Bowel sounds present. No organomegaly.

EXTREMITIES: No cyanosis, no clubbing, no pedal edema.

NEUROLOGICAL: No focal neurological deficit.

INVESTIGATIONS: A 6-minute walk test reveals the patient was able to walk up to 72% of the predicted distance, minimal desaturation is noted to 92%.

Pulmonary function tests showed FEV1 is 1.28, which is 46% of prediction. FVC is 1.82, which is 54% of prediction. FEV1/FVC is 71, this indicates severe obstructive airways disease. RV is 1.78, which is 147% of prediction. RV/TLC is 187% of prediction. DLCO/VA is 122% of prediction.

CT scan of the chest done on July 13, 2010 was unremarkable. Fatty infiltration of the liver noted.

FINAL IMPRESSION AND PLAN:

1. Chronic persistent asthma: The patient is a pleasant 47-year-old female with longstanding history of asthma, here for initial evaluation. The patient is using nebulizer treatments regularly and despite this having significant dyspnea. Currently, also has bronchitis and has asthma exacerbation. We will start the patient on prednisone 10 mg for a 10 day course. Also we will give Levaquin 500 mg once a day for 7 days, Singulair 10 mg once a day started. The patient to be on Pulmicort aerosols 0.5 mg unit dose q.12 h. along with Brovana one unit dose q.12 h. Combivent inhaler to be used on a p.r.n. basis.

Page 3

2. Sleep apnea. The patient has lost significant amount of weight, this may be the reason she is not able to tolerate CPAP treatment. Once chronic cough and asthma symptoms are well controlled, we will readdress the CPAP titration.

Thank you for allowing me to participate in the care of this patient. I will see the patient in 4 to 6 weeks.

Gowdhami Mohan, M.D.

GM/DTI/user9mt X113904

cc: Z. Gregg Seymour, M.D.

WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

GREENVILLE CHARLESTON COLUMBIA CHARLOTTE RALEIGH ATLANTA

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Fax (864) 373-7060
lgohean@wjlaw.net

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Greenville, SC 29607
www.wjcbllaw.net

October 27, 2014

The Honorable Gene McCaskill
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Re: Sandy Chamblee vs. Anderson County Fire Department
WCC File No.: 1107022 DOI: 5/26/2011
Carrier: State Accident Fund - Claim No.: 2011-1885
WJC&B File No.: 0385.01033

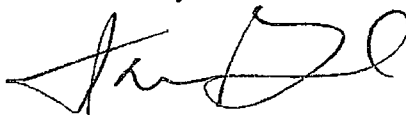
Dear Commissioner McCaskill:

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 Richard E. Thompson, Jr., claimant's counsel.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.



Ian C. Gohean

ICG/kjb

Enclosures

cc (w/enclosures): Richard E. Thompson, Jr., Esquire
Ms. Cheryl Bennett (via e-mail)



Claimant's Name: Sandy Chamblee Employer's Name: Anderson County Fire Department
Address: 600 Whit Chamblee Road Address: 210 McGee Road
City: Starr State: SC Zip: 29684 City: Anderson State: SC Zip: 29625
Home Phone: _____ Work Phone: (864) 352-3997 Carrier: State Accident Fund
Preparer's Name: Ian C. Gohean Preparer's Phone #: (864) 272-2664

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$504.35 2. AWW: \$756.49 Date of Injury: 5/26/2011
3. Type of injury and body part(s): Claimant alleges an aggravation of her preexisting asthma condition. Defendants deny the claim.
4. Facts in controversy: **Claim Overview**

Claimant was diagnosed with asthma when she was six weeks old, and she continued to suffer from problems with asthma throughout her life. Claimant also has a history of allergy problems, sinus problems, anxiety, sleep apnea, and obesity. On 5/26/11, Claimant and a coworker, Larry Greer, Jr., were driving to a residence to install smoke detectors. On the way, they noticed a grass fire, and they stopped to assist. Claimant stayed in the running vehicle while Mr. Greer assisted firefighters on the scene. Claimant alleges she was exposed to smoke while she sat in the truck, and she alleges this brief exposure permanently worsened her preexisting asthma condition.

Medical Records prior to 5/26/11

Claimant testified during her deposition that her asthma was well controlled prior to 5/26/11, and that her asthma was not worsening or changing in the years leading up to 5/26/11. However, she was referred by her PCP for a pulmonary consultation in 2010, and on 8/25/10 (9 months before the alleged incident), Claimant presented to Dr. Gowdhami Mohan for an initial pulmonary consult. Dr. Mohan's narrative indicates the following:

[She] is here to see me for increasing shortness of breath and chronic cough. The patient has been suffering from chronic cough for the last 6 months. She has a longstanding history of asthma, but it was well controlled until 2 years ago. For the last 2 years, she has been having trouble with cough, sputum production, etc. The patient has a nebulizer machine and she uses the nebulizer treatment (aerosols 3 to 4 times a day). Currently, also receiving allergy shots on a regular basis. Still continues to have persistent cough. Sputum production has been noted for the last 6 months.

Dr. Mohan diagnosed a severe obstructive airways disease based on Claimant's pulmonary function tests, and he noted Claimant to be "using nebulizer treatments regularly and despite this having significant dyspnea." Claimant was prescribed prednisone, Levaquin, Singulair, Pulmicort aerosols, Brovana, and a Combivent inhaler.

Alleged Incident

Claimant and Larry Greer, Jr. stopped to assist other firefighters at a grass fire on 5/26/11. Claimant remained in the car on account of the cold symptoms she was already experiencing, and when Larry returned, they continued on to a residence to install smoke detectors for a woman who could not install them herself.

Medical Records after 5/26/11

Claimant sought no immediate medical attention following the alleged smoke exposure. Claimant was already scheduled to visit her PCP, Dr. Glenn Poon, on 6/1/11, to review lab work which had been drawn at a prior visit. On 6/1/11, Claimant presented to Dr. Poon, and Dr. Poon's narrative indicates: "with asthma attacks **since one month ago and is getting a lot worse.**" (emphasis added) Dr. Poon also noted the presence of nasal congestion, a runny nose and a cough. There is not a single mention of the alleged smoke exposure in Dr. Poon's narrative.

Dr. Poon admitted Claimant into Elbert Hospital on 6/1/11, and she remained hospitalized for 10 days. Again, there is not a single mention or notation of the alleged smoke exposure in the records from Claimant's 10 day hospital stay. Instead, the hospital records indicate: "long history of asthma problems in the past. According to her she started to have some attacks in between now **for about a month or so** and it got to the point it was getting a lot worse in the past several days." (emphasis added) The records further note there was "no acute" event.

Claimant returned to her pulmonologist, Dr. Mohan, on 6/15/11, and Dr. Mohan's narrative indicates: "OCCUPATIONAL HISTORY: Currently is employed. **No history of exposure to any unusual chemicals, fumes, dust, etc.**" (emphasis added) Again, there is absolutely no mention of the alleged smoke exposure in this record.

In fact, there is absolutely no mention of the alleged smoke exposure in any medical record until December of 2012, when Claimant was referred by her attorney to Dr. Michael Spandorfer in Charleston. For reasons unknown to Defendants, Claimant apparently ceased treating with Dr. Mohan, her pre- and post-accident pulmonologist, in favor of treating with a pulmonologist in Charleston, more than 3.5 hours from her home. There is no causation opinion from Dr. Mohan, despite the fact that he treated Claimant before, and directly after the alleged exposure.

Claimant's Respiratory Infection / Cold

Claimant suffered from a severe cold (respiratory infection) for many days prior to the alleged smoke exposure, and if there was any permanent aggravation of her underlying condition, it was far more likely to have been caused by the respiratory infection rather than any minor smoke exposure.

When Claimant presented to Dr. Poon on 6/1/11 for the pre-scheduled appointment, Claimant told the doctor: "Well, while you're at it, you might better listen to my lungs because I think I've got a cold." (CI's Depo., pp. 48-49)

Claimant further testified at her deposition: "I said, 'well, don't park in the fire, because I have a cold.' 'Cause I had a really bad cold, and any time I've got a cold, I don't go near a fire because if I've got a cold, it ain't good with me and

a cold and my asthma." (Depo., p. 44)

"I get to the fire department, and I was telling them, I said, 'I've got a cold. I think I'm going to go home early because I've done got sick. I'm real - my head is killing me.'" (Depo., p. 47)

During her deposition, Claimant testified she had to leave work early on the date of the accident, or on the day after the accident, because her asthma symptoms had flared up on account of the smoke exposure. However, Claimant's signed attendance records indicate she only worked a half day on the date of the alleged accident *so that she could attend her son's school field day.*

Testimony of Dr. Gregory Feldman

Dr. Feldman testified that upper respiratory infections (colds) are responsible for the overwhelming majority of patients admitted to the hospital for asthma exacerbations. Dr. Feldman testified that Claimant's asthma condition has been severely under-treated for many years. He testified there is no objective evidence to indicate that Claimant's asthma condition has been worsened, and he testified that Claimant should already have been admitted to the hospital before the alleged exposure on 5/26/11.

Dr. Feldman testified that the exposure to smoke on 5/26/11 did not cause or contribute to Claimant's asthma condition. He testified that, if the smoke exposure had aggravated her asthma, she would have had an immediate bronchospasm and reaction, and she would most likely have required immediate medical attention.

When asked whether it was more likely that the respiratory infection or the smoke exposure would have caused an aggravation in Claimant's asthma, Dr. Feldman testified the probability was 99.9% that the asthma exacerbation was caused by Claimant's respiratory infection, and .1% that the exacerbation was caused by an alleged smoke exposure.

When Dr. Feldman's deposition is read in its entirety, the evidence plainly establishes that even if Claimant suffered a permanent aggravation of her underlying asthma condition during the week of May 26, 2011, it was caused by her weeklong respiratory infection.

Defendants' Position

The preponderance of the evidence does not support Claimant's contention that her asthma was permanently worsened due to a minor smoke exposure on 5/26/11. Instead, a review of the evidence makes clear that Claimant's asthma condition was severe and under-treated for many years, and it was worsening in the years leading up to her hospitalization. Even assuming a worsening of her condition in May of 2011, it was related to the natural progression of her underlying condition, or it was caused by the severe respiratory infection she suffered from during the week leading up to her hospitalization. Defendants request that Claimant's claim for benefits be denied in its entirety.

5. Legal issues involved: See No. 4, above. Also, S.C. Code Ann. §§ 42-1-160, 42-15-60, 42-9-35
6. Unusual aspects: Defendants reserve the right to and may move to either postpone or adjourn the scheduled hearing to exercise due process rights afforded by law to cross examine, respond to, and otherwise oppose evidence presented by the claimant.
7. Witnesses (designate if expert):* Employer Representative; Tim Dickson; Larry Greer, Jr.; Jimmy Sutherland
3. Exhibits: Claimant's Employment/Personnel File; Payroll Records; Deposition of Claimant; Deposition of Dr. Gregory Feldman; Deposition of Dr. Michael Spandorfer; Claimant's Facebook page/posts/timeline/pictures/videos; Posts and Pictures from Facebook page of "The Ethan Show" pertaining to Claimant's son; Starr Elementary School Events Calendar; Starr Elementary School Facebook post from 5/21/11; Claimant's May 2011 attendance records from the Employer; Written and Signed Statements of Tim Dickson and Larry Greer, Jr.;
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: N/A
11. Impairment rating(s); body part(s); physician and date of opinion: N/A
12. I am amending my Form 50/51 in the following manner: N/A

☐ **Mediation**

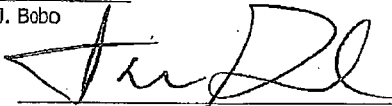
- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

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

I certify that I have served this document pursuant to R.67-212 by delivering a copy to: Richard E. Thompson, Jr., 300 S. Tower Street, PO Box 14230, Anderson, SC 29624 and Gene McCaskill, P.O. Box 1715, Columbia, SC 29202-1715 on the 27th day of October, 2014, by ☒ first class mail ☐ personal service ☐ certified mail.


Certifier, Kellie J. Bobo

Signature: 
Ian C. Gohean, Willson Jones Carter & Baxley, P.A.

Email: icgohean@wjlaw.net

Date of hearing: 11/6/2014

Time needed for hearing: 2 hours

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. 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 expert witnesses at hearings.

CC Form # 58
Revised 7/13

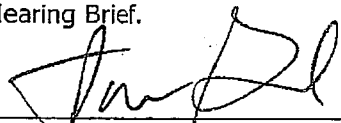
58

PRE-HEARING BRIEF

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.

A handwritten signature in black ink, appearing to read 'Ian C. Gohean', written over a horizontal line.

Ian C. Gohean
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, SC 29607

October 27, 2014

November 6, 2014
(hearing date)

South Carolina Workers' Compensation Commission

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

WCC File # 1107022

Carrier File # 2011-1885

Carrier Code #

Employer FEIN

Sandy Chamblee 249-06-2253

Claimant's Name SSN

600 Whit Chamblee Road, Starr, SC 29684

Address City State Zip

(864) 352-3997

Home Phone

Work Phone

Ian C. Gohean

872 S. Pleasantburg Drive, Greenville, SC 29607

(864) 272-2664

Preparer's Name

Address

Phone #

Anderson County Fire Department

Employer's Name

210 McGee Road, Anderson, SC 29625

Address City State Zip

State Accident Fund

Insurance Carrier

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
 RICHARD E. THOMPSON, JR., 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:

<u>NAME OF PHYSICIAN/OTHER</u>	<u>DATE OF REPORT</u>	<u>PAGE</u>
10. Duke Medicine	05/20/1969 – 07/12/1976	200-219
11. Medicus Surgery Center	05/13/1996 – 05/07/2013	220-258
12. AnMed Health	07/07/2004 – 09/20/2012	259-292
13. AnMed Health Sleep Diagnostics	08/10/2005 – 08/26/2005	293-296
14. Carolina Cardiology Consultants	10/16/2008	297-299
15. Anderson Area Cancer Center	11/26/2008 – 12/02/2008	300-302
16. Anderson Psychiatry and Psychotherapy	04/11/2011 – 01/13/2014	303-366
17. The Medical Center of Elberton	09/28/2011 – 05/14/2012	367-369
18. Carolina Lung Associates, P.A.	08/16/2013	370
19. Piedmont Arthritis Clinic	02/20/2014 – 03/21/2014	371-378
20. Upstate Lung and Clinical Care Specialists	03/05/2014 – 03/07/2014	379-386

EXHIBITSPAGE

A. Written and Signed Statements of Tim Dickson and Larry Greer, Jr.	A1-A2
B. Claimant's May 2011 attendance records from the Employer	B1
C. Claimant's Facebook page/posts/timeline/pictures/ videos	C1-C11
D. Posts and Pictures from Facebook page of "The Ethan Show" pertaining to Claimant's son	D1-D8
E. Starr Elementary School Events Calendar	E1
F. Starr Elementary School Facebook post from 05/21/2011	F1

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



Scan on 3/20/2014 3:33 PM (below)

FORM
M-02

DUKE UNIVERSITY MEDICAL CENTER

ALL PURPOSE FORM

R.P. Dr. Samuel R. Montford, Jr.
107 Calhoun St.
Anderson, S.C.

"Sandy"
CHAMBLEE, Sandra L.
63 716
Parents-

5-20-69 6 1/2 y.o. white girl
Fundus (BD- 12-27-62)
Rough CC: - Sick all winter.

Mother dates this child's difficulties back to age 2 weeks when she developed a prolonged cold with fever which required antibiotics and office visit. The Mother's pregnancy, the labor, the delivery, and the hospital nursing course were completely normal. She has no resp distress, no cyanosis and no jaundice. She was begun on Excerpted (Carnation) milk which she tolerated along with the gradually added solid foods. She received her immunizations without incident.

At 4 months of age (March), she began having fever, malaise, anorexia and some cough - no wheezing. She was hospitalized with a presumptive diagnosis of meningitis. An LP was normal and she was discharged a day later with a diagnosis of pneumonia which was treated and resolved at home. Through the spring, summer and early fall, she



had no more deep disease but had several bouts of otitis media some requiring Myringotomy. In Nov. at age 10 months, she was again hospitalized for pneumonia.

occ. wheezing recalled with the URI's. She had no more pneumonia for several years but during the next year or two, she had many URI's characterized by nasal stuffiness and cough, but with very little if any fever AND many bouts of otitis media requiring repeated Myringotomy. In Dec 1966 - Age 4 she had a T.A. and for the next year was completely well.

In Dec 1968 coincident with the installation of Carpet in the home, the whole family had "flu" and "it took Sandy 6 months to get over it." She had malaise, continuing cough and nasal symptoms until late Spring. One other sister had a similar but milder protracted course. The other 4 family members had a much shorter course.

During the summer of '68, she was better except for fairly consistent nasal congestion. In Sept '68 she entered kindergarten. In October she missed one week because of an acute illness which began with coughing, nasal ex., rapid breathing and wheezing but without fever. It responded



FORM
M-02

DUKE UNIVERSITY MEDICAL CENTER

ALL PURPOSE FORM

"Sandy"
CHAMBLEE, Sandra L
H63716

slowly to bronchodilators. In Nov she
missed three weeks of kindergarten with
similar symptoms recurrently, and was
hospitalized for pneumonia. Then as sub-
sequently, she received Adrenalin for
wheezing. It relieves the wheezing (audible)
but does not please the tachypnea or
labored respirations.

After discharge from camp, she returned
to kindergarten began all over again
and then permanently withdrew. In
January, she again was hospitalized with
pneumonia. Throughout the winter, she
had many episodes with wheezing as
described above but is better now except
for nasal stuffiness with NONE of these
including the two pneumonias when she had
fever.

Her wheezing is precipitated by damp
weather and exercise and perhaps by
agitation.

The child has never had eczema.

P.M.H. See HPI. Has not been sick except
as noted above.

Developmental milestones normal.

All immunizations + measles + smallpox
+ boosters.



NO specific allergic bronch
Chronic disease: none
No trauma or fractures

F.H. Father - 41 - hay fever perennial
aggravated by mowing lawn
and dust. Relieved by lying down
and walking in the woods.
Mother - 34 - good health

Sibs: 17 - no allergies good health
14 - no allergies " "
11 9 - no allergies " "

Father's aunt had severe asthma
and his niece had asthma
No other familial tendency to allergy
or any other disease.

Environment

Live in town "in a" "suburban"
House surrounded by pines and oaks
Shari's bed room with parents - probably
no dust precautions
Mother operates a Beauty Shop attached to
house which is of course full of fumes
and smoke. Child spends much
time here.
No indoor pets



FORM
M-02

DUKE UNIVERSITY MEDICAL CENTER

"Sandy"
CHAMBLEE, Sandra
H63 716

ALL PURPOSE FORM

ROS -	no headache no urinary tract disease occ diarrhea, vomiting no skin disease
PE.	T- 37° P=84 R=20 BP 110/65 Wt- 21.7 kg (47.7 lbs) Ht- 119 cm
	Gen: Average sized broad faced girl a bit away in no distress
	Head: no lesions
	Ears: TM's scarred and thickened with distorted light reflex. ? fluid behind (R) TM. Canals clear.
	Eyes: Dennie's lines, skininess, Conj granules. Pupils, EOM's, lenses and fundi normal
	Nose: Small flattish. Turbinates large & boggy only moderately pale. Some faint red areas. Crusts about (R) rare
	Throat: No tonsils - Area red. No PND seen. Very few lymphoid nodules
	Sinuses: ↓ actual transillumination
	Neck: Supple - thick no adenopathy.
	Chest: ↑ A-P diameter. Hyperresonant to



S-25-69 JLG dms jhm

Percussion. Causa Bantu sounds; other
wise clear.

Heart. S.A. no murmur.

Abd. no masses or enlarged organs

Gen. Infants

Ext. Two bruises on legs.

Skin. Sallow. Soft. moist.

Nerves. Reflexes, sensation normal

Pulse: all good & equal.

Imp: 1) Allergic - Vasoconstrictive

2) Sinusitis suspected

3) Asthma or LRTI & wheezing
by history

4) Recent inf. by history

5) Post-op T+A

6) normal growth & development

Plan: 1) Normal studies

2) N+T culture

3) nasal smears

4) chest X-ray

5) Sinus X-rays

6) Angiogram request 5/26/69

7) Action tomorrow for more skin
tests.

Ram



FORM
M-02

DUKE UNIVERSITY MEDICAL CENTER

Chamblee, Sandra
H 63716

ALL PURPOSE FORM

5.22.69	Return to complete allergy tests
SDS	No complaints - had asthma w/
	obstruction - cough rarely
	PE. as described by Dr. Rouse
	Allergic looking retroviral nose
	Essentially clear chest - just scattered -
	in constant asthma & allergic quality.
	No clear deformity - St. with 2 P. deformed
	Impression: Allergic rhinitis
	Asthma by history.
	Disinfectant - by history - X-ray
	Recommendations:
	1) Disinfectant
	4) Disinfectant precautions -
	Keep away from beauty shop &
	cosmetics to prevent & prevent
	3) Breathing Exercises
	4) Unrestricted diet, unless diet
	Symptoms read show some food &
	disinfectant - then avoid
	5) Refraction for Dr. Rouse
	6) Return 6 months



Duke University Medical Center
DURHAM, NORTH CAROLINA
DESENSITIZATION SCHEDULE

Name Chamblee, Sandra Lynne Age 6 Hist. No. H6 3 716 PDC OPK
Parent F: Dwain Chamblee Doctor Samuel Morehead
Address Box 394 Address N. Main Street
City Iva, S. C. 29655 City Anderson, S. C.
Treatment Intervals 2x wk Number of Dilutions Planned 4
Vial #4 May 26, 1969 **GREER LABORATORIES**

5.5	Saline	3x	Dust	0.5	#1
	Pediatric Inhalants		Feathers		
1.0	Mixed Fungi	3x	9-Sou. grasses	1.0	#2
	Autogenous vaccine				
	Grass and plantain				#3
1.0	Fall pollens				
0.5	Woods				4
0.3	Oaks				
0.3	Hickory-Pecan				
0.2	Maples				

Chamblee, Sandra Lynne H6 3 716

See Instructions for Administration of Injections and Prevention of Reaction.

Dose Vial #1	Amount	Date	Reaction	Vial #2	Dose	Amount	Date	Reaction
1.	0.05			1.	0.05			
2.	0.1			2.	0.1			
3.	0.15			3.	0.15			
4.	0.2			4.	0.2			
5.	0.25*			5.	0.25*			
6.	0.3			6.	0.3			
7.	0.35			7.	0.35			
8.	0.4			8.	0.4			
9.	0.45			9.	0.45			
10.	0.5			10.	0.5			

Vial #3	Amount	Vial #4	Amount
1.	0.05	1.	0.05
2.	0.1	2.	0.1
3.	0.15	3.	0.15
4.	0.2	4.	0.2
5.	0.25*	5.	0.25
6.	0.3	6.	0.3
7.	0.35	7.	0.35
8.	0.4	8.	0.4
9.	0.45	9.	0.45
10.	0.5	10.	0.5**

* Order next bottle.

** Continue once per week.
Reorder and report when 1-2
doses are left.



Form
M - 1112

DUKE UNIVERSITY MEDICAL CENTER

Pediatric Allergy
Standard Test Sheet

"Sandy"
CHAMBLEE, Sandra
H 63 716

Page 1

INHALANTS AND FOODS

5-20-69

5-21-69

SECTION I-Inhalants		Scratch	Intradermale 1:1000 1:100		SECTION II-Inhalants		Scratch	Intradermale 1:1000 1:100	
1. Control					1. Control				
2. Dust, Endo	±				2. Silk				
3. Tobacco	+				3. Hog hair				
4. Pyrethrum					4. Flaxseed				
5. Kapok					5. Goat hair				
6. Cattle hair					6. Mule dander	?			
7. Cat hair	±				7. Rabbit hair				
8. Dog dander					8. Fish glue				
9. Horse dander					SECTION II - Foods				
10. Wool					9. Lima beans				
11. Mixed feathers					10. Celery				
12. Cottonseed					11. Corn				
SECTION I - Foods					12. Sweet potato	?			
13. Cornmeal	?				13. Spinach	?			
14. Rice					14. Soybean				
15. Rye					15. Cheese				
16. Wheat					16. Pineapple				
17. Oats					17. Lemon				
18. Barley	?				18. Grapefruit				
19. String beans					19. Strawberry				
20. Cabbage					20. Coffee				
21. Carrot					21. Tea				
22. Onion					22. Shrimp				
23. Green peas					23. Oyster				
24. White potato	?				24. Gum arabic				
25. Tomato					25. Locust bean				
26. Squash					26. Karaya				
27. Beef	+				27. Tragacanth				
28. Chicken					28. Mustard				
29. Pork	?				29. Beet				
30. Lamb					30. Yeast				
31. Egg					31. Vanilla				
32. Milk					32. Black pepper				
33. Apple					33. Malt				
34. Orange					Fungi				
35. Banana					34. Alternaria				
36. Peach					35. Hormodendrum				
37. Chocolate					36. Monilia				
38. Peanut									
39. Pecan									
40. Codfish									
41. Dog ascaris	?				Signature: _____				
42. Human ascaris	?				Signature: _____				



CHAMBLEE, SANDRA L
MRN: H63716
DOB: 12/27/1962, Sex: F

Form
M -1112

DUKE UNIVERSITY MEDICAL CENTER

Pediatric Allergy Standard Test Sheet

Chamblee, Sandra
H 63716

POLLENS

Page 2

[illegible]



FORM
M-0100
1-68-SM

DUKE UNIVERSITY MEDICAL CENTER
CONSULTATION FORM

Chamblée, Sandra L
H63716

Time 5-21-67

To Dr. P.T.

From Dr. S. Lee

Provisional Diagnoses:

Asthma

Reasons for Consultation:

B. Exercises - ~~for~~

Specific Questions to be Answered by Consultant:

1.

2.

3.

Consultation Report and Recommendations:

5-21-67 Physical Therapy: Breathing exercises
& home instructions given - Pt & mother seem
to grasp diaphragmatic & lateral costal br. well.
There was some difficulty with upper chest relaxation,
but pt & mother seem to understand need for relaxation.
B. Baker

Date:

Signature: Dr.

PATIENT'S HISTORY COPY



3.30

DUKE UNIVERSITY MEDICAL CENTER
DEPARTMENT OF RADIOLOGY

CONSULTATION REQUEST

- ☐ PVT INPATIENT ☐ OPD ☐ SPDC
☐ STF INPATIENT ☐ MPDC ☐ MDR

(ADDRESSOGRAPH, TYPE OR USE BALL POINT PEN)

NAME (Last First Middle)

ADDRESS

DATE

WARD

Ambulatory, Wheel Chair,
Stretcher, Portable,

BIRTH

DATE

SEX

HIST.

NO.

Med.PDC 5-20-69

CHAMBLEE SANDRA L.

age 6

Dr. S. Dees

Mes H 6 3 716

CHECK BLOCK AT UPPER LEFT FOR PATIENT AREA

PRIOR DUKE X-RAY
Yes () No (X)

DATE 156763

KV MA

PARTS TO BE EXAMINED:

1. Chest X-Ray - dx - recurrent pneumonia
and asthma
2. Sinus X-Rays - Dx allergic rhinitis
R/P Sinusitis
- 3.
- 4.

TECHNICAL DATA

2(10x12) Fowler, Striablo
4(8x10) Lewis, Sutton

REPORT
TO DR.

DR'S.
SIGN.

CLERK

RT

HISTORY AND CLINICAL DIAGNOSES:

REPORT

PARANASAL SINUSES demonstrates clouding of both the maxillary antra with some mild haziness in the region of the ethmoids representing sinusitis. The configuration of the changes in the antra suggest a chronic process. The frontals are undeveloped.

CHEST FILMS have apparently been done but are not present for reading.

IMPRESSION: Diffuse pansinusitis of the antra and ethmoids which appear of a chronic nature.

M. PAUL CAPP, M.D./pd

PC



FORM
M-02

DUKE UNIVERSITY MEDICAL CENTER

Chamblée, Sandra L

1763716

Jan 1970 Mar 20, 69

ALL PURPOSE FORM

1-19-70	Ht 123cm	Wt 26.3 kg	T 37.2	P 80	R 20	RR 14/60
Den	4' 1/2"	57.8 ¹²				
	(1 3/4")	+10 ¹²				
Generally doing well - one attack of asthma from Mar 69 - Sept 69 when she was shot - missed one school day - nose was running @ times much worse for 2 days - no real colds up to present.						
Dental x-ray #4 last done 1 year ago mainly intended 0.5" no nodules						
Medication nothing now -						
Good dental procedure -						
PE	Bumped left brow on corner table about 36 hrs ago, and has impressive purple hematoma - left lid with a discrete hematoma 1 x 1 cm hematoma visible with blue bruising around orbit, but no tenderness medial side of lid, but no signs of hemorrhage about the lower lid - a complicated purple mark was found.					

(over)



Nasal mucosa slightly hypertrophied
Anterior nares well open
Ears negative
Throat mildly hypertrophied no pain swallowing
Neck sup.
Lungs clear to base
Heart sup.
Aortic arch and aorta, PE.
Spleen, moderate, no tenderness

Imp. Allergic rhinitis
Suspect early asth.
Dysphagia lips dry
? pericarditis

Vitamins
Get pills up to 1000
to pericarditis
Relief 8-9 weeks



Form
M-03

DUKE UNIVERSITY MEDICAL CENTER
HISTORY NOTE

Date: 11/2/70

Page #2

CHAMBLEE, Sandra Lynn
H6 3 716

PP: Susan C. Dees, M. D.

lymphoid hyperplasia. NECK supple no adenopathy. CHEST changing sounds posttussively findings include occasional prolonged expiration with inspiratory wheeze - right greater than the left. HEART normal sinus rhythm with no murmur, good pulses. ABDOMEN soft non tender with no masses. L₄ 1 cm below right costal margin. Liver dullness about 5 cm. GENITALIA normal female externally. RECTAL slight perianal erythema. NEURO MUSCULAR - wart on left knee. DTR's physiologic. SKIN normal. Tuberculin tine negative - September.

IMPRESSION: 1. Upper respiratory infection with probable right maxillary sinusitis.
2. Asthma
3. Allergic Rhinitis
4. Rule out pinworms
5. Wart on left knee

PLAN: 1. Nose and Throat culture
2. Repeat skin tests - short form
3. Check stool for ova and parasites

Continue with vaccine re-order if doing well by December 1 - try injections at two week intervals - resume weekly about March 1st - longer interval summer - weekly starting August 1st.

Return in one year.

P. Lusman, M. D.

Susan C. Dees, M.D.

Susan C. Dees, M. D.
PL/SCD:wr



Chamblee, Sandra
H 63716

Screening Test Sheet

Pediatric Allergy

11-2-70

Inhalants	Scratch	Intradermals	15 MINUTES			24	48
			1. 1000	1. 100	1. 10	HR	HR
1. Control..... 2. Dust (endo)..... 3. Cat hair..... 4. Dog dander..... 5. Mixed feathers..... 6. Cottonseed..... <u>Foods</u> 7. Corn..... 8. Wheat..... 9. Egg..... 10. Milk..... 11. Chocolate..... 12. Peanut..... 13. Fish..... <u>Pollens</u> 14. Bermuda grass..... 15. Timothy grass..... 16. Johnson grass..... 17. Plantain..... 18. Giant ragweed..... 19. Short ragweed..... 20. Hickory..... 21. Red oak..... 22. Red maple..... 23. Box elder..... 24. Elm..... 25. Privet..... 26. Ash..... 27. Alternaria..... 28. Hormodendrum..... 29. Monilia..... 30. Human ascaris..... 31. Ascaris.....	all test negative	1. Control..... 2. Bacterial vaccine, stock..... 3. BAC respiratory..... 4. Mixed fungi..... 5. Dust..... 6. Feathers..... 7. Mixed grass..... 8. Mixed weeds..... 9. Mixed trees..... 10. Oak..... 11. Maple..... 12. Hickory - pecan..... 13. Egg..... 14. Milk..... 15. Wheat..... 16. Dog..... 17. Cat..... Signature.....					



FORM
M-02

DUKE UNIVERSITY MEDICAL CENTER

MPDC 7-12-76

CHAMBLEE SANDRA
AGE 13 H 63 716
DR. S. DEES FB

Wgt. 68.7 Kg (151.1 lb) Ht. 162 1/2" (5'4 1/2")
T. 36.5

7/12/76

Sandy returns today after 6 yrs for evaluation of asthma + allergic rhinitis.

Pt had responded well to desensitization therapy and was diled by parents ~ 5 yrs ago. 2 yrs ago family moved from home in town to a mobile home located on a farm that primarily grows soybeans. Farm has several horses + cows tho pt not does not come around these much. Also has a cat + a dog which are usually kept outside. Mom no longer keeps plastic cover on bed or pillow. ~~Family~~ There are 5 oak trees surrounding living area. ~~Mom~~ Mom says pt worse in damp weather. Did experience sneezing + sxs hay fever in spring + summer. Pt experiences wheezing + exercise. Currently on no meds for allergic condition.

Past Hx - See old chart

Menses - 2 some cramping

Envir - See above

P.E. - Clear w/ NAD

Skin - Mosquito bites over lower extremities E



examination from scrubbing
Lymph. - 5 signif adenopathy
H&E WT TM mobile nasal mucosa nl color
Throat clear
Neck - Supple
Chest - clear to auscult 5 wheezes.
Heart RR 5 (M)
Abd 5 masses
Ext moves all
Neuro - grossly intact

Temp #1 mild asthma by hx

Plana) Skin test Predicted

b) PFT FEV₁ - 3.0/3.3

FVC - 3.7/3.6

Peak flow 3.700/min x 100

#2) Allergic rhinitis by hx

c) Aminophylline 100mg tid q 6 hrs prn wheezes

d) Continue Demetapp extantals

e) Diet precautions, animal avoidance

f) To write Dr Doss in Sept concerning SXS.

#2) Allergic rhinitis

a) Extantals - Demetrol

#3) Obesity Decreased to pt. Gave 1400 cal diet

#4) Gen - a) nl blood count

b) nl urine

c) Tbc skin test

d) Candida skin test

Rec See letter to Dr Huerfano for summary



DUKE UNIVERSITY MEDICAL CENTER

Screening Test Sheet
Pediatric Allergy

Chamblée, Sandra

H63716

7/12/6

Inhalants	Scratch	Intradermals	15 MINUTES		8 HR.	24 HR.	48 HR.	72 HR.
			1:1000	1:100				
1. Control.....		① Control						
2. Dust (house).....		② Candida.....						
3. Cat hair.....		③ Mixed fungi.....						
4. Dog dander.....		④ Dust.....						
5. Mixed feathers.....		⑤ Feathers.....						
6. Cottonseed.....		⑥ Mixed grass.....		+				
<u>Foods</u>		⑦ Mixed weeds.....						
7. Corn.....		⑧ Mixed trees.....						
8. Wheat.....		⑨ Oak.....		+				
9. Egg.....		⑩ Maple.....						
10. Milk.....		⑪ Hickory - pecan.....						
11. Chocolate.....		12. Egg.....						
12. Peanut.....		13. Milk.....						
13. Fish.....		14. Wheat.....						
<u>Pollens</u>		15. Dog.....						
14. Bermuda grass.....		16. Cat.....		+				
15. Timothy grass.....		17. SKSD.....						
16. Johnson grass.....								
17. Plantain.....								
18. Giant ragweed.....								
19. Short ragweed.....								
20. Hickory.....								
21. Red Oak.....								
22. Red maple.....								
23. Box elder.....								
24. Elm.....								
25. Privet.....								
26. Ash.....								
27. Alternaria.....		Signature <i>[Signature]</i>						
28. Hormodendrum.....								
29. Monilia.....								
30. Aspergillus.....								
31. Dust mite.....								
32. Ascaris								
33. Pecan								
34. Soy bean								

Date MAY 13 1996 Page 10 Chart 100 Phone 0-2-022
Referring Physician NIA
Allergies Cont/none NKDA

Past History:

na + Heart -
Diabetes - Kidney -
Hearing Loss - Lungs - GI -
Pers/Fam Hx CA - Immune System -
Tobacco Use - Liver - Neurological -

Surgery Sinus surg. Winkler '84 Brown '86 Comments Audio
Meds: Ventolin Flonase (-fant) APPT TO NIA

Complaint: Pt. said gets ear infections every other week. gets antibiotics - Amoxicillin - problems & stopped up ears & popping - sharp pain in ears into neck - Pt said always has ear aches. BC, No sore throat R side - & stuffy nose.
An Med Speech Path - Mr. Hall will call Pt
BC

IMP: Pt. with allergic rhinitis, right vocal nodule with small ulcer on the left side. With history of vocal abuse with her job, some noise exposure hearing loss but no eustachian tube dysfunction at this time and TMJ.

PLAN: Pt. given TMJ and allergy sheet. We will have her to see Mr. Hall for her vocal nodules.

PHYSICAL EXAM:

EARS: Look well.
NOSE: Boggy
OROPHARYNX: Looks well
HYPOPHARYNX: Shows firm large nodule anterior third of the right cord. Ulcer on the left as well.
NECK: Without significant adenopathy.
STUDIES: Audio has a small notch in the high frequencies bilaterally probably from noise exposure.
PLAN Have discussed all this with the patient and she will return in 6 wks. for recheck. JWR/dj

DATE JUL 01 1996 ALLERGIES NKDA PHONE

MEDS Ventolin Inhaler

PROBLEM Reck - parathyroid cont at times
Being dx for TMJ & brace -
Comp & hoarseness - going to
speech therapist

Pt. with hoarseness and continued nodules. We will do a vocal cord stripping very carefully and then get her back with Mr. Hall to continue on with her therapy. Otherwise the exam is unchanged. JWR/dj

1/24/96
0.50
pt called to let Dr R Know she had a mouth ulcer caused by her TMJ brace. He dentist gave her Amoxicillin mouth wash to use until 7/29/96. Dr R said this wouldn't affect her surgery JWR

On 7-31-96 at the MC under gen. anes. a microlaryngoscopy with vocal cord stripping was done. JWR/dj

DATE AUG 08 1996 ALLERGIES NKDA PHONE _____

MEDS Ventolin

PROBLEM Postop, feels good @ 40 (72)

She's here for a post-op check and feels that her voice is about the same, but that other people notice her voice is improved. She is eating well, having no pain. Mirror exam of the larynx shows there is mild erythema along the left vocal cord but is healing up nicely. She's still working with Mr. Hall and we will have her rechecked in about a month. MH/lbw

DATE SEP 16 1996 ALLERGIES _____ PHONE _____

S N/S

PROBLEM _____

DATE FEB 21 1997 ALLERGIES NKDA PHONE _____

MEDS Ventolin inhaler Beclovent + Serenent

PROBLEM Sneezing episodes x 2 mos., intermittent (72)

Sandra Chamblee 01-30-53

MP: Patient with lingual tonsillitis and infected on the left lingual tonsil and straining of the SCM muscle.

PLAN/MEDS: I have recommended that she use Ben Gay with her aspirin and continue working with Mr. Hall. I gave her Keflex 500 #40, nebulid. The ears looked well.

TC: Next appt.

STUDIES: None.

ISTORY: See above.

PHYSICAL EXAM:

Ears: Clear.

Nose: The nose had just a slight left septal deflection.

Throat: The oropharynx showed some tonsillar tags and they both appeared to be inflamed. The lingual tonsil, particularly on the left, was inflamed and had a little exudate over it.

Esopharynx: Clear.

Hypopharynx: The hypopharynx looked well and I saw no nodules on the cords.

Neck: Clear.

Check: The neck was tender to palpation and the muscle had some stiffness to it. JWR/mkg dod 2/21/97, dot 2/24/97

1-30-53

Outpatient Voice Evaluation
Speech Pathology

Sandy Chamblee
302 Whit Chamblee Road
Starr, SC 29684

Physician: Jane Riester, MD
DOB: 12/27/62
Date of Evaluation: 5/17/96

Order: Speech evaluation and treatment for vocal nodules, dysphonia.

Presenting Problem: Ms. Chamblee reported that she has had a hoarse, "raspy" voice for as long as she can remember. She contacted Dr. Riester in an attempt to alleviate long term pain in her right ear. Ms. Chamblee indicated that she has been diagnosed with TMJ dysfunction. She reports a pattern of increasing persistent hoarseness over time. In her words, "the bad times are worse and longer and the good times are shorter and not as good." Ms. Chamblee indicated that her voice difficulties are beginning to interfere with her job as an educator with the fire department.

Patient History/Evaluation: Ms. Chamblee reported the following history, symptoms, and vocally abusive patterns:

-excessive coughing/throat clearing	-suspected allergies
-laryngeal tension and pain	-sinus drainage
-persistent upper respiratory infections	-an outgoing personality
-talking for extended periods of time	-a hard, boisterous laugh
-excessive loudness and hard glottal attack	-significant solid food dysphagia
-symptoms of severe gastric reflux	-voice worsens with fatigue
-excessive head/neck/shoulder tension	-extended telephone usage
-asthma	-quick vocal fatigue
-bilateral large vocal nodules	-cigarette exposure
-hearing loss with tinnitus	-exposure to environmental irritants
-TMJ dysfunction	-extensive vocational demands
-sensation of something being "caught" in her throat	
-moderate to severely dysphonic with a harsh, strained, breathy quality progressing to aphonia as she fatigues. Moderately reduced breath support due to air wasting.	

Plan of Therapy:

Speech Therapy services will focus on remediation of Ms. Chamblee's voice impairment by utilizing changes in vocal habits and lifestyle modifications.

Long Term Goal:

Ms. Chamblee will demonstrate the ability to maintain a healthy voice (easy onset, appropriate loudness, reduced vocally abusive habits) in a home and social setting.

Short Term Goals:

1. Will complete education regarding vocally abusive patterns (hard glottal attack, etc.).
2. Will understand and be able to explain the mechanics of healthy and abusive vocal

THE MICROSURGERY CENTER, INC.

OUTPATIENT OPERATIVE NOTE

PATIENT: SANDRA L. CHAMBLEE
PHYSICIAN: DR. RIESTER
CHART: 25747

DOS: 07-31-96
DOD: 07-31-96
D/T: 08-13-96

PREOPERATIVE DIAGNOSIS:

PROCEDURE PERFORMED: Microlaryngoscopy with vocal cord stripping

SURGEON: Riester

ANESTHESIA: General endotracheal, Niles

DESCRIPTION OF PROCEDURE: The patient was brought to the operating room and placed in the supine position. After satisfactory induction of general endotracheal anesthesia, she was prepped and draped in the standard fashion for the above procedure. The left vocal nodule was enlarged. The right nodule at this time was not as enlarged, so it was not removed. The left vocal nodule was removed. The patient was allowed to awaken and taken to the recovery room in good condition.

JWR/kfn-2

M.D.

c: Med Central

R DATE 3-13-97 ALLERGIES _____ PHONE _____

MEDS Cane

PROBLEM _____

R DATE APR 23 1997 ALLERGIES NKA PHONE 864 352 6555

MEDS Ventolin inhaler Beclouvent + Serevent

PROBLEM Re V - Pt said on + off with sore throats - & sore throat today or for 1 week - & other ENT probs. Bc

Audio AKS

andra Chamblee 01-30-53

patient is doing much better with her hoarseness. She is adhering to what we are asking her to do and I think that has helped her quite a bit. The ENT exam looks well. The cords look good as best that could be seen. She does have a little bit of a drop more in the lower tones in her hearing and she has been around a lot of noise as well. She wants to try a hearing aid and we will get her an appt with that. JWR/mkg' doc 4-23-97, dot 4-24/97

APR 28 1997 - HAE - Pre + post EMI otoscopy revealed a clear ear canal AD w/ no notable trauma.
Rx RTC 2 weeks for HAC PKS

MAY 16 1997 - HAF - fit canal aid AD. Feedback not noted which is indicative of a sufficient acoustic seal. Pt commented re: soft + effective ear + ease of her hearing aid + long. aid batteries.
Rx. RTC 2 weeks for HAC PKS

JUN 04 1997 - HAC - N.S.

DATE OCT 10 1997 ALLERGIES NKA PHONE _____

MEDS Asthma Inhalers

PROBLEM C/O sore throat since Wed. Pt. says this is 4th
sore throat she has had in 2 mths. No on any antibiotics.
Has had some PNP. (me) Strep @ gym around
Strep test, Zyrtec, Vancenase

Patient with possible allergic rhinitis. We went ahead and did a strep test on her and got her some Zyrtec and Vancenase 84 spray to use. She does have a little erythema on the posterior pharynx. Her sore throat is worse in the morning and in the evening before she goes to bed. The ears look good. The nose was fairly boggy. The oropharynx did show a little erythema there. I didn't see much anywhere else and the neck was without adenopathy. She will return in a couple of weeks for a recheck. JWR/kae dod: 10/10/97 dot: 10/13/97

DATE OCT 24 1997 10-27-97 ALLERGIES _____ PHONE _____

MEDS _____

PROBLEM _____

DATE OCT 13 2003 PHONE _____

Allergies _____ Latex Allergy yes no

Meds _____

Problem _____

Patient Andrea L. Chamblee Page 5 Chart 01-30-53 Phone _____
Date OCT 13 2003 Consulting Physician Wadee 973

lies NKDA Latex Allergy yes ☒ no

Past History: Audio
Asthma ☒ Heart ☐ Ht _____
Diabetes ☐ Kidney ☐ LMP hysterectomy 02 Wt _____
Hearing Loss ☐ Lungs ☐ GI ☐ Temp _____
Pers/Fam Hx CA ☐ Eyes ☐ Immune System ☐
Tobacco Use ☐ Liver ☐ Neurological ☐
Surgery hyst., throat, cyst in head Comments A&O x3

Meds / Herbs / Vits: Lexapro, Singulair, Advair, Zithromax, Nexium, Tylect D, Endal, Cipros, OrthoEot

Complaint: Pt. sent over by Dr. Wade due to allergies. She was sent to an asthma Dr. She had allergy testing, but wasn't allergic to anything at all. She has recurring ear infections sinus infections. Pt. has ruptured ear drum since first week of Sept. Can't get it to heal up. Dent 40 (BB)

IMPRESSION: This patient comes in today with a small perforation that is posterior. Even though her allergies tested out negative, I think she probably does have some allergic symptoms going on here.

PLAN/MEDS: She is going to use some Flonase.

PROCEDURE: We placed a paper patch on the perforation. We suctioned any fluid that was in the ear that was there. We roughed up the perforation and placed a paper patch. Hopefully this will help her.

RTC: 3 weeks

STUDIES: Her audio does show a small air-bone gap and a large volume on the tympanogram.

HISTORY: Above history reviewed.

PHYSICAL EXAM

EARS: Small perforation that is posterior.

NOSE: External Inspection: normal

Inspection of nasal mucosa, septum and turbinates: The nose was boggy.

ORAL CAVITY: negative

OROPHARYNX: The oropharynx looked pretty good.

NASOPHARYNX: negative

LARYNX: negative

HYPOPHARYNX: negative

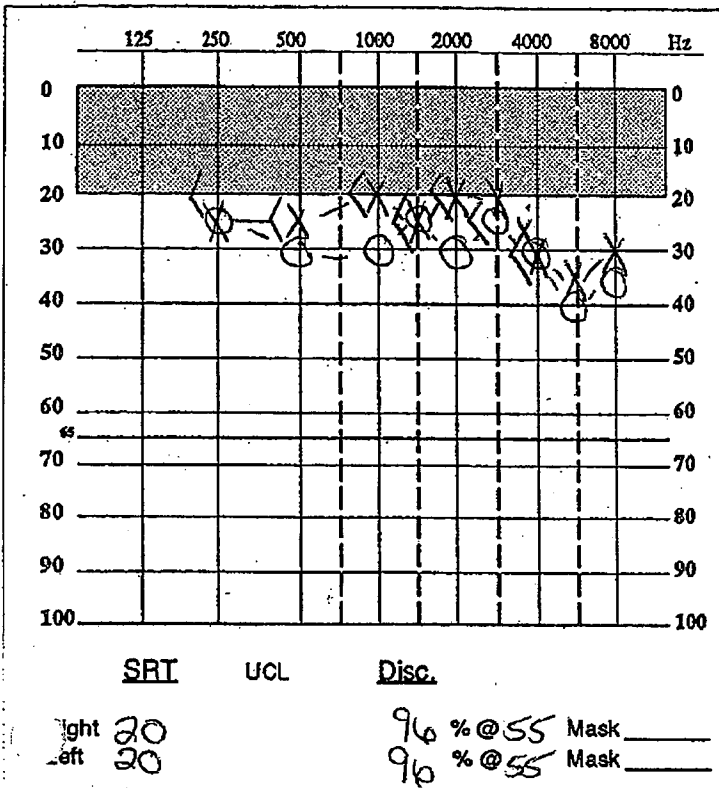
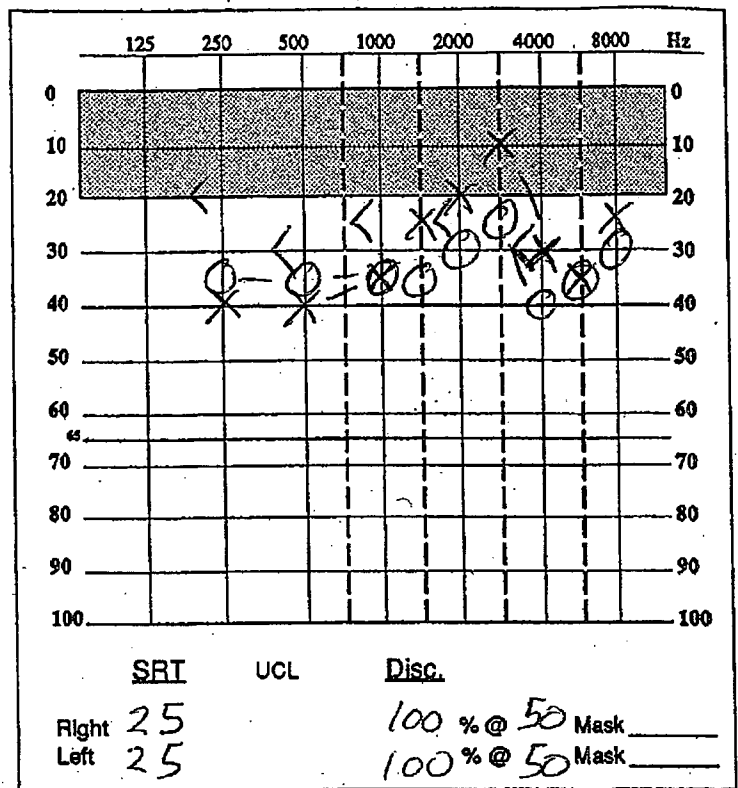
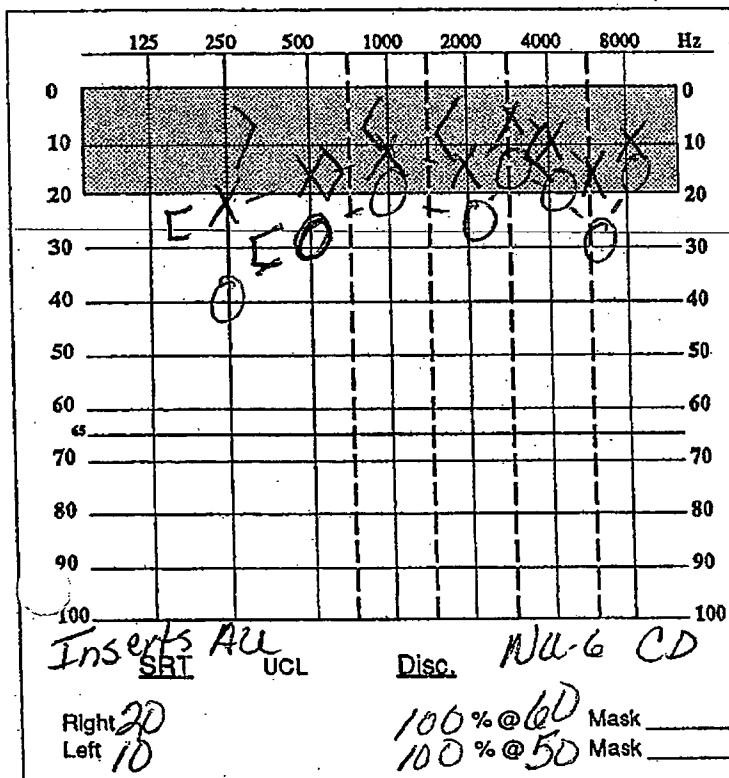
Inspection of pharyngeal walls and pyriform sinuses: negative

NECK: negative

THYROID: negative

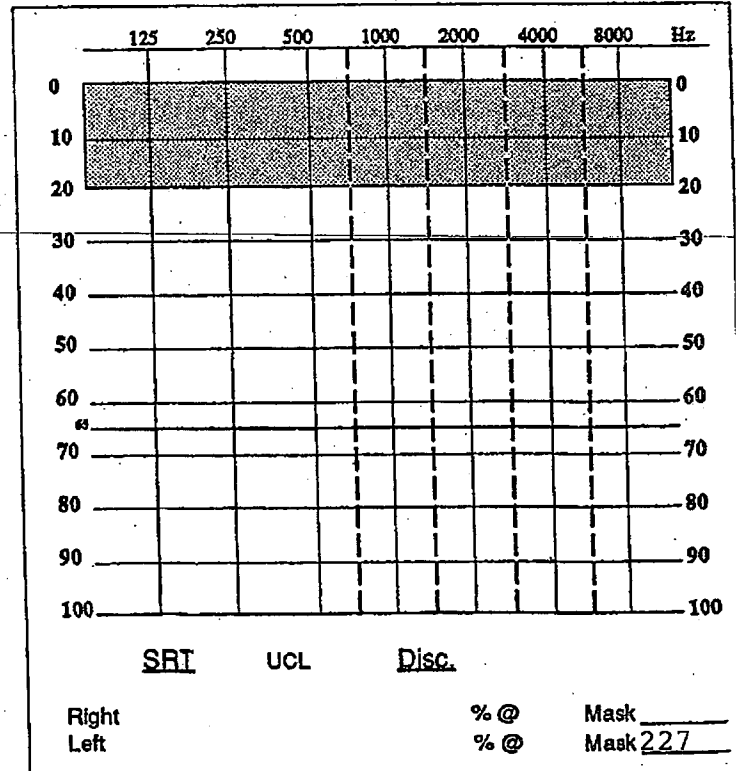
SALIVARY GLAND: negative

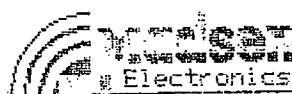
MENTAL STATUS: A&O x3 JWR/sab DOD: 10/13/03 DOT: 10/14/03

NAME: Sandra ChambleeCHART #: 01-30-53DATE: 5-13-96BY: NJCDATE: 04/23/97BY: AKSDATE: 10-13-03BY: LLT

DATE: _____

BY: _____



Name: Sandra ChambleeChart Number: 01-30-53Date: 5-13-96Operator: NSLZODIAC 901 0.11 0.11.7
Headset S/N 39188
Cal.Date: 12-Oct-1993

Operator: _____

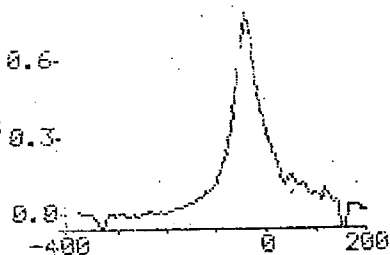
Patient: _____

Patient Number: 1

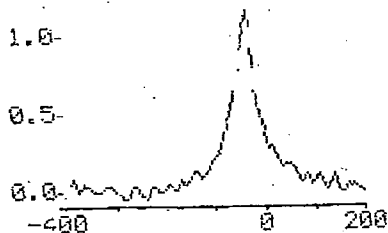
Date: 13-May-1996

Time: 08:54AM

Type: Sweep Left

ECU: 1.21 ml 0.94 ml
MEP: -30 daP
SC: 0.78 ml 0.6-
Grad: 0.71
TW: 60 daP
Speed: 400 cm³/s 0.3-
Dir: Nes

Type: Sweep Right

ECU: 1.16 ml 1.5 ml
MEP: -30 daP
SC: 1.20 ml 1.0-
Grad: 0.74
TW: 48 daP
Speed: 400 cm³/s 0.5-
Dir: Nes

Date NOV 05 2003

Phone _____

Allergies NKDA

Latex Allergy yes ☐ no ☒

Meds Lexapro, Singulair, Advair, Zithromax, Nexium, Zyrtec, Endal, Cipro, Ortho, Plon

Problem F/U. Paper Patch (R) ear. Pt. doing well. DENT cl. (BB)

CT sinus 7-10 days. Medicines BC

CT sinus A.R. - 11/14 @ 1030 AM

Above history reviewed. IMP: This patient comes in saying her ears have not hurt since she left our office and it is now healed up. She is continuing to complain of postnasal drainage. We will get a CT scan on her and maybe next year think about repeating her allergy testing but at this point she is very well pleased with the results of our care. We will be seeing her back shortly after the CT scan. JWR/sab DOD: 11/5/03 DOT: 11/6/03 cc: Dr. Wade✓

NOV 21 2003

Phone _____

Allergies NKDA

Latex Allergy yes ☐ no ☒

Meds same as before

Problem Recheck CT sinus - Pt. states No

pain. Doing well other than

No other ENT Complaints

☒ MA VIDEO(S)

☒ MA ASPIRIN precautions

☒ MA POST OP instructions given

☒ MA POST OP prescriptions given

☒ MA PRE/POST OP handout(s) given/reviewed

☒ MA HISTORY completed by staff

☒ MA PHYSICAL completed by Physician

☒ ORDERS completed and signed by physician

Above history reviewed. RQS: Respiratory—asthma. Cardiovascular, neurological—negative. Endocrine—GI—reflux.

Ms. Chamblee has chronic sinusitis. I have recommended revision septoplasty, turbinateplasty, bilateral transnasal ethmoidectomies, anastomies, frontal sinusotomies. The risks were discussed including but not limited to bleeding, infection, anesthesia risks, septal perforation, persistent nasal obstruction and changes in smell and taste perception, persistent sinus infection, changes in sense of taste and smell, damage to the eyes or brain, meningitis, brain fluid leak. She has had two previous surgeries, one by Dr. Winkler and one Dr. Brown. Understanding the risks, she wishes to proceed. She does have the inferior anastomies. I think we can help this nice lady. Exam: EOM intact. TMs clear. Left septal deviation. Oropharynx clear. Heart had a regular rate with no

11/21/03 continued.

murmurs heard. The lungs were clear. The abdomen was soft. Neurologically alert. JWR/sab DOD: 11/21/03
DOT: 11/24/0312/17/03 At MSC under gen. anes. revision septoplasty, turbinoplasty transnasal ethmoidectomy, anteriorly with
antrostomies bilaterally were done. JWR/sabDate DEC 24 2003

Phone _____

Allergies NKDA Latex Allergy yes ☒Meds Singulair Advair Hormones Keflex Darvocet PRNProblem postop Pt. said doing well - stuffy nose - headache -Other ENT 90

Above history reviewed. Pt comes in post op doing well.

PROCEDURE: We went ahead and did an endoscopic debridement. She did very nicely.

We will get her back next week for a recheck. JWR/sab DOD: 12/24/03 DOT: 12/31/03 ✓

Date JAN 06 2004

Phone _____

Allergies NKDA Latex Allergy yes ☒Meds as aboveProblem Re. p debridement. Pt. states doing well
some stuffiness lt. side. Denies bleeding or dring.
Using simply saline tx/day. No other ENT comp.
4 days more of Keflex. (pe)Above history reviewed. Pt looks like she is doing very well. We had some crusts that we removed from the n
and told her to be careful about bleeding after this. She is going to use her salt water and we will go ahead and
her set up for allergy testing in 3-4 weeks. She will go ahead and do that. Then we will get her back at that time
Her nose looks great and she said she is feeling much better and she can already tell her asthma is better. JWR/
DOD: 1/6/04 DOT: 1/7/04 ✓

Date JAN 27 2004

Phone _____

Allergies _____

Latex Allergy yes ☐ no ☐

Meds _____

Problem ST

Date JAN 28 2004

Phone _____

Allergies NKDA

Latex Allergy yes ☒ no ☐

Meds Singulair, Advair, Entro-EST Vit C + mag. Nexium

Problem ST

Above history reviewed. She does have indeed have significant allergies especially for the line of work she is in. Cleaned out the nose today and she has some crusting on the left and the right side looked pretty good. The oropharynx was not examined. JWR/sab DOD: 1/27/04 DOT: 1/28/04

28 error/sch 29

Date MAR 05 2004

Phone _____

Allergies _____

Latex Allergy yes ☐ no ☐

Meds _____

Problem _____

Date MAR 10 2004

Phone _____

Allergies NKDA

Latex Allergy yes ☒ no ☐

Meds Vitamin maxain

Problem allergy rx weekly - Singulair, Advair, Entro-EST

allergy rx - pt very stopped up - sore throat - headache x 1 week - some popping in ears - 4 other ENT drs say

2 referrals

3/10/04 continued....

Above history reviewed. Patient comes in today with the nose with mucopus. The oropharynx had some erythema. Her ears look well. We are going to put her on Augmentin 875 mg. and ProTuss HC and a Medrol Dos Pak. We will get her back in a month. JWR/sab DOD: 3/10/04 DOT: 3/12/04

APR 12 2004

Date

Phone

Allergies

Latex Allergy

yes

Meds

Problem

SEP 09 2004

Date

Phone

Allergies

NKDA

Latex Allergy

yes

no celebrex

Meds

Allergy inj. q wk. @ medicus, singulair, advair, hormone pill, Vits. Nexium

Problem

she is congested & wheezing. Her throat & ears hurt & feel stopped up. This started Tuesday. No other ENT C/O & B

Above history reviewed. She comes in with sinus complaints. She has extensive history of chronic sinusitis. She has had 3 sinus surgeries and has done very well since last December when Dr. Riester operated on her. She hasn't had any trouble up until now. EXAM: Her ears are clear. Nose is purulent bilaterally up in the ethmoids. Oral cavity and oropharynx is clear. Neck is supple. I gave her Levaquin and Mucophen DM for cough. We'll see her back as needed. LHS/tb DD: 9-9-04 DT: 9-10-04

Date

OCT 28 2004

Phone

Allergies

NKDA

Latex Allergy

yes

no

Meds

Allergy inj. 2 qwk @ medicus
Singulair 10mg, Nexium, Estratest, Benicar, Bextra, Advair, Albuterol

Problem

Pt. c/o sinus trouble. trouble breathing x 2 days Hurts from chest-up. Wheezing a bit. Coughing. Very stuffy. Sore throat. Pressure in ears. BENT c/o (BB)

Albuterol
Nexium
Advair

Depo-Medrol 80 mgm IM rt. gluteal (90)

5/26/05 continued....

best sinus surgery she has had yet". We will get her back in 2-3 weeks for a recheck. JWR/sab DOD: 5/26/05
DOT: 5/31/05

JUN 22 2005

Sub

NKDA

Phone

Allergies

Allergy inj 2 wk @ home

Latex Allergy

yes

(no)

Med

Z-Pack, Singulair, Nexium, Albuterol PRN,

Depo

Problem

F/U sore throat. She feels much better. & more
stabbing pains. She went to family Dr.
Monday & has bronchitis but is starting
to feel better. & other ENT C/O & B.

Above history reviewed. Pt comes in doing very well. Her throat looks excellent. She says she is doing really pretty well otherwise except her asthma has been a problem. I listened to her today and she really did sound like she was not moving a lot of air but she said in the next couple of days she felt she would probably be doing better. She is going to get back with us in 6 months. Otherwise she will be following up with Dr. Seymour and said she probably would go to a pulmonologist shortly. Otherwise the nose and throat looked well. JWR/sab DOD: 6/22/05 DOT: 6/23/05

DEC 28 2005

Allergies

NKDA

Phone

Latex Allergy

yes

Med

Singulair, Advair, Nexium, Amitriptyline

Problem

allergy F/U. Pt c/o dark green
nasal congestion - facial pressure.
slight sore throat from drainage.

Pt quit allergy injections 1 month
ago due to no improvement w/ allergy
symptoms. & ENT C/O. (w/)

Pt wanting Depo for sinus infection (w/)

Above history reviewed. IMP: Pt with headaches and possible sinus infection.

I&R: She does have some thickening of the left maxillary sinus on her x-ray.

234

Apparently she had a CT scan that was positive. We are going to go ahead and get her some Avelox 400 mg. 1 po qd #10 xl. Salt water and heat. She will return to us in 1 month. There was pus in the nose posteriorly

APR 04 2005

Phone

Allergies

Latex Allergy yes

Meds

Problem

APR 25 2005

NKDA

Allergies

Latex Allergy yes

Meds

Problem

@ home

allergy in weekly Singular, Nexium, Estrate
 check on sinus trouble. Pt having
 same symptoms. she did get better
 during the time period, but got sick
 1 wk ago. Started Biaxin again, feeling
 much better. & new ENT C/O.

Above history reviewed.

I&R: Our x-ray today shows a little mucosal thickening bilaterally but overall she looks pretty good.

We are going to get her on Erythromycin long term for a month and get her back in a month. I have written for 250 mg. BID. Her nose actually looked pretty good as well as the ears and oropharynx. We will get her back in 1 month for a recheck. JWR/sab DOD: 4/25/05 DOT: 4/26/05

MAY 26 2005

Phone

Allergies

Latex Allergy yes

Meds

Problem

NKDA
 Allergy in 2 week @ home, Singular, Nexium, Estrate, Advair, Albuterol, Benicar
 Allergy F/U. She has had a sore throat x 3 wks
 off & on. When it hurts she feels a stabbing
 pain & feels like she can't swallow. & other
 ENT C/O. B.

Above history reviewed. Pt comes in today with significant sore throat. Looks like she has a lingual tonsillitis as I think she may have a yeast overgrowth as well since she has had that Erythromycin for so long. Plan to give her some of Dr. Gillespie's mouthwash. She is going to go through two.

PROCEDURE: We looked at her with the flexible scope and she had some areas on the right laryngeal surface of the posterior arytenoid that almost looked like a yeast. It was white and a little overgrowth and then she had this on the lingual tonsil on the right as well.

The nose actually looked pretty good. I did not see any pus. I think her sinuses are good. She said "we did the histamine challenge she had up". We will get her back in 2 weeks for a recheck. JWR/sab DOD: 5/26/05 DOT: 5/27/05

JAN 30 2006

Phone

Allergies

N/K

Latex Allergy Yes ☒

Meds

Singular, Advair, denies any other meds & etc.

Problem

Skin Test

Normal

(B)

2 yr old
Patient
Singular

Above history reviewed. IMP: Pt comes in doing well with her allergy injections and she says this time she is not going to stop them. The patient will be pushed up on most all her endpoints and we will see how things go. JWR/sab DOD: 1/30/06 DOT: 1/30/06

8/27/2006 request for Depo shot denied. pt should see fam med or pulmonologist per Dr. Rustin (B)

JUL 28 2006

Date

Phone

Allergies

Latex Allergy Yes No

Meds

Problem

AS

Date

AUG 31 2006

Phone

Allergies

Latex Allergy Yes No

Meds

Problem

NS

ST 26 2006

Date

Phone

Allergies

NKDA

Local Allergy Yes No

Med

Problem

Allergizing weekly Singulair Advair Rhinocort
Allergizing V-up - Pt states he Antiplegu
has had nose bleed x 4 days
wife slowly coming back
Pt doing well & spots -
Pt has ENT clo (u)

Above history reviewed. IMP: Allergic rhinitis and reflux laryngitis.

Plan: The patient will cut back on the Coke and drink more water.

Exam: The patient's ears looked really well. Her nose had a little crusting on the right which I removed. The oropharynx looked well. The nasopharynx and hypopharynx looked well. We told her to use some more salt water since she is now into the nosebleed season and we will get her back in 6 months. JWR/sab DOD: 10/26/06 DOT: 10/30/06

DEC 28 2006

Allergies

NKDA

Med

Problem

Allergizing (wkly) Singulair Advair nexium amphotylgi
pt has sinus congestion x 4 days - (Dear
fullness & this - ear feels like it needs
to pop - lots of (Dear pressure - discolored
drainage using Simply Saline
& other cent clo's (u) taken several (u)
headache powder today (u)

As (Dear

12/28/06 continued.

Above history reviewed.

PROCEDURE: The patient was noted to have an ear exam which revealed left ear bulging with pus. The patient was taken to the microscope room and placed in supine position. Lidocaine drops were instilled in the ear canal. After an appropriate amount of time had elapsed the patient was identified and authorization and consent was obtained. The left ear was suctioned free of drops. The ear was dried with a cotton swab. Phenol was carefully placed in the ear and an anterior inferior myringotomy was made and a large amount of purulent material was suctioned from the middle ear cleft. Cultured this material. A straight tube was placed. She said she felt a 100 times better.

We got her Bactrim DS, Cipro Dex samples and Lortab 5 mg. for pain. Patient will return next week.

Exam: The right ear looked well. The nose had a little thick mucous. The oropharynx looked well. Left ear bulging with pus. JWR/sab DOD: 12/28/06 DOT: 1/2/07

JAN 05 2007

Phone

DOB

Allergies

None

Latex Allergy

yes

(NO)

Medications

Singulair, amoxicillin, nexium, advair, bactrim DS

Problem

Recheck (L) ear. pt stated

she forgot to get gts and thinks that's what's wrong. pt did come get gts on med to use. pt c/o pain. ENT c/o KID

Above history reviewed. IMP: Pt's tube had gotten blocked. Unfortunately she had not gotten the drops in there so we are going to go ahead and replace her tube with a collar button tube.

PROCEDURE: The patient was noted to have an ear exam which revealed a blocked tube. The patient was taken to the microscope room and placed in supine position. Lidocaine drops were instilled in the ear canal. After an appropriate amount of time had elapsed the patient was identified and authorization was obtained. The left ear was suctioned free of drops. The ear was dried with a cotton swab. Phenol was carefully placed in the ear and blocked tube was removed and a lot of clear fluid was suctioned from the middle ear cleft. A collar button tube was placed. Immediately she said she felt better once the collar button was in.

She will return to us in a couple of weeks for a recheck. JWR/sab DOD: 1/5/07 DOT: 1/10/07

JAN 18 2007

Date

Phone

Allergies

NKOT

Latex Allergy Yes No

Meds

Singular (allergy inj) Amitriptyline

Problem

Recheck of ear tube - Advair

Pt states she has had
a lot of drainage - & hearing -
has ringing - & other

ENT cl (u)

Above history reviewed. Pt with a tube in and she had a little crust on the tube which we went ahead and suctioned off. The patient's nose and throat look well. We will get her back in 6 weeks for a recheck. JWR/sab
DOD: 1/18/07 DOT: 1/19/07

Date MAR 09 2007

Phone

Allergies

Latex Allergy Yes No

Meds

Problem

U

Date

JUN 21 2007

Phone

Allergies

NKOT

Latex Allergy Yes ☒ No

Meds

Shedair, Advair, Nexium, Amitriptyline (prn) allergy shots - Last one Saturday

Problem

Recheck of ear tube. pt states she

is doing better drainage, hearing better, Otitis.

pt clo throat pain - rt side - antibiotics.

pt had nosebleed today - pt rinsed w/ NACL spray.

ENT cl (u)

6/21/07 continued.....

Above history reviewed, IMP: Patient doing great. The tube is still in on the left side. The patient needs to have endpoints done in November. She said her son Ethan is doing very well. Says he is like a new child and he is going to be an otolaryngologist when he grows up. The right ear looks well. The left ear shows the tube in place and patent. The nose is open. The oropharynx looks well. Does have some reflux going on. We are going to add Zegerid and see how she does. She has complained of the fullness of the throat and sore throat from time to time. JWR/sab DOD: 6/21/07 DOT: 6/22/07

Date NOV 09 2007

Phone _____

Allergies NK

Latex Allergy Yes No

Meds Singulair Leaves all other meds 6/5 daysProblem Skintest

Above history reviewed. Patient is doing well. We are going to go ahead and keep her on her shots. She said she tried to go off them and it just did not work. We will see her back in 6 months. JWR/sab DOD: 11/9/07 DOT: 11/12/07

pt requesting rx for V-naproxen nasal spray. B. Austin connected

js vs/es

Sandra Chamblee

U-10

13053

FEB 18 2008

Allergies WKA

Phone

Meds Singular 10mg 1qd, Nexium 40mg 1qd

Problem C/O Coughing, Sneezing, & Nasal

Congestion Since Saturday. Nasal drainage brown in

Color. (R) Ear pain x 2 1/2. Pt States

it felt like her ear popped

and then had Bloody drainage.

Pt Has a Severe Sore throat

and has had this also since

Saturday. No other ENT C/O.

fm

1 gm Rocephin given via hip per

Richter order. PC/O per pt. tolerated

well. Site intact / ROK

C/S @ maxillary sinus sent toamed via courier

Above history reviewed. IMP: Patient comes in thinking she has an allergic exacerbation but unfortunately she has perforated her right ear drum and now has significant problems. The patient has a perforated right drum and maxillary sinusitis.

Plan: Placed on Bactrim, Darvocet N100. She will get a gram of Rocephin today.

Exam: Perforation of the right drum and maxillary sinusitis. JWR/sab DOD: 2/18/08 DOT: 2/18/08

PROCEDURE: We looked at her with the flexible scope and found maxillary sinusitis. Cultured her sinus.

JWR/sab DOD: 2/18/08 DOT: 2/18/08

2/18/08 Rx. For PenVK 500mg ÷ po TID #30, 1st fill called

Dr. 24-3562 or Dr. 735 Anne Richter

DATE MAR 06 2008

Phone _____

Allergies Bactrim

LateX Allergy Yes ☒ No

Medications Pen VK 500mg, Nexium, Allergy in 2 wk

Problem Recheck allergies/sinus - still having some

(R) ear pain - sinuses did better - some ↑
allergy ss since yest. (sneezing) & other
ENT complaints (out of singular)

(No allergy shot in several wks)

Above history reviewed. IMP: Patient comes in with serous fluid in the right ear.

Exam: The nose and throat look well. Right serous otitis.

Plan: She will return in 6 weeks. JWR/sab DOD: 3/6/08 DOT: 3/7/08

PROCEDURE: The patient was noted to have an ear exam which revealed right serous otitis. The patient was taken to the microscope room and placed in supine position. Lidocaine drops were instilled in each ear canal. After an appropriate amount of time had elapsed the patient was identified and authorization and consent was obtained. The right/left ear was suctioned free of drops. The ear was dried with a cotton swab. Phenol was carefully placed in the ear and an anterior inferior myringotomy was made and scant serous fluid was suctioned from the middle ear cleft. A collar button tube was placed. JWR/sab DOD: 3/6/08 DOT: 3/7/08

DATE MAR 14 2008

Phone _____

Allergies Bactrim. codium

LateX Allergy Yes ☐ No

Medications Nexium Singlaine allergies in

Problem Recheck ears E-tubes. Status Marking

Rt ear. Status throat sore, c/o ↑ facial pressure

& chest congestion, used mucinex 10m. & help.

Used last antibiotic this AM & believes

to be getting sick "all over again". Status she

would like depo cause she remembers how

great she felt to it. & other ent c/o for.

3/14/08 continued...

Above history reviewed. IMP: Patient with a right ear ache. She has a tube in there and we had to adjust it under the microscope. She also has cough and considerable mucous problems and bronchitis.

Plan: We are going to treat her with Avelox 400 mg. 1 po qd with 80 mg. Depo-Medrol. She will continue on Mucinex.

Exam: The right ear had the tube as well as the left. Her nose was with thick mucous. The oropharynx had erythema as well as the cords. JWR/sab DOD: 3/14/08 DOT: 3/17/08

✓
Date APR 17 2008 Phone _____
Allergies _____ Latex Allergy Yes No
Meds CX
Problem _____

✓
Date MAY 15 2008 Phone _____
Allergies _____ Latex Allergy Yes No
Meds ALS
Problem _____

OCT 17 2008

Allergies _____ Consulting Physician _____

Past History _____ Latex Allergy yes ☒

Asthma yes Heart normal Eyes normal Ht 5'5"

Diabetes no Kidney/GU infection LMP Hysterectomy Wt 260 lbs

Hearing Loss no Lungs normal GI normal Temp normal

Pers/Fam Hx EA Immune System normal Other ASOCP

Tobacco Use no Liver normal Neurological normal

Surgery hysterectomy Throat normal Neck normal

Medc Lexapro gabapentin gabapentin gabapentin

Complaint: recheck ear tubes pt states left ear

hurts x 3 days ago, some ear drainage (yellow - brown).

6 other but clear

- recent antibiotic shots - kidney infection.
+ nausea shot

Above history reviewed. IMP: 1. Patient comes in with the tube blocked with old crust and wax.
2. She also had some drainage from the right tube which we cleaned.
3. Nasal allergies.

Plan: 1. Placed on Cipro Dex for 2-3 days. Rx written.
2. She will continue her shots.
3. We will get her back in 6 months.

Exam: The nose has a little clear drainage. The oropharynx looks well. She is well pleased with the results of her shots. JWR/sab DOD: 10/17/08 DOT: 10/20/08

PROCEDURE: We got her under the microscope and soaked her ear and got the old crust and wax cleaned out. JWR/sab DOD: 10/17/08 DOT: 10/20/08

✓

APR 17 2009

Consulting Physician _____

Latex Allergy: _____ yes no

Past History: _____

Asthma _____ Heart _____

Diabetes _____ Kidney/GI _____

Hearing Loss _____ Lungs _____

Peri-Fam Hx CA _____ Immune System _____

Insulin Use _____ Liver _____

Other: _____

Neurological _____

Comments: _____

allergy inj 2 shots / week

albuterol q 4 hrs prn, prednisone (prn) 5mg, vitamins, nebulizer

recheck ea tubes/allergy/pt. status ears are doing

great - some asthma flare, was outside on Easter

pt had Depo-medrol shot Tuesday + Z-pak + prednisone tapering dose now + cough syrup.

other ENT CloB

Above history reviewed. Patient is doing extremely well. She did have a little flare up and she is currently on Prednisone. The ears, nose and throat looks well. We are going to do endpoints in the fall. IWR/sab DOD: 4/17/09 DOT: 4/21/09

[Signature]

MAY 14 2009

Consulting Physician _____ Latex Allergy: _____ yes no

Med: Allergy inj 2gw @ home

System: Clo (B) ear pain x1 month - Uses Ciprodex drops - feels like talking in drum. other ENT Clo's

Depo-medrol 80 mg IM given in RUQ
 Det Dr. Riestler order. Tolerated well. Dose RN

7/14/09 continued....

Above history reviewed. IMP: Eustachian tube dysfunction with otitis media. She has had a lot of drainage from both tubes. She is going to continue her **Cipro Dex** and we are going to get her started on **Augmentin** 875 mg. She also has some Diflucan if she needs it. We are going to give her **80 mg. Depo-Medrol**. She has not had a Depo shot all year. Says she is doing fairly well.

Exam: Both ears have the tubes and has fluid that is clear. The nose is clear. The oropharynx looks well.

JWR/sab DOD: 7/14/09 DOT: 7/15/09

DEC 1 0 2009

NKDA

Multivitamins Goochy headache powder - Denies any other meds. ^{1 week} endpoints done. Pt. complain of slight tightness in chest during skin testing. B/P 132/86 O2 Sat 98% P 22. No wheezing noted or ~~et~~ facial color changes. Albuterol inhaler 2 puffs given. Pt. stated "she felt better." Pt. instructed to notify office of any further complications and if difficulty with breathing to call or go to ER. Dr. Riestek in to see pt. Jones, RN RAST drawn for foods and latex per Dr. Riestek order. Tolerated well. Jones, RN

Rx given for Atarax, syringes and Epipen Jones, RN

Above history reviewed. IMP: Patient with continued allergies. We are going to probably drop back on some of her allergens. She has been having a lot of trouble with tomatoes and some wheezing. We are going to do a RAST for foods and she is going to avoid eating at Ryan's. JWR/sab DOD: 12/10/09 DOT: 12/14/09

RAST for foods showed a positive class III to oysters. Otherwise she is negative. She will avoid these.
 JWR/sab DOD: 12/16/09 DOT: 12/17/09

MAR 03 2010

Pulse

LTC: Allergy

Allergies

NKDA

Med

Allergy inj.

Problems

Upt 40 sinus drainage / Sore

throat since Sunday. pt also 40
 headache PRN 200 40 PRN

Depo-Medrol 80 mg IM given in RUQ
 hip per Shelley Wells, NP. Tolerated well
 Diones, RN

Above history reviewed. Dr. Riester is my supervising physician on this patient today. Patient comes in today to get her allergy shot and is very congested and has a sore throat and not feeling well, lots of congestion. Exam shows the ears are clear. The nose has mucopus bilaterally. Oral cavity is without masses or lesions. The oropharynx looks good, with the exception that she has lots of postnasal drip. Neck is without masses. She is alert and oriented x3.

IMP: maxillary sinusitis, acute.

PLAN: We put her on Augmentin 875mg po bid for 10 days, take with food to avoid GI upset, and also gave her DepoMedrol 80mg IM today. She can get her allergy shot at the beginning of next week. She will call us if she doesn't get better. Shelley Wells, NP/lbw DOD: 3-3-10 DOT: 3-3-10

Shelley Wells, NP

SANDY CHAMBERLAIN

19 US

13053

JUN 17 2010

Phone: _____

Region: _____

Long/Short Yes No

Ads: _____

Problem: _____

OK

Patient: Sandy Chamblee Page: 26 Chart: 13053 Phone: _____
 Date: Sept 20, 2010 Consulting Doctor: _____ Latex Allergy: ☐ No ☐ Yes
 Assessment: Allergies/Sensitivities: Bactrim Weight: _____
 Current Medications: ☐ See attached universal medications form List: Ciprodex gts Resp.: _____
 Pulse: _____
 B/P: _____

Review of Body Systems:	-	+	Explanation of History
Constitutional Symptoms	☐	☐	
Eyes	☐	☐	
Ears, nose, mouth, throat	☐	☐	
Cardiovascular	☐	☐	
Respiratory	☐	☐	
Gastrointestinal	☐	☐	
Genitourinary	☐	☐	
Musculoskeletal	☐	☐	
Integumentary	☐	☐	
Neurological	☐	☐	
Psychiatric	☐	☐	
Endocrine	☐	☐	
Hematologic/lymphatic	☐	☐	
Allergic/immunologic	☐	☐	

Previous Surgery / Hospitalizations: ☐ None

Social / Family History: ☐ Employed ☐ Retired

☐ Student ☐ Other: _____

Marital Status: ☐ Married ☐ Widow(er) ☐ Single ☐ Divorced

Tobacco: ☐ Yes ☐ No Smoke: ☐ Yes ☐ No

Alcohol Use: ☐ Yes ☐ No

Initials of staff: _____

Complaint:

cl/o pt. ear pain. Started yesterday morning. Hurts to touch outside of ear but pain ↓ into ear.

pt. Started using Ciprodex gts but no relief. Pain is sharp burning pain. Hurts to open mouth to eat. Has had some ~~dark~~ brown-yellow colored drainage. & other ENT cl/o (chad)

Decadron 10mgm for rt. gluteal per order. Pt. tol. 3 prob. (JL)

CFS @ ear Sent amed via courier (KAB)

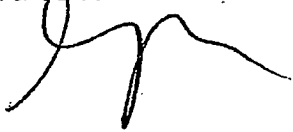
9-29-10 Con't.

Above history reviewed. Dr. Lawton Salley is my supervising physician on this patient today. Patient comes in today and has had right ear pain and she started using the Ciprodex drops, but she is hurting even into her jaw.

EXAM: The left tube is patent. The right tube does have a good bit of drainage and the external canal is very erythematous and looks very irritated. The nose is congested, but I don't see any mucopus. The mouth and throat look good. She does have some tenderness on the tragus and also down into the jaw some. Neck is without masses. She is alert and oriented x3.

IMP: otitis externa along with otalgia; allergies.

PLAN: We gave her **Decadron 10mg IM** today and hopefully this will decrease the soreness she's having. We also gave her **Omnicef 300mg 2 po qd for 10 days**, take with food to avoid GI upset and will continue to use the Ciprodex drops in the right ear and we applied some in there before she left today. We will see her back if she doesn't get better. We did culture the right ear today and will call her with those results. Shelley Wells, FNP/lbw DOD: 9-29-10 DOT: 9-30-10

 Shelley Wells, FNP

4-10 hx. for Tetracycline 250mg ÷ 8 b' x 10 days Disp: #40
No refill Called to CVS 224-4206 per Shelley
Wells, FNP Shelley Wells, FNP 

3-11 Started pt. on Olaze CLK system SEll

Name Sandee Chamblee Page 20 Chart # 130531

Date APR 19 2013 Patient Phone #: _____

Allergies _____ Latex Allergy: Yes _____ No _____

Meds _____

Problem _____

Patient comes in post op.

☐ Patient is doing well.

☐

Plan:

☐ Return in _____ days/weeks/months.

☐ Return prn.

☐ Patient has Cipro Dex and expresses understanding of how to use the drops.

Studies:

☐ Audio ordered. Audio shows hearing within normal limits. Reviewed with mom dad parents

☐

Exam:

☐ Ears show the tubes in place and patent: bilaterally right left.

☐ TMs are clear.

☐ Nose is clear.

☐ Tonsillar fossa healed.

☐ Tonsillar fossa with some scabbing. Bilaterally right left

☐ Pathology reviewed

☐ Rx written:

☐ Dr. Lawton Salley is my supervising physician.

☐ Dr. Jane Riester is my supervising physician.

Shelley Wells, FNP Date: _____

Patient: Sandra Chable Page: 2013 Chart: 13053A Phone: _____
 Date: APR 19 2013 Consulting Doctor: _____ Latex Allergy: ☐ No ☐ Yes
 Assessment: Allergies/Sensitivities: NKA Weight: _____
 Current Medications: ☐ See attached universal medications form List: See list 4/19/13 Resp.: _____
 Pulse: _____
 B/P: _____

Review of Body Systems:	-	+	Explanation of History
Constitutional Symptoms	☒	☐	
Eyes	☐	☒	Reading glasses
Ears, nose, mouth, throat	☐	☒	Sinusitis
Cardiovascular	☐	☒	↑BP
Respiratory	☐	☒	Asthma
Gastrointestinal	☐	☒	GERD
Genitourinary	☐	☐	
Musculoskeletal	☒	☒	Fibromyalgia
Integumentary	☒	☐	
Neurological	☒	☐	Ataxia
Psychiatric	☐	☒	depression/anxiety
Endocrine	☒	☐	
Hematologic/lymphatic	☒	☐	
Allergic/immunologic	☐	☒	Seasonal

Previous Surgery / Hospitalizations: ☐ None

C-Section
My Stomach
Lap Band Removal
Sinus Surgery X3

Social / Family History: ☐ Employed ☐ Retired

☐ Student ☒ Other: disabled
 Marital Status: ☐ Married ☐ Widow(er) ☐ Single ☐ Divorced
 Tobacco: ☐ Yes ☒ No Smoke: ☐ Yes ☒ No
 Alcohol Use: ☐ Yes ☒ No

Off from hxc CA

Initials of staff: SD

Complaint:

Pt. Clo ① ear pain - pt. states when she made appt. ear was hurting & draining - pt. uses ciprodex every time this happens - which clears & drainage. Pt. states ear is better today - but she is not sure if ① tube has come out.

Pt. states head / nasal congestion - drained throat - pt. has sinus issues due to weather

g other ant c/o ⑧

pt is not on allergy inj. anymore

4/19/2013 continued.....

IMPRESSION: The patient with eustachian tube dysfunction, chronic sinusitis, postnasal drainage, and chronic obstructive pulmonary disease.

PHYSICAL EXAMINATION

EARS: Both tubes are open.

NASOPHARYNX: The patient's nasopharynx otherwise looked well today.

HYPOPHARYNX: Showed very thick mucus covering the cords. Both cords are open. I did not see any mucus coming from the nasopharynx at this point.

PLAN: CT of sinus to make sure we do not have any chronic issues that are aggravating her pulmonary issues. She also has tubes that are open and patent in both ears, which we suctioned free.

✓

Jane W. Riester, M.D.

JWR/DTI/oper-KS N236344

DOD: 04/19/2013

DOT: 04/22/2013

MAY 07 2013 CT Sinus @ Medires
per Dr. Riester (signature)

Date MAY 23 2013

Phone _____

Allergies NEOA

Latex Allergy Yes No

Meds See list 5/23/13 @

Problem Review CT scan: Pt doing OK - still having

trouble sit up to sleep. & other ENT issues

5/23/13 Depo Medrol 80mg IM to @ hip per Dr. Jane Riester's
orders. Pt. tolerated well Pt. Hx: Lm

DOS: 05/23/2013

IMPRESSION: The patient with allergic exacerbation, reflux exacerbation, and eustachian tube dysfunction.

STUDIES: We went over her CT scan with her in detail.

EARS: Both tubes are in. We vacuumed out the left ear and get scant amount of fluid and debris.

NOSE: Has some clear drainage. Otherwise, looked pretty good.

OROPHARYNX: Otherwise, showed intense erythema.

HYPOPHARYNX: Otherwise, showed intense erythema.

NASOPHARYNX: Had some thick mucoid discharge.

LARYNX: The patient has intense erythema over the laryngeal surface of the epiglottis, but both cords are moving. Otherwise, looks well.

PLAN: We will have patient get 80 mg of Depo. She is going to use Ciprodex. We will also writing for some Mycolog for her. She will use Bactroban nasal rinse and return to us in a month for recheck.

Jane W. Riester, M.D.

JWR/DTI/oper-KS P100885

DOD: 05/23/2013

DOT: 05/28/2013

Date

JUN 06 2013

Phone

Allergies

NKIA

Latex Allergy Yes No

Medis

See List 6/16/13

Problem

Pt Clo hoarseness & coughing ↑ mucus - a lot of drainage ↓ throat. Drainage causes tickle in throat. Nose is doing good, she has been using bactroban nasal rinse. (Other Gut Clo (SK))

DOS: 06/06/2013

IMP: Above history reviewed. The patient comes in today complaining of hoarseness and coughing up mucus. She did get a little bit better but she is still having problems with a cough. Her nose is very congested. She denies any allergies today.

EARS: Her ears bilaterally show tubes that are patent.

NOSE: Shows some thick purulent drainage, worse on the right than the left but it is bilaterally. Her entrance of the nose where she has been using oxygen is somewhat dry as well.

ORAL CAVITY: Her mouth and throat are clear.

LARYNX: Unable to be seen due to significant gag reflex.

NECK: Without masses.

MENTAL STATUS: A&Ox3.

PLAN: We will place her on Augmentin 875 1 BID for 10 days #20 and no refill. She will take with food to avoid GI upset. I have also given her Gillespie's Mouthwash she will take that as directed for 10 days QS with no refills because she gets a yeast infection in her mouth and this usually works well for her. In addition, I have given her Tussionex cough syrup 1 tsp q. 12h. PRN cough 8 ounces and no refills. Follow-up is set.

Dr. Salley is my supervising physician.

Shelley Wells, FNP

Shelley R. Wells, FNP
SRW/DTI/oper16 N240669

DOD: 06/06/2013

DOT: 06/07/2013

Date JUL 02 2013 12/27/12

Allergies

Phone

Meds

Latex Allergy/ Yes NO

Problem

Anderson Radiology

1011 Ella Street ♦ Anderson, South Carolina 29621
Telephone (864) 225-6286 ♦ Fax (864) 231-6738

PATIENT NAME: Sandy Chamblee
ACCT #: 18083
DATE OF BIRTH: 12/27/62
GENDER: Female
REF PHYS: Jane Riester, MD

STUDY TITLE: SINUS CT WITHOUT CONTRAST
DATE: 11/14/03

INDICATION: Sinusitis, bilateral ear infections, right greater than left, and previous surgeries.

PROCEDURE: 2.5mm thick sections were obtained through the paranasal sinuses in the direct coronal plane. No comparison studies.

FINDINGS: Moderate lobulated mucosal thickening is identified within the frontal, maxillary, and sphenoid sinuses. The infundibulae of the OMC's are filled with thickened mucosal tissue. There are resections of the inferior aspects of both medial maxillary walls. Gentle leftward deviation of the nasal septum is present. No turbinate anomalies.

No maxillary air-fluid levels.

Intact orbital margins.

CONCLUSION:

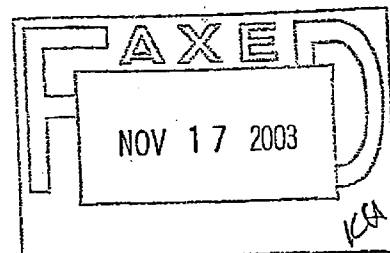
1. Pansinusitis. Moderate ethmoid sinus disease with mucosal thickening and several opaque ethmoid air cells.
2. Evidence of previous resections of the inferior aspects of the medial maxillary walls.

Thank you for this consultation.



Jeffrey K. Shramek, M.D.
Radiologist

JKS/dag (30745)



MEDICUS SURGERY CENTER, INC.

OUTPATIENT OPERATIVE NOTE

PATIENT: SANDRA CHAMBLEE
PHYSICIAN: DR. RIESTER
CHART: 47117

DOS: 12-17-03
DOD: 12-17-03
DOT: 12-22-03

PROCEDURE PERFORMED: Revision septoplasty, turbinoplasty, transnasal ethmoid anteriorly and antrostomies bilaterally

INDICATIONS: This patient has had allergic rhinitis and significant sinusitis for some time with history of two previous sinus operations, one by Dr. Juan Brown and one by Dr. Christie Winkler. The patient has had chronic headaches and sinusitis. The patient's septum was noted to be deflected to the left with inferior turbinate hypertrophy and obstruction of both maxillary and ethmoid sinuses and left frontal sinuses.

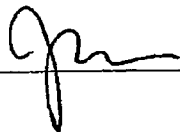
DESCRIPTION OF PROCEDURE: A left hemistransfixion incision was made and anterior and inferior tunnels developed. A portion of a spur on the left was removed and inferior turbinates outfractured and hypercated with the Dennis hypercator. The using 0 and 30 degree scope, the uncinate was removed on the right side and the anterior ethmoids opened up more widely. The antrostomy was opened widely as well with front biters and there was a large amount of purulent material and granulation tissue, which was removed. The patient had a good bit of granulation tissue throughout the surgical sites and so bled freely, making the surgery a little more difficult. The left side had these findings noted as well. The antrum was opened and the anterior ethmoids opened as well. The frontals were not able to be evacuated as well, and the anterior ethmoids were opened bilaterally. This seemed to free things up nicely, although, the patient was bleeding and we felt at this point, it would be better to stop and come back if necessary at a later date, but this opened her up well. Surgicel impregnated with Bacitracin was placed under the middle turbinates very gently and the incision closed in the septum and two Doyle splints were placed. The patient was allowed to awaken and taken to the recovery room in good condition. Estimated blood loss was approximately 250cc

FINAL DIAGNOSIS: Chronic sinusitis

JWR/sh

*Anterior or
Total Ethmoidectomies?*

COPY

 M.D.

Cc: Dr Wade 1/12/04

ANMED HEALTH
RADIOLOGY REPORT

Medicus ENT

1655 E. Greenville St. PO Box 2087, Anderson, S.C 29622
864.716.7750 Fax 864.716.7769

Exam Date: 05/07/2013

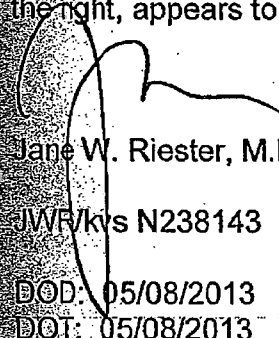
Physician: Jane W. Riester, M.D.
Patient: SANDY CHAMBLEE
DOB: 12/27/1962
MR#: 13053A

CT SCAN PARANASAL SINUSES:

Clinical Diagnosis: The patient with left ear pain and history of chronic sinus drainage and previously on allergy shots and having had previous sinus surgery.

Findings: Mild mucosal thickening is noted in the left frontal sinus as well as the left maxillary sinus and ethmoids. Previous ethmoid surgery is noted. Septum is relatively straight. The antrostomy is wide open on the right. There appears to be some scarring of the antrostomy on the left. There is evidence of a nasal antral window as well. Sphenoid sinuses are free of significant disease.

Impression: Left maxillary, ethmoid and frontal disease, mild mucosal thickening with evidence of previous sinus surgery and left antral window as well. Antrum is open on the right, appears to be chronic in nature with some allergic changes as well.


Jane W. Riester, M.D.

JWR/k/s N238143

DOB: 05/08/2013

DOT: 05/08/2013

Date signed by Physician:

Sandy Chancee

DATE

PROGRESS NOTES

8-20-04 Wt 248 Bp 138/84

S 41yr W/F c/o but had pain & loss. work - Am.

Relieved: nothing

O Fed. pain on RF h/L. M 2+ yr. @ 1st,

M/S ① flunker forerider. pt ad again, Vmax 12.5 → 25 @ 11M.

St. points - Reg

me M/S

Large cuff
LA Rep 11/40/96

2

9-25-04 Wt 248 Bp 180/102 RA 150/96

S M. c/o 2h h/o hlt shoulder back pain / 1 MA since MVA 2h ago

O vision / speech a/c, @ loc - MVA, @ stress / sleep on any legs.

O vision. @ hand down / density

Neck. from. @ 1st / 1st

MVA MVA 3, m/s intent

Ext - @ 1/1/E

M/S ① shoulder back pain - Vmax 50 → 25 @ 11M, after 1st MVA & 2h.

② MVA. @ hand for 1st 30.

③ MVA. @ hand for 1st 30 @ 11M, 1st 1st.

me MVA 1st

RA

LP

2

10/12/04 Bp 138/84 134/86

Besicor 20mg

QD #

11/9/04 Bp 124/80

12-1-04 Called in refill CVS 224-3562

Diazepam 40 mg QD # 30 X 5

Dr. L. Gregg Seymour 402 E. Greenville St. Anderson, S. C. 29621

Phone 864 225-1481 Fax 864 225-1879

DATE Handy Chanlee PR

PROGRESS NOTES

✓-5 05 WT-257 Ep 130/82

5 M of ① allow for some dry ft for vent/shelter for

① Shallow - more, and selling. @ 1000 / 10000

① Leinster Caliber 12th Gauge 12th Bl.

W. M.

2

6-20-05 WF 253 Bp 130/82 Temp 98.2

9. Pt. of Zulu L. of rough dark angular. Being @ her.

6	Water. at 4

6. $\mu = 0$

By: Libby and my friend

44 0.4 95%

Q) Comput. of width - Day 40 Sun. Stage 05 bed H1. Zink H1, H_{peak} 402

7 ml. of 0.4 N

APC APC

2.

7/5 05 W+ 253 60 124/96

5. $\frac{1}{2}$ million signed by 6/20 but still says/when

Q. Let : $p \rightarrow q$

send off letter. you may letter

Ident - of $\mathcal{D}$

Nr. ② Lithua. Der 4. in Sangul 18. 12d 41. Hyperion 442. neue Technik

see H. K. and P. M. 77 see P. M.

MC 147

2

1 to 16	Composite Egg 25% one over 12h per Hansen OVS count/rain # 12 ϕ - @

Dr. Z. Gregg Seymour 402 E. Greenville St. Anderson, S. C. 29621
Phone 864 225-1481 Fax 864 225-1879

Pg. 2 of 2260



ANMED HEALTH CAMPUS
2000 E. GREENVILLE ST.
ANDERSON S.C. 29621

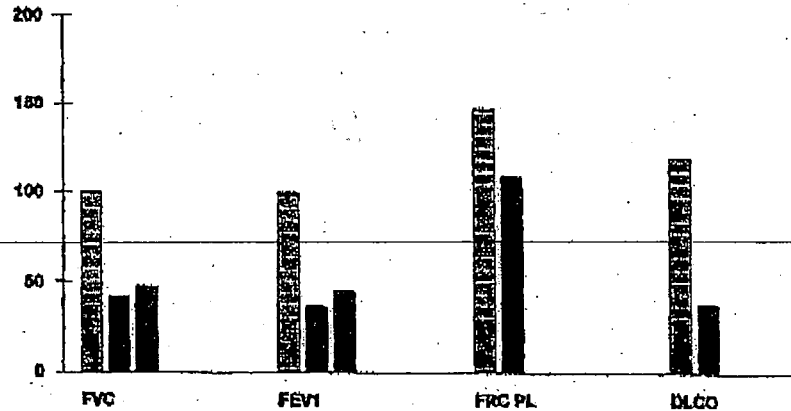
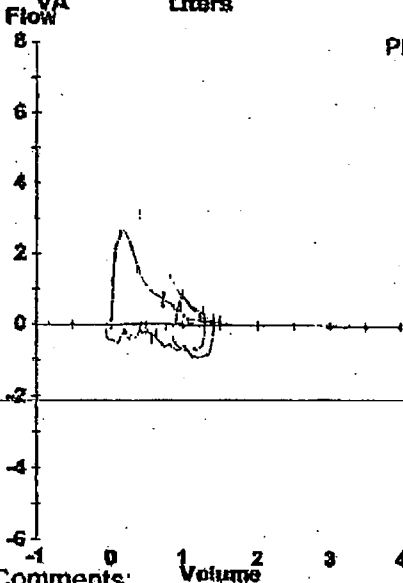
864-716-6626

Name: CHAMBLEE, SANDRA LYNNE
Gender: Female Room: Out-Pt
Age: 42 Race: Caucasian
Height(in): 65 Weight(lb): 265
Any Info:

Id: 249-06-2253
Date: 07/05/05 Diagnosis: ASTHMA
Temp: 20 PBar: 753
Physician: SEYMOUR
Technician: PAIGE WARREN

Spirometry (BTPS)		PRE-RX			POST-RX		
		PRED	BEST	%PRED	BEST	%PRED	% Chg
FVC	Liters	3.42	1.43	42	1.63	48	14
FEV1	Liters	2.86	1.03	36	1.26	45	24
FEV1/FVC	%	84	72		79		
FEF25-75%	L/sec	3.25	0.69	21	1.19	37	72
FEF50%	L/sec	3.85	(0.71)	(18)	(1.40)	(38)	97
FET100%	Sec		8.05		7.39		-8
PEF	L/sec	6.30	2.71	43	3.27	52	21
Lung Volumes (BTPS)							
TLC	Liters	5.24	(3.57)	(68)			
RV	Liters	1.76	1.87	106			
RV/TLC	%	33	(52)				
FRC PL	Liters	1.99	2.18	109			
VC	Liters	3.42	1.70	50			
Vtg	Liters		3.29				
Raw	cmH2O/L/sec	2.00	3.16	158			
Diffusion							
DLCO	mL/min/mmHg	30.1	(11.2)	(37)			
DL Adj	mL/min/mmHg	30.1	(11.2)	(37)			
DLCO/VA	1/min/mmHg	4.29	(9.10)	(212)			
DL/VA Adj	1/min/mmHg		9.10				
VA	Liters		1.23				

CHAMBLEE, SANDRA LYNNE
12/27/62 042Y F #VISITS 1
M/R # 96346 SEYMOUR, ZACHAR
7/05/05 5141167 F/C: T CC: 03



Comments: Spirometry data is ACCEPTABLE and REPRODUCIBLE. GOOD EFFORT/CO-OPERATION FROM PT. WITH TEST, 4 PUFFS VENTOLIN MDI WAS GIVEN VIA SPACER WITH INSTRUCTIONS ON PROPER USE OF MDI/SPACER WITH NO COMPLICATIONS NOTED. HR 82 SAT ON RM AIR 96%.

Interpretation: There is a mild obstructive lung defect. The airway obstruction is confirmed by the decrease in flow rate at peak flow and flow at 25%, 50% and 75% of the flow volume curve. There is a mild restrictive lung defect. There is a severe decrease in diffusing capacity. FVC changed by 14%. FEV1 changed by 24%. FEF 25-75 changed by 72%. This is interpreted as a good response to bronchodilator.

() = OUTSIDE 85% CONFIDENCE INTERVAL

Norm Set: Knudson (1983)

Version: IVS-0101-04-1

See Dr. Hand
7-26-05
PAIGE WARREN

261

Z. GREGG SEYMOUR, M.D.
402 E. GREENVILLE ST.
ANDERSON, SC 29621

Medically Excused Absence

This is to confirm that

Sandy L. Chamblee

has been under my care
for Asthma

from August 1 to September 6 *Can return to Curves*

The patient's absence was medically advised.

Z. Gregg Seymour MD
signature

8-30-05

PD-07-R-2359-P-1 (6-65)

ANMED HEALTH

Radiology Consult Report

PT NAME: SANDRA LYNNE CHAMBLEE
DOB: 12/27/1962
SEX: F LOCATION: CT CLINIC CODE / 0000 /
ORDERING: GREGG SEYMOUR
DOS: 10/26/2005 01:48 PM
EXAM ID#: 3141389

MRN: 000096346
STATUS: OP
Acct #: 5235852
PHONE: (864) 225-1481
EXAM CODE: AH - 4260102

CHAMBLEE CT HEAD W/O CONTRAST

INDICATIONS: History of sudden headaches, reported history of some form of cyst removal at age 7.

TECHNIQUE: Axial images are obtained from the foramen magnum to the vertex. Contrast was not administered. There is no previous study for comparison.

FINDINGS: There is opacification of the left maxillary sinus with patchy opacification of the left ethmoid air cells. Sinuses are otherwise clear. Bony calvarium and soft tissues are unremarkable. Mastoids are clear. IAC's are normal in appearance. Retro-orbital spaces are unremarkable. Cerebellum, fourth ventricle, and brainstem appear normal. In the supratentorial compartment the ventricular system is normal in appearance. The cerebral hemisphere is normal in appearance. Calcifications seen within the midline pineal fossa. No extra-axial abnormalities of significance is seen.

IMPRESSION:

UNENHANCED CT SCAN OF THE BRAIN DEMONSTRATING:

1. NO ACUTE INTRACRANIAL ABNORMALITY IS IDENTIFIED. BRAIN IS NORMAL IN APPEARANCE.
2. LEFT MAXILLARY AND ETHMOID SINUS DISEASE. THERE ARE SCLEROTIC BONY CHANGES IN THE MAXILLARY SINUS SUGGESTING THIS IS MORE CHRONIC IN AGE.

DICTATED: PAUL ALLEN BRILL, M.D. Oct 26, 2005 13:55

ELECTRONICALLY VERIFIED: PAUL ALLEN BRILL, M.D. Oct 26, 2005 23:10

TRANSCRIBED BY: PAIGE BURTON Oct 26, 2005 15:47

*****END OF REPORT 3141389*****

Physicians Lab Assessment

- () Normal - Call pt.
(✓) Abnormal - Call pt. and:

bur al. ? consult -

Call 220 610 #20

ExamID: E-03141389 Approved

Page 1

() PL Notified CHAMBLEE, SANDRA LYNNE

264

CHAMBLEE, SANDY
CHART #12831
06/28/06

CC: URI, Fullness of the Ears, Numbness of the Fingers.

S - This patient is known to have asthma. Over the past several days she has had sinus congestion and drainage. The mucus is thick and yellow. Mild sore throat has been noted but no fever or chills. Occasional wheezes. She uses her aerosol at times. No dyspnea has been present. Has not experienced any chest pain.

O - HEENT: Swollen turbinates and hyperemia of turbinates and pharynx.
LYMPHATIC: No submandibular or supraclavicular nodes.
NECK: Supple. No bruits.
CHEST: Did not hear any rales, rhonchi or wheezes. Fremitus and percussion normal.
CARDIAC: No murmur or rub S3 and S4.
ABDOMEN: Soft without masses or tenderness.

A - 1) Acute sinusitis [bacterial].
2) Asthma which is stable at this time.

P - 1) Z-Pak.
WCF:ba

cc: Dr. Seymour ✓

WCF
DICTATED BUT NOT READ

CHAMBLEE, SANDRA
Gregg Seymour, MD
5743457
Mon Jun 11 23:29:56 2007
Tue Jun 12 05:37:59 2007

ALLERGIES: No known drug allergies.

MEDICATIONS: Advair, Albuterol, Nexium, Singulair, Elavil.

PHYSICAL EXAM: The patient is an obese white female in no acute distress. Her vital signs are temp 100.7, pulse 104, respiratory rate 20, and blood pressure 118/66. HEENT, head is atraumatic. Pupils are equal and reactive to light. Extraocular muscles are intact. Oropharynx is clear. Neck, no JVD, bruits, adenopathy present. She has free range of motion. Heart, tachycardiac rate, regular rhythm without murmur or gallop. Lungs are clear to auscultation in all lung fields. Abdomen obese, soft, nontender, active bowel sounds, no hepatosplenomegaly or flank tenderness. Extremities, no clubbing, cyanosis or edema is noted. Neurologic, the patient is alert and oriented x 3. No gross motor or sensory deficits in her upper or lower extremities. Skin, no lesions or rashes are noted.

LABORATORY DATA: Cardiac enzymes are negative. CMP is within normal limits. D-Dimer is mildly elevated at .53. CBC shows normal white count, hemoglobin and platelet count, the patient's O2 saturations are 100% on 2 liters. EKG shows some sinus tache with no acute changes are noted.

ASSESSMENT/PLAN:

1. Chest pain. The patient has atypical history for ischemia, but does have multiple risk factors and therefore we will admit her for observation. Check serial cardiac enzymes and EKG's. If these are negative, will proceed with noninvasive cardiac testing in the morning. In the interim, will administer aspirin supplemental oxygen and nitrates as needed.
2. Nausea, vomiting, diarrhea, probable gastroenteritis is caught from a family member. Will treat with bowel rest and symptomatic care.
3. Asthma. Will compensate.

Gregg Seymour, MD

MLS: 95989
43416831 /43416831

HISTORY AND PHYSICAL
<Page> 2 of 2

CHAMBLEE, SANDRA
Gregg Seymour, MD

ANMED HEALTH
ANDERSON, S.C.
MEDICAL RECORD

CHAMBLEE, SANDRA
Gregg Seymour, MD
5743457
Wed Jun 20 19:03:05 2007
Thu Jun 21 06:04:50 2007

DISCHARGE SUMMARY

DISCHARGE DIAGNOSES:

1. Noncardiac chest pain
2. Gastroenteritis
3. Asthma

HOSPITAL COURSE: The patient is a 44 year old white female admitted with chest pain suspicious for ischemia. Serial cardiac enzymes and EKGs were done which were negative for acute ischemia. A Persantine Thallium exam was performed, which was negative for acute ischemia. The patient is discharged in improved condition.

MEDICATIONS: ADVAIR 250/50 1 puff b.i.d., Albuterol metered-dose inhaler 2-4 puffs q.4 p.r.n. pain, Nexium 40 mg. once a day, Singulair 10 mg. once a day, Elavil 75 mg. at bedtime.

DISCHARGE ACTIVITY: Low fat, low cholesterol diet. Discharge activity as tolerated.

FOLLOW-UP INSTRUCTIONS: The patient is to call my office for follow-up appointment in 1-2 weeks.

Gregg Seymour, MD

MLS: 95991
43440522 /43440522

cc:

ANMED HEALTH

Radiology Consult Report

PT NAME: SANDRA LYNNE CHAMBLEE
DOB: 12/27/1962
SEX: F LOCATION: 2 CENTER / 0232 / 2
ORDERING: ZACHARY GREGG SEYMOUR
DOS: 06/12/2007 12:58 PM
EXAM ID#: 3424090

MRN: 000096346
STATUS: OP
Acct #: 5743457
PHONE: (864)225-1481
EXAM CODE: AH - 4240405

CHAMBLEE SPECT MYOCARDIAL PERFUSION SCAN

REFERRING PHYSICIAN: Dr. Seymour

CLINICAL HISTORY: 44 y/o female with chest pain.

PROCEDURE: The patient underwent rest Sestamibi imaging with 10.3 mCi of sestamibi, then underwent Persantine infusion per protocol and appropriate dose of Persantine of 33 mCi of Cardiolite were injected and stress SPECT imaging of the heart obtained.

FINDINGS: There is overall normal radiotracer distribution throughout the left ventricle with normal physiologic distribution and no areas of abnormally diminished activity. The left ventricle does not dilate at stress or rest and gated ejection fraction is normal at 76%.

IMPRESSION:

NEGATIVE. NO EVIDENCE OF PERSANTINE-INDUCED MYOCARDIAL ISCHEMIA OR SCARRING.

Dictated: RHONDA L. DUNCAN, M.D. Jun 12, 2007 14:28

ELECTRONICALLY VERIFIED: PAUL JONES, M.D. Jun 15, 2007 06:47

TRANSCRIBED BY: DAWN KETZLER Jun 12, 2007 15:26

*****END OF REPORT 3424090*****

ExamID: E-03424090 Approved

CHAMBLEE, SANDRA LYNNE

Page 1

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FINAL REPORT

EXERCISE STRESS TEST REPORT

Patient Name: CHAMBLISS, SANDRA

Patient ID: 000096346

DOB: 27-Dec-1962

Height: 0 m

Weight: 270 lb

Age: 44 yr

Gender: Female

Race: Caucasian

Study Date: 12-Jan-2007

Test Type: Persantine Stress, 43

Protocol: PERSANTINE43

Referring Physician: Z. GREGG SEYMOUR, M.D.

Attending Physician: --

Technician: SARAH ADAMS

Reason for Exercise Test:

CHEST PAIN / OBESITY

Conclusions:

ACCT #5743457

THE PATIENT IS A 44 YEAR OLD FEMALE REFERRED FOR PERSANTINE THALLIUM TESTING FOR THE COMPLAINT OF CHEST PAIN.

THE PATIENT RECEIVED PERSANTINE INFUSION OVER 4 MINUTES AND THEN UNDERWENT ELECTROCARDIOGRAPHIC MONITORING DURING THE INFUSION AS WELL AS 5 MINUTES POST INFUSION FOR A TOTAL OF 9 MINUTES. DURING THIS TIME, SHE HAD NO SYMPTOMS OR ELECTROCARDIOGRAPHIC CHANGES SUGGESTIVE OF ISCHEMIA. AT 7 MINUTES, SHE WAS INJECTED WITH SESTAMIBI AND UNDERWENT MYOCARDIAL PERFUSION SCANNING. THIS SCAN WAS NEGATIVE FOR PERSANTINE-INDUCED MYOCARDIAL ISCHEMIA OR SCARRING. THE PATIENT TOLERATED THE PROCEDURE WELL.

DICTATED BY: Z. GREGG SEYMOUR, M.D. ON 6/28/07

Confirmed by SEYMOUR, M.D., Z. GREGG (629) on 6/30/2007 9:05:15 AM



Name

Sandy Chamberlee

SS#

Page #

Name

DATE

NOTES

7/2/07 Temp 97.8 Bp 140/90

M. of 1st h/ some congestion: yellow blood-tinged sputum.
Slight fever. Anorexia: dry cough.

o weight - (D) some phlegm.

Ly - 0

mp ① simvastatin - Zol 11 / Hydro 400 / Guaifed 10 #12.
re MI

2

8-9-07 OK Refill - CVS

Guaifed PO BID #14

0

8-16-07 Wt - 268 Bp - 140/82

S M of 1st h/ some congestion, no fever, 1 dry cough
Anorexia as always. Oxy: none

o weight. This cl., of cl.

neck glands

Ly - none ② ③

Ly - scattered and very sparse.

mp ① simvastatin / hydro / hydro - Dose 114, Dose 50 #10, Hydro 400,
also as per, re MI. Also until clear.

re MI

2

10/17/07 Wt - 268

M. of 3rd h/ chest congestion, SOB, wheezing. ① cough, fever.
at re MI.

o weight: ② ③

Ly - scattered and very sparse.

ext - 0 cl / cl

mp ① simvastatin / hydro / hydro - Zol 11 / Hydro 400 / Guaifed 10 #12 / MI 400 per MI

re MI

2

Do you even know the half of it?



LIPITOR
atorvastatin calcium
20mg/20mg

www.LIPITORhcp.com

EVIDENCE

11/20/2007

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U.S. Patent 6,000,000

Page: 33/10

10:10:44:2007

705

Page: 14-2014 08:58 From:

Multiple / Cliniforms @ 1999

11/03/1

800-966-7237

Name:	Sandy Chamblee			Date:	1-31-08		
T:	98.8	P:		BP:	110/80	Wgt:	268

[illegible]

Date: 3-25-08				
T: 97.8	P:	R:	BP: 138/84	Wgt: 243

ROS:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL	✓					✓								
See note		✓			✓									
Exam:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL	✓	✓				✓								
See note					✓									
<i>Followed up. better</i>														

Name: Sandy Chapelle Date: 4-28-08
 T: P R: BP: 138/86 Wgt: 243

CC: neck pain

HPI: M. 1/31 4/1 @ solid neck pain. 7 days wrong. Own doctor/physicist

PFSH: ☐ Reviewed/Updated on facesheet

Allergies/Meds: ☒ Reviewed/Updated on Facesheet

ROS:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL										✓				
See note														

Exam:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL						✓				✓		✓		
See note										✓				

down c neck

Diagnoses/Management Options:

① neck pain - myofascial pain syndrome, flexion RTM, neck 1 M

Followup: NA

Physician's Signature: 2

Date: 1/22/09
 T: P: R: BP: 118/76 Wgt: 247

CC: Cough

HPI: M. 1/15 5/14 4/1 cough, RT, 2 days cough. ① NA

② NA

PFSH: ☐ Reviewed/Updated on facesheet

Allergies/Meds: ☒ Reviewed/Updated on Facesheet

ROS:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL						✓						✓		
See note		✓			✓									

Exam:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL	✓	✓				✓								
See note					✓									

Set back

Diagnoses/Management Options:

① sinusitis - 2nd 41, 6/14 10 11. 4/14 4/14

Followup: NA

Physician's signature:

273

Anderson Radiology

2126 East Greenville Street
Anderson, SC 29621
Telephone (864) 225-6286
Fax (864) 231-6738

PATIENT: Chamblee, Sandy
DOB: 12/27/1962
MRN: 405748
PHYSICIAN: Gregg Seymour, MD
DATE: 3/16/2009

EXAM: DOUBLE CONTRAST UPPER GI WITH KUB

HISTORY: Prior lap band surgery for obesity on 12/12/2008, checking to see if the band has become loose or has a problem, history of gastroesophageal reflux prior to surgery, which the patient has not had since surgery.

The laparoscopic band is disconnected with the majority of the band anterior to the stomach. The band partially circles the stomach and there is no restriction of the gastric lumen. Swallowing is normal except for incomplete relaxation of the cricopharyngeus muscle. Esophageal motility is normal. There is no hiatal hernia or gastroesophageal reflux. There are no findings of esophagitis. Stomach is normal. Duodenal bulb is negative. Visualized small bowel is normal.

IMPRESSION: Laparoscopic band is disconnected and there is no restriction of the gastric lumen.

Thank you for this consultation.

Wes Phelan, M.D.
WP / dg

DD: 3/16/2009
DT: 3/17/2009
Job: 7823341

This document has been electronically reviewed and signed by.



Name: Sandy Chandler Date: 4-14-09
 T: _____ P: _____ R: _____ BP: 140/98 Wgt: 236

CC: Cough/HA.
 HPI: M. of 3rd hf 1st day, dry cough + HA. No rel since last PM.
 Not using Advair.

PFSH: ☐ Reviewed/Updated on facesheet

Allergies/Meds: ☒ Reviewed/Updated on Facesheet

ROS:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL						✓								
See note					✓									

Exam:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL						✓								
See note					✓									

LOS: 1 ending level.

Diagnoses/Management Options:

RA02 Set 92%

① exacerb of asthma - Rego to 800, stopped P (6/11),
 Zeph 11, Upresol 400. scheduled on rel/pres use.

Followup: MR5

Physician's Signature: 2

Date: 5-28-09

T: _____ P: _____ R: _____ BP: 138/88 Wgt: 233

CC: Cough.

HPI: M. of 2nd hf 1st, some congestion, dry cough. Coughing/HA.

PFSH: ☐ Reviewed/Updated on facesheet

Allergies/Meds: ☒ Reviewed/Updated on Facesheet

ROS:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL						✓								
See note	✓	✓			✓									

Exam:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL						✓								
See note					✓									

Selected levels: 1st ending level.

Diagnoses/Management Options:

① bronchitis/bronchospasm - Zeph 11, Upresol 400, stopped at 11

Followup: AM1

Physician's signature: 2

Name:

Sandy Chamberlee

Date:

8-18-07

T:

P:

R:

BP:

130/82

Wgt:

222

CC: w

HPI: M. of 3d h. of feel like "filled mouth" since: p/sy "cardiac movements".
 SOB. 1: exertion.

PFSH: ☐ Reviewed/Updated on facesheetAllergies/Meds: ☒ Reviewed/Updated on Facesheet

ROS:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL					✓	✓				✓				
See note														

Exam:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL					✓	✓				✓				
See note														

Diagnoses/Management Options:

① C - Mitral is 20 n 30, P-R-T 10 n 30, heart, rest.

Followup:

M1

Physician's Signature: 2

Date:

8-25-09

T:

P:

R:

BP:

130/86

Wgt:

222

CC: SOB

HPI: M. of 3d h. of chest congestion, wheezing, SOB @ night/when/sit/when, congestion.

PFSH: ☐ Reviewed/Updated on facesheetAllergies/Meds: ☒ Reviewed/Updated on Facesheet

ROS:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL	✓				✓	✓								
See note					✓									

Exam:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL	✓				✓	✓								
See note					✓									

allergic and congestive heart failure

Diagnoses/Management Options:

M. of 3d h. 90%

① exert. d. asthma - pt. at year: managed OP n.1

Followup:

M1

Physician's signature:

2

276



Name Sandy Chamblee SS# _____ Page # _____
Address _____
Phone (home) _____ (work) _____ Date of birth 12-27-62
Drug allergies _____

Name

DATE NOTES

8-27-09 Asthma Rep medical sheet

4-12-11 Inguinal Bursitis

Urinalysis
Sp. Gr. 1.005 Ketone —
Color Straw Bill —
PH 5.0 Blood —
Protein — Nitrite —
Glucose — Leuko ++

Cipro 500x
one PIO
#14

MISCELLANEOUS NOTES

174121 / Cliniforms © 1999 IM031 800-969-7237

Name: Sandy Chamblee Date: 9-18 09
 T: P: R: BP: 140/84 Wgt: 228

HPI: M of neck pain & 3 hrs

PFSH: ☐ Reviewed/Updated on facesheet

Allergies/Meds: ☒ Reviewed/Updated on Facesheet

ROS:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL														
See note														

Exam:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL														
See note														

phil & Thom

Diagnoses/Management Options:

C neck pain Motus 15 down n30. Flexion 1 v Bout n30. when I sit,
 (S) WNL. Ceph. n30

Followup: MS

Physician's Signature: Z

Date: 9-28-09

T: P: R: BP: 130/88 Wgt: 228

CC: SOB/cough.

HPI: M of 3d h/ cough, SOB, wheezing. @ home yesterday. off oxygen

PFSH: ☐ Reviewed/Updated on facesheet

Allergies/Meds: ☒ Reviewed/Updated on Facesheet

ROS:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL														
See note														

Exam:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL														
See note														

Diffuse end exp. wheezes

Diagnoses/Management Options:

Exacerbation of asthma / bronchitis - 2nd H1 / Nipride 402 / Syntex x 2h / Chloral 11 cap /
 use resp / pbs as directed / managed at H1

Followup: MS

Physician's signature: Z

**Anderson
Radiology**

2110 N Hwy 81
Anderson, SC 29621
Telephone (864) 225-6286
Fax (864) 231-6738

PATIENT: Chamblee, Sandy
DOB: 12/27/1962
MRN: 405748
PHYSICIAN: Jerry Shane Purcell, MD
DATE: 7/9/2010

EXAM: LIMITED ABDOMEN ULTRASOUND

HISTORY: Had lap band surgery two years ago, has pain and tenderness in the right side of the abdomen.

TECHNIQUE: The abdomen is examined with real-time ultrasound and color Doppler ultrasound.

FINDINGS: There is generalized increased echogenicity of the liver parenchyma from fatty infiltration. Liver parenchyma is otherwise negative. Liver is borderline for enlargement with a maximum sagittal dimension of 15.6 cm. Gallbladder is normal and negative for stones and pathology. Common bile duct is normal with a diameter of 3.2 mm. The pancreas is almost completely obscured. Right kidney is negative.

IMPRESSION: Borderline hepatomegaly with fatty infiltration.

Thank you for this consultation.

Wes Phelan, M.D.
WP / ab

DD: 7/9/2010
DT: 7/9/2010
Job: 10888691

This document has been electronically reviewed and signed by.



Name: Sandy Chamblee Date: 11-12-10
 T: P R: BP: 128/80 Wgt: 200

CC: Med/cw for

HPI: M of @ cm for x lth. whe: deep hatching/angry/overcast. End: splinting
w Oset/cup/4-j-y. O set w/s.

PFSH: ☐ Reviewed/Updated on facesheet

Allergies/Meds: ☒ Reviewed/Updated on Facesheet

ROS:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL					✓	✓								
See note										✓				

Exam:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL					✓	✓				✓				
See note														

Tender w/ @ cm
Abdomity

Diagnoses/Management Options:

@ cm for - 1st dx, see above to find: find

Followup: M Physician's Signature: 2

Date: 7-23-10
 T: P: R: BP: 140/100 Wgt: 207

CC:

HPI: M of lth lth, initially w/s but now: chest congestion, wheezing, SOB, and cough
prod or dark phlegm

PFSH: ☐ Reviewed/Updated on facesheet

Allergies/Meds: ☐ Reviewed/Updated on Facesheet

ROS:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL						✓								
See note	✓	✓			✓									

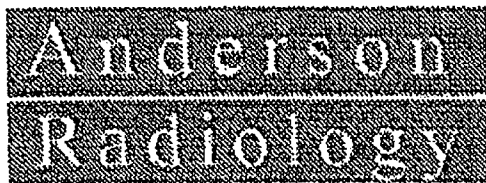
Exam:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL	✓	✓				✓								
See note					✓									

Wheezing and cough wheeze!

Diagnoses/Management Options:

@ bronchitis / bronchospasm - started w/s but H1, Day 4 Em K1, Breach H14,
Upfront M2, see nose/phlegm from

Followup: M1 Physician's signature: 2 280



2110 N Hwy 81
Anderson, SC 29621
Telephone (864) 225-6286
Fax (864) 231-6738

PATIENT: Chamblee, Sandy
DOB: 12/27/1962
MRN: 405748
PHYSICIAN: Gregg Seymour, MD
DATE: 7/13/2010

EXAM: CT OF THE CHEST WITH CONTRAST

HISTORY: Chest wall pain on the right, no cough, congestion, nonsmoker, no cardiac surgeries, does have a lap band.

TECHNIQUE: Axial 5-mm images were performed throughout the chest with contrast enhancement. The patient was injected with 85 ml. of Isovuc-300 water-soluble contrast material.

COMPARISON: Ultrasound was performed 07/09/2010.

FINDINGS: Subtle generalized fatty infiltration of the liver parenchyma is seen. Liver appears to be upper normal in volume by CT. There is a subcutaneous port in the anterior upper abdomen just to the left of midline with catheter extending into the pelvis that surrounds the cardia of the stomach. Spleen is negative. Pancreas is normal. Visualized kidneys are negative. Visualized upper abdominal anatomy is otherwise unremarkable. Heart is normal. Aorta is negative. The pulmonary arteries are normally opacified and negative for embolus. Lungs are clear. There are no pleural effusions.

IMPRESSION:

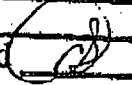
1. Study is negative for abnormality of the thorax.
2. Fatty infiltration of the liver with upper normal volume.

Thank you for this consultation.

Wes Phelan, M.D.
WP / ab

DD: 7/14/2010
DT: 7/14/2010
Job: 10919164--

Physicians Lab Assessment
(✓) Normal - Call pt.
() Abnormal - Call pt. and:

(✓) PL Notified 

This document has been electronically reviewed and signed by.



Name: Sandy Chamblee

Date:

9-8-10

T	P: 78	R:	BP: 118/82	Wgt: 210

CC: clHPI: Pl. of intermittent cl + 2 hrs. @ night cl + indigestion into jaw/throat - lasted ~ 1-2 hrs.

No precipitating factors - not related to exertion/meal/activity. Present: HTG, rest, food/gum/s.
cl absent if S on: HTG.

PFSH: ☐ Reviewed/Updated on facesheetAllergies/Meds: ☒ Reviewed/Updated on Facesheet

ROS:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL					✓		✓							
See note						✓								

Exam:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL					✓	✓	✓							
See note														

Diagnoses/Management Options:

① cl - some Nerve, ✓ GAT Med, REASON 81 cl + 1 GAT.

Followup:

M1

Physician's Signature:

2

Date: 10-27-10

T:	P:	R:	BP: 144/88	Wgt: 212

CC: CoughHPI: M of 4th of dry cough, chest congestion, HA. @ home.PFSH: ☐ Reviewed/Updated on facesheetAllergies/Meds: ☒ Reviewed/Updated on Facesheet

ROS:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL						✓								
See note					✓									

Exam:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL					✓	✓								
See note														

Sustained levels:

Diagnoses/Management Options:

① bronchitis - 2nd M1 / uphonest 402 / use MBS / rest as directed.

282

Followup:

M1

Physician's Signature:

2

10-27-10

10-27-10

776

FEB-14-2014 08:54 PM

CAROLINA IMAGING CENTER
803 N. Fant Street, Anderson S.C. 29621
Phone: (864) 226-8889 Fax: (864) 226-8133

RADIOLOGY REPORT

Patient Name: Sandy Chamblee
Account No.: 14247
Ordering Physician: Z. Gregg Seymour, M.D.
Date of Procedure: 9/10/10
Sex: Female Age: 47 DOB: 12/27/62

EXERCISE CARDIOLITE MYOCARDIAL PERFUSION SCAN W/ EF

REASON FOR PROCEDURE: Chest pain.

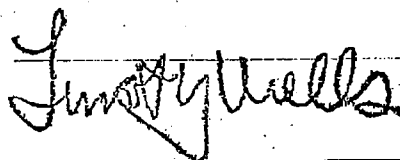
PROCEDURE RESULTS: 10.0 mCi of TC-99M Sestamibi was used for rest images. 29.0 mCi Sestamibi was used for stress images. With exercise 88 % of maximum predicted heart rate was achieved. This heart rate response is adequate for myocardial perfusion imaging. Please refer to separate report for results of stress ECG study. Rest and stress images were reconstructed using SPECT format and compared.

Images are reviewed in color and gray scale. They show grossly normal myocardial perfusion. There is no evidence of scar or of exercise induced myocardial ischemia.

Gated acquisition calculates LV EF of 79 % with regional wall motion appearing uniform.

CONCLUSION:

1. PLEASE REFER TO SEPARATE REPORT FOR RESULTS OF STRESS ECG STUDY.
2. GROSSLY NORMAL MYOCARDIAL PERFUSION WITH NO FRANK EVIDENCE OF SCAR OR OF EXERCISE INDUCED MYOCARDIAL ISCHEMIA.
3. LV EF IS ESTIMATED AT 79 %. REGIONAL WALL MOTION APPEARS UNIFORM.



M. Timothy Wells, M.D. F.A.C.C.

MTW: kr
D: 9/13/10
T: 9/14/10

Physicians Lab Assessment
(☒) Normal - Call pt.
() Abnormal - Call pt. and:

FINAL REPORT.

(☒) Pt. Notified

Name: Sandy Chamblee Date: 3-21-11
 T: _____ P: _____ R: _____ BP: 138/94 Wgt: 225

CC: PA

HPI: M. M & L. Starts in neck & radiates into the front of head. Doesn't keep up e. night.
Overhead/under in arms. Relief in the front & morning.

PFSH: ☐ Reviewed/Updated on facesheet

Allergies/Meds: ☒ Reviewed/Updated on Facesheet

ROS:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL		✓	✓									✓		
See note										✓				

Exam:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL			✓		✓	✓						✓		
See note														

Diagnoses/Management Options:

- ① M. - under MS. Migraine 500 B/D #30, Flexeril 10 QID #30, refer to PT.
- ② TBP - under ✓ 100 Yhr.

Followup: _____

Physician's Signature: _____

Date: 4-11-11

T: _____ P: _____ R: _____ BP: 132/88 Wgt: 217

CC: ① ear pain

HPI M of ① ear pain & Lh. up the forehead.

PFSH: ☐ Reviewed/Updated on facesheet

Allergies/Meds: ☒ Reviewed/Updated on Facesheet

ROS:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL		✓												
See note														

Exam:	Const.	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Endo	Neuro	Psych	Allergy
WNL		✓												
See note														

① ear pain - 200, Lyrica, if persist - low
 ② eye at night?

Diagnoses/Management Options:

- ① ear pain - 200, Lyrica, if persist - low

Followup: _____

Physician's Signature: _____

ANMED HEALTH
Pulmonary and Sleep Medicine

2000 East Greenville Street • Suite 1100 • Anderson, South Carolina 29621 • 864.225.5667 • Fax 864 716 6746

MRN: 0000132810

Encounter Date: 07/10/2012 1:00PM

Patient Information:

SANDY CHAMBLEE
302 WHIT CHAMBLEE ROAD
STARR, SC 29684-0000

(H) (864) 352-3997

(W) (864) 260-4018

DOB: 12/27/1962, 49 years old
Gender: F
Ref. Prov.: MARK DANIEL MD
PCP: MARK DANIEL MD**Chief Complaint**

1. Shortness of Breath
2. Hoarseness
3. Cough
4. Cold Symptoms

History of Present Illness

Cold Symptoms:

SANDY CHAMBLEE presents with complaints of gradual onset of constant episodes of moderate cold symptoms. Episodes started 2 months ago.

Hoarseness:

SANDY CHAMBLEE presents with complaints of sudden onset of mild hoarseness starting about 3 days ago.

Shortness of Breath:

SANDY CHAMBLEE presents with complaints of gradual onset of constant episodes of moderate shortness of breath. Episodes started 2 months ago.

Cough:

SANDY CHAMBLEE presents with complaints of gradual onset of intermittent episodes of moderate cough, described as wheezy. Episodes started 2 months ago. no hemoptysis**Review of Systems**

Constitutional: no fever and no fatigue.

ENT: hoarseness.

Cardiovascular: no chest pain and no lower extremity edema.

Respiratory: shortness of breath, wheezing, sleeping upright or with extra pillows, cough and vomiting blood, but as noted in HPI, no dry cough, no productive cough, no clear sputum and no colored sputum.

Gastrointestinal: nausea, but no abdominal pain, no vomiting and no diarrhea

Musculoskeletal: no back pain and no pain in other joints.

Neurological:

Active Problems

1. Allergic Rhinitis 477.9
2. Asthma 493.90
3. Chest Pain 786.50
4. Chronic Sinusitis 473.9
5. Edema 782.3
6. Esophageal Reflux 530.81
7. Hypertension 401.9
8. Organic Sleep Apnea 327.20

Patient: **SANDY L. CHAMBLEE**
 Encounter: **07/10/2012 1:00PM**

DOB: **12/27/1962**

Past Medical History

- History of Asthma 493.90
- Bronchitis 490.
- History of Chest Pain 786.50
- Chest Pain 786.50
- Difficulty Breathing (Dyspnea) 788.09
- Edema 782.3
- Esophageal Reflux 530.81
- Hypertension 401.9
- History of Muscle Aches, Generalized (Myalgias) 729.1
- History of Taking Female Hormones For Postmenopausal HRT V07.4
- History of Vitamin D Deficiency 268.9

Past medical history reviewed with patient.

Surgical History

- History of Cesarean Section
- History of Hysterectomy V45.77
- History of Laparosc Restrictive Proc Adjustable Gastric Band Placement

Past surgical history reviewed with patient

Family History

- Paternal history of Chronic Myocardial Ischemia
- Paternal history of Family Health Status Children ___ Living All In Good Health
- Paternal history of Hypertension V17.49
- Maternal history of Family Health Status Children ___ Living All In Good Health

Family medical history reviewed with patient.

Social History

- Alcohol Use
- Never A Smoker

Denied

- History of Tobacco Use

Social History reviewed with patient

Current Meds

1. Bystolic 5 MG Oral Tablet, Therapy: 22Mar2012 to
2. CPAP; CPAP Machine(12CM WITH 2 LITERS OXYGEN) Active -Hx Entry; Therapy: 01Feb2012 to Requested for: 30Jun2012
3. DuoNeb 0.5-2.5 (3) MG/3ML Inhalation Solution; DuoNeb 0.5-2.5 (3)MG/3ML, 1 vial Solution four times daily, as needed # 120 ,02/1/2012 Active, Therapy: 01Feb2012 to Requested for: 10Jul2012
4. Estradiol 2 MG Oral Tablet, TAKE 1 TABLET DAILY AS DIRECTED; Therapy: (Recorded:24Feb2012) to
5. Furosemide 40 MG Oral Tablet, Therapy: 21Jun2012 to
6. Lyrica 75 MG Oral Capsule; Lyrica(75MG Oral 1 PO Daily) Active -Hx Entry; Therapy: 01Feb2012 to Requested for: 30Jun2012
7. ProAir HFA 108 (90 Base) MCG/ACT Inhalation Aerosol Solution, ProAir HFA 108 (90 Base)MCG/ACT, 2 puffs every four to six hours as needed # 0 ,10/4/2011 Active; Therapy: 04Oct2011 to Requested for: 10Jul2012
8. Singulair 10 MG Oral Tablet; Singulair 10MG, 1 (one) Tablet daily # 30 ,02/1/2012 Active; Therapy: 01Feb2012 to Requested for: 10Jul2012
9. Ventolin HFA 108 (90 Base) MCG/ACT Inhalation Aerosol Solution; Therapy: (Recorded:24Feb2012) to

Patient **SANDY L. CHAMBLEE**
 Encounter: **07/10/2012 1:00PM**

DOB: **12/27/1962**

Allergies

1 No Known Drug Allergies

Vitals

	10Jul2012 12:50PM	
Temperature	97 F, Oral	
Heart Rate	77, L Radial	
Respiration	18	
Systolic	158, LUE, Sitting	
Diastolic	90, LUE, Sitting	
BMI Calculated	41.82	
BSA Calculated	2.18	
Weight	251 lb	251 lb
O2 Saturation	97, RA	

Physical Exam

Constitutional

General appearance: No acute distress, well appearing and well nourished

Ears, Nose, Mouth, and Throat

Oropharynx: Abnormal. Narrowed oropharynx.

Pulmonary

Respiratory effort: No increased work of breathing or signs of respiratory distress.

Auscultation of lungs: Abnormal. Distant breath sounds, mid wheezing noted.

Cardiovascular

Palpation of heart: Normal PMI, no thrills.

Auscultation of heart: Normal rate and rhythm, normal S1 and S2, without murmurs.

Examination of extremities for edema and/or varicosities: Abnormal.

Abdomen

Abdomen: Non-tender, no masses.

Liver and spleen: No hepatomegaly or splenomegaly.

Lymphatic

Palpation of lymph nodes in neck: No lymphadenopathy

Musculoskeletal

Gait and station: Normal.

Digits and nails: Normal without clubbing or cyanosis.

Inspection/palpation of joints, bones, and muscles: Normal.

Skin

Skin and subcutaneous tissue: Normal without rashes or lesions.

Neurologic

Cranial nerves: Cranial nerves 2-12 intact.

Reflexes: 2+ and symmetric.

Sensation: Abnormal.

Results/Data

XR CHEST (2 VIEWS)

10Jul2012 02:26PM

Mohan, Gowdhami

DYSPNEA, HOARSENESS, ASTHMA

Test Name	Result	Flag	Reference
INDICATION: Dyspnea, hoarseness, asthma.			
Two views of the chest reveal a normal size cardiac silhouette. There are low lung volumes present. At the left lower lobe there is increased linear density compared to the right.			

Printed By: Gowdhami Mohan

3 of 4

7/11/12 9:19:50 AM

Patient: SANDY L. CHAMBLEE
Encounter: 07/10/2012 1:00PM

DOB: 12/27/1962

IMPRESSION.

LOW LUNG VOLUMES AND POSSIBLE PNEUMONIA, LEFT LOWER LOBE. FOLLOW UP EXAMINATION RECOMMENDED TO ASSURE IMPROVEMENT AS INDICATED CLINICALLY.

Assessment

1. Esophageal Reflux 530.81
2. Allergic Rhinitis 477.9
3. Asthma 493.90
4. Organic Sleep Apnea 327.20
5. Difficulty Breathing (Dyspnea) 786.09

Plan

Asthma (493.90)

- Advair Diskus 500-50 MCG/DOSE Inhalation Aerosol Powder Breath Activated; INHALE 1 PUFF TWICE DAILY, Therapy: 10Jul2012 to (Evaluate: 08Oct2012); Last Rx: 10Jul2012
- Advair Diskus 500-50 MCG/DOSE Inhalation Aerosol Powder Breath Activated; INHALE 1 PUFF TWICE DAILY; Therapy: 10Jul2012 to (Last Rx: 10Jul2012) Requested for: 10Jul2012; Edited

Difficulty Breathing (Dyspnea) (786.09)

- Heart Cath Procedure Requested for: 25Jul2012 06:30AM
- XR CHEST (2 VIEWS) Requested for: 10Jul2012
- Follow-up visit in 3 weeks Evaluation and Treatment Follow-up Requested for: 10Jul2012

Unlinked

- Advair HFA 115-21 MCG/ACT Inhalation Aerosol; Advair HFA 115-21 MCG/ACT, 2 (two) Puff(s) two times daily # 1, 02/01/2012 Active; Therapy: 01Feb2012-10Jul2012; Status: DISCONTINUED

Discussion/Summary

Allergic Rhinitis -- symptoms well controlled continue singular
Chronic asthma -- Doing slightly better, recently finished steroids therapy, Will discontinue advair 115/21 and start on 500/50 mcg one puff twice daily and follow the clinical response. Hold off on starting on prednisone therapy. Continue all other respiratory medications
OSA using the CPAP machine regularly

Signatures

Electronically signed by: Gowdhami Mohan, M.D.; Jul 11 2012 9:19AM (Author)

cc. SEYMOUR MD ZACHARY, G

ANMED HEALTH Pulmonary and Sleep Medicine

2000 East Greenville Street • Suite 1100 • Anderson, South Carolina 29621 • 864.225.5667 • Fax 864.716.6746

MRN: 0000132810

Encounter Date: 09/20/2012 2:45PM

Patient Information.

SANDY CHAMBLEE
600 WHIT CHAMBLEE ROAD
STARR, SC 29684-0000

(H) (864) 352-3997

(W)

DOB: 12/27/1962, 49 years old

Gender: F

Ref. Prov.: MARK DANIEL MD

PCP: MARK DANIEL MD

Reason For Visit

Pulmonary Reason for Visit: The patient is being seen for a routine clinic follow-up Dyspnea, Asthma, OSA.

History of Present Illness

OSA Evaluation.

CPAP/BIPAP In Use and reports frequent nighttime awakenings, but denies snoring and denies excessive daytime sleepiness

Rhinitis (Brief) Symptoms: nasal drainage, nasal itching, sneezing, postnasal drainage, cough and wheezing, but no nasal congestion, no throat itching, no sore throat, no eye redness, no eye itching and no eye watering. Associated symptoms: purulent nasal discharge, hyposmia, fatigue and hives, but no snoring, no fever, no headache and no rash.

Asthma (Follow-Up). She has moderate persistent asthma

Interval symptoms:

Worsened coughing, worsened shortness of breath, stable reduced exercise tolerance and worsened.

Sleep Questionnaire Follow-up:

Do you have any of the following problems with your PAP device? Difficulty falling asleep, Swallowing Air with CPAP, Stuffy Nose in the Morning, Dry Mouth, Mask Irritating Skin, Loud Machine Noise

How much has your sleep problem improved or worsened relative to a baseline state at the beginning of treatment? Much improved

Review of Systems

Constitutional: fever, but no fatigue.

ENT: nasal congestion, but no sore throat and no nasal discharge.

Cardiovascular: lower extremity edema, but no chest pain.

Respiratory: shortness of breath, wheezing, cough, productive cough and colored sputum

Gastrointestinal: no abdominal pain, no nausea and no vomiting.

Musculoskeletal: no diffuse joint pain.

Integumentary and Breasts: a rash.

Neurological: headache and dizziness.

Active Problems

1. Allergic Rhinitis 477.9
2. Asthma 493.90
3. Chest Pain 786.50
4. Chronic Sinusitis 473.9
5. Difficulty Breathing (Dyspnea) 786.09
6. Edema 782.3
7. Esophageal Reflux 530.81
8. Hypertension 401.9

(A)

Printed By: Gowdhami Mohan

1 of 4

9/20/12 11:00:18 PM

Patient: SANDY L. CHAMBLEE
 Encounter: 09/20/2012 2:45PM

DOB: 12/27/1962

9 Organic Sleep Apnea 327.20

Past Medical History

- History of Asthma 493.90
 - Bronchitis 490
 - History of Chest Pain 786.50
 - Chest Pain 786.50
 - Difficulty Breathing (Dyspnea) 786.09
 - Edema 782.3
 - Esophageal Reflux 530.81
 - Hypertension 401.9
 - History of Muscle Aches, Generalized (Myalgias) 729.1
 - History of Taking Female Hormones For Postmenopausal HRT V07.4
 - History of Vitamin D Deficiency 268.9
- Past medical history reviewed with patient.

Surgical History

- History of Cesarean Section
 - History of Hysterectomy V45.77
 - History of Laparosc Restrictive Proc Adjustable Gastric Band Placement
- Past surgical history reviewed with patient.

Family History

- Paternal history of Chronic Myocardial Ischemia
 - Paternal history of Family Health Status Children ____ Living All In Good Health
 - Paternal history of Hypertension V17.49
 - Maternal history of Family Health Status Children ____ Living All In Good Health
- Family medical history reviewed with patient.

Social History

- Alcohol Use
- Marital History - Currently Married
- Occupation: Retired

Denied

- History of Drug Use
- History of Tobacco Use

Social History reviewed with patient.

Current Meds

1. Advair Diskus 500-50 MCG/DOSE Inhalation Aerosol Powder Breath Activated; INHALE 1 PUFF TWICE DAILY; Therapy: 10Jul2012 to (Last Rx: 10Jul2012) Requested for: 10Jul2012
2. Bystolic 5 MG Oral Tablet; Therapy: 22Mar2012 to
3. CPAP; CPAP Machine(12CM WITH 2 LITERS OXYGEN) Active -Hx Entry; Therapy: 01Feb2012 to Requested for: 30Jun2012
4. DuoNeb 0.5-2.5 (3) MG/3ML Inhalation Solution; DuoNeb 0.5-2.5 (3)MG/3ML, 1 vial Solution four times daily, as needed # 120, 02/1/2012 Active; Therapy: 01Feb2012 to Requested for: 10Jul2012
5. Estradiol 2 MG Oral Tablet, TAKE 1 TABLET DAILY AS DIRECTED; Therapy: (Recorded: 24Feb2012) to
6. Furosemide 40 MG Oral Tablet; Therapy: 21Jun2012 to
7. Klor-Con 20 MEQ Oral Packet; TAKE 1 PACKET DAILY; Therapy: (Recorded: 20Sep2012) to
8. Lyrica 75 MG Oral Capsule; Lyrica(75MG Oral 1 PO Daily) Active -Hx Entry; Therapy: 01Feb2012 to Requested for: 30Jun2012
9. Meclizine HCl 25 MG Oral Tablet; TAKE 1 TABLET 4 TIMES DAILY AS NEEDED FOR DIZZINESS;

Printed By: Gowdhami Mohan

2 of 4

9/20/12 11:00:18 PM

Patient: **SANDY L. CHAMBLEE**
 Encounter: **09/20/2012 2:45PM**

DOB: **12/27/1962**

- Therapy: (Recorded:20Sep2012) to
10. Phenyltermine HCl 37.5 MG Oral Tablet; Take 1 tablet twice daily; Therapy: (Recorded:20Sep2012) to
 11. Prevacid 15 MG Oral Capsule Delayed Release; TAKE 1 CAPSULE Daily; Therapy: (Recorded:20Sep2012) to
 12. ProAir HFA 108 (80 Base) MCG/ACT Inhalation Aerosol Solution; ProAir HFA 108 (80 Base)MCG/ACT, 2 puffs every four to six hours as needed # 0, 10/4/2011 Active; Therapy: 04Oct2011 to Requested for: 10Jul2012
 13. Probiotic Oral Capsule; USE AS DIRECTED; Therapy: (Recorded:20Sep2012) to
 14. QUETiapine Fumarate 400 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME; Therapy: (Recorded:20Sep2012) to
 15. Singulair 10 MG Oral Tablet; Singulair 10MG, 1 (one) Tablet daily # 30, 02/1/2012 Active; Therapy: 01Feb2012 to Requested for: 10Jul2012
 16. Temazepam 30 MG Oral Capsule; TAKE 1 CAPSULE AT BEDTIME AS NEEDED; Therapy: (Recorded:20Sep2012) to
 17. Vitamin D 2000 UNIT Oral Capsule; TAKE 1 CAPSULE Daily; Therapy: (Recorded:20Sep2012) to

Allergies

1. No Known Drug Allergies

Vitals

	20Sep2012 03:25PM
Temperature	97.9 F, Oral
Heart Rate	86
Pulse Quality	Normal
Respiration	18
BMI Calculated	43.15
BSA Calculated	2.21
Height	5 ft 5 in
Weight	259 lb
O2 Saturation	93, RA
Pain Scale	0
Pain Scale Type	NRS

Physical Exam

Constitutional

General appearance: No acute distress, well appearing and well nourished.

Eyes

Conjunctiva and lids: No swelling, erythema or discharge.

Pupils and Irises: Equal, round and reactive to light

Ears, Nose, Mouth, and Throat

External inspection of ears and nose: Normal

Otoscopic examination: Tympanic membranes translucent with normal light reflex. Canals patent without erythema

Oropharynx: Abnormal. Narrowed oropharynx

Pulmonary

Respiratory effort: No increased work of breathing or signs of respiratory distress.

Auscultation of lungs: Abnormal. Mild wheezing noted.

Cardiovascular

Palpation of heart: Normal PMI, no thrills.

Auscultation of heart: Normal rate and rhythm, normal S1 and S2, without murmurs.

Examination of extremities for edema and/or varicosities: Normal.

Abdomen

Abdomen: Non-tender, no masses.

Printed By: Gowdhami Mohan

3 of 4

9/20/12 11:00:18 PM

Patient: SANDY L. CHAMBLEE
Encounter: 09/20/2012 2:45PM

DOB: 12/21/1962

Liver and spleen: No hepatomegaly or splenomegaly
Musculoskeletal
Digits and nails: Normal without clubbing or cyanosis.
Skin
Skin and subcutaneous tissue: Normal without rashes or lesions
Neurologic
Cranial nerves. Cranial nerves 2-12 intact.
Reflexes. 2+ and symmetric.
Sensation. No sensory loss.
Psychiatric
Orientation to person, place, and time: Normal.
Mood and affect: Normal.

Assessment

1. Organic Sleep Apnea 327.20
2. Asthma 493.90
uncontrolled. Give 2 weeks course of small dose of steroids
3. Allergic Rhinitis 477.9
symptoms well controlled. Continue singulair

Plan

Allergic Rhinitis (477.9)

- Zafirlukast 10 MG Oral Tablet; Singulair 10MG, 1 (one) Tablet daily # 30, 02/1/2012 Active; Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012; Edited

Asthma (493.90)

- Advair Diskus 500-50 MCG/DOSE Inhalation Aerosol Powder Breath Activated; INHALE 1 PUFF TWICE DAILY; Therapy: 10Jul2012 to (Evaluate 19Mar2013) Requested for: 20Sep2012; Last Rx:20Sep2012; Edited
- Ipratropium Albuterol 0.5-2.5 (3) MG/3ML Inhalation Solution, DuoNeb 0.5-2.5 (3)MG/3ML, 1 vial Solution four times daily, as needed # 120, 02/1/2012 Active; Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012; Edited
- PrednisONE (Pak) 5 MG Oral Tablet; prednisone 2 tablets a day for 7 days and then one tablet a day for 7 days; Therapy: 20Sep2012 to (Last Rx:20Sep2012)
- ProAir HFA 108 (90 Base) MCG/ACT Inhalation Aerosol Solution; ProAir HFA 108 (90 Base)MCG/ACT, 2 puffs every four to six hours as needed # 0, 10/4/2011 Active; Therapy: 04Oct2011 to (Last Rx:20Sep2012) Requested for: 20Sep2012; Edited
- Follow-up visit in 6 months Evaluation and Treatment Follow-up Done: 20Sep2012

Organic Sleep Apnea (327.20)

- CPAP; PROVIDE CPAP SUPPLIES AND MASK OF CHOICE; Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012
- Avoid operating heavy machinery and driving a vehicle until you have been rechecked. Done: 20Sep2012
- Some eating tips that can help you lose weight. Done: 20Sep2012
- We recommend a mandible advancing appliance to help prevent sleep apnea. Done: 20Sep2012
- Call (864) 225-5667 if The symptoms come back after a period of time of being normal. Done: 20Sep2012
- Seek Immediate Medical Attention if: You faint or lose consciousness. Done: 20Sep2012

Signatures

Electronically signed by Gowdhami Mohan, M.D.: Sep-20 2012 11:00PM (Author)

cc: SEYMOUR MD ZACHARY,G

CPAP STUDY NARRATIVE REPORT

PATIENT'S NAME : CHAMBLEE, SANDY
DATE OF BIRTH : Dec. 27, 1962
SOCIAL SECURITY : 249-06-2253
STUDY DATE : Aug. 26, 2005
HOSPITAL # : 96346
REFERRING PHYSICIAN : DR. SEYMOUR
INTERPRETING PHYSICIAN : DR. HAND

STUDY PERFORMED: CPAP Polysomnogram

STUDY INDICATIONS: Obstructive sleep apnea with hypersomnia.

PROCEDURE: Complete Polysomnogram (PSG) with a digital sleep system using International 10 – 20 electrode placement for recording electroencephalogram (EEG), electrooculogram (EOG), and electromyogram (EMG) from chin. Also recording electrocardiogram (ECG), nasal/oral airflow, respiratory effort, abdominal effort, oximetry, body position, pulse rate, and myoclonus (limb movement) channels.

SUMMARY: Analysis start time was 22:57 and analysis end time was 05:36. Total recording time was 398.4 minutes, with a total sleep time of 333.5 minutes and a sleep efficiency of 83.7%. The patient's sleep latency was 39.0 minutes. There was a total of 30.0% REM sleep, with a REM latency of 55.5 minutes. There was 7.6% of Stage 1 sleep; 61.3% of Stage 2 sleep; 1.0% of Stage 3/4 sleep.

RESPIRATORY SUMMARY: Respiratory analysis demonstrated a total of 0 apneas and hypopneas, averaging 0.0 seconds in duration. There were 0 *obstructive apneas*, 0 *mixed apneas*, 0 *central apneas*. This produced a **Apnea/Hypopnea Index (AHI)** of 0.0. The lowest oxygen desaturation during sleep was 91.7%. The patient's baseline resting oxygen saturations while awake was 97.2%.

SNORING SUMMARY: Snore index of 0.0 and Snore arousal index of 0.0 per hour.

PLMS SUMMARY: PLMS index of 15.8, and PLMS arousal index of 1.1 per hour.

AROUSAL SUMMARY: 11 arousals were noted, averaging 2.0 per hour. There were 5 spontaneous arousals, averaging 0.9 per hour. There were 0 arousals associated with respiratory events, averaging 0.0 per hour. There were 6 arousals associated with limb movements (PLMS), averaging 1.1 per hour.

NARRATIVE REPORT

Patient Name: CHAMBLEE, SANDY
Study Date: Aug. 26, 2005

CPAP TITRATION: Patient was titrated on pressures ranging from 4 -16 cm of water pressures, which he appeared to do best on 16 cm of water pressure. She was studied on this setting for 283 minutes during which she had 81.4 minutes of REM sleep including REM in supine position. AHI was 0 minimum 02 saturation was 91%. Patient was tried on nasal air through out the night but she ultimately stated that she would like a standard nasal mask at home she feels she could tolerate this better.

COMMENTS: Scored data is representative of raw data.

FINAL IMPRESSION:

1. Obstructive sleep apnea with hypersomnia ICD-9 780.53 with AHI of 12. 2 events per hour and a minimum 02 saturation of 75% as demonstrated on a previous sleep study. On that study AHI rises to 22.2 during REM sleep. Current study reveals excellent control of her sleep apnea with CPAP of 16 cm of water pressure this will be prescribed for her at home with a standard nasal mask and cool humidifier.
2. Periodic limb movement disorder with a PLMS index of 15.8 and a PLMS arousals Index of only 1.1 suggesting that this may not need to be treated as long as the patient remains asymptomatic. ICD-9 78.052.4

I will see her back in my office in one month for follow up.


Stephen H. Hand, MD
Kh 9/08/05
Cc Dr. G. Seymour


Date:



DIAGNOSTIC POLYSOMNOGRAM NARRATIVE REPORT

PATIENT'S NAME : CHAMBLEE, SANDRA
DATE OF BIRTH : Dec. 27, 1962
SOCIAL SECURITY : 249-06-2253
STUDY DATE : Aug. 10, 2005
HOSPITAL # : 96346
REFERRING PHYSICIAN : DR.GREGG SEYMOUR
INTERPRETING PHYSICIAN : DR.HAND

STUDY PERFORMED: Diagnostic Polysomnogram

STUDY INDICATIONS: Possible sleep apnea with hypersomnia.

PROCEDURE: Complete Polysomnogram (PSG) with a digital sleep system using international 10 – 20 electrode placement for recording electroencephalogram (EEG), electrooculogram (EOG), and electromyogram (EMG) from chin. Also recording electrocardiogram (ECG), nasal/oral airflow, respiratory effort, abdominal effort, oximetry, body position, pulse rate, and myoclonus (limb movement) channels.

SUMMARY: Analysis start time was 23:06 and analysis end time was 06:02. Total recording time was 416.2 minutes, with a total sleep time of 354.0 minutes and a sleep efficiency of 85.1%. The patient's sleep latency was 29.0 minutes. There was a total of 15.4% REM sleep, with a REM latency of 168.0 minutes. There was 3.5% of Stage 1 sleep; 77.4% of Stage 2 sleep; 3.7% of Stage 3/4 sleep.

RESPIRATORY SUMMARY: Respiratory analysis demonstrated a total of 72 apneas and hypopneas, averaging 18.8 seconds in duration. There were 45 obstructive apneas; 0 mixed apneas; 0 central apneas. This produced a **Apnea/Hypopnea Index (AHI)** of 12.2. The lowest oxygen desaturation during sleep was 75.0%. The patient's baseline resting oxygen saturations while awake was 97.0%.

SNORING SUMMARY: Snore index of 0.0 and Snore arousal index of 0.0 per hour.

PLMS SUMMARY: PLMS index of 0.0, and PLMS arousal index of 0.0 per hour.

AROUSAL SUMMARY: 81 arousals were noted, averaging 13.7 per hour. There were 9 spontaneous arousals, averaging 1.5 per hour. There were 72 arousals associated with respiratory events, averaging 12.2 per hour. There were 0 arousals associated with limb movements (PLMS), averaging 0.0 per hour.

NARRATIVE REPORT

Patient Name: CHAMBLEE, SANDRA
Study Date: Aug. 10, 2005

COMMENTS: Scored data is representative of raw data.

FINAL IMPRESSION: Obstructive sleep apnea with hypersomnia ICD-9 780.53 AHI of 12.2 events per hour minimum O₂ saturation of 75%. AHI rises to 24.2% during REM sleep. His condition will require treatment in which she is to be brought back in for a CPAP titration.

[Signature]
Stephen H. Hagg, MD
kh 8/15/05
Cc Dr. G. Seymour

8/18/05
Date:



CPAP STUDY NARRATIVE REPORT

PATIENT'S NAME : CHAMBLEE, SANDY
DATE OF BIRTH : Dec. 27, 1962
SOCIAL SECURITY : 249-06-2253
STUDY DATE : Aug. 26, 2006
HOSPITAL # : 96346
REFERRING PHYSICIAN : DR. SEYMOUR
INTERPRETING PHYSICIAN : DR. HAND

STUDY PERFORMED: CPAP Polysomnogram

STUDY INDICATIONS: Obstructive sleep apnea with hypersomnia.

PROCEDURE: Complete Polysomnogram (PSG) with a digital sleep system using International 10 – 20 electrode placement for recording electroencephalogram (EEG), electrooculogram (EOG), and electromyogram (EMG) from chin. Also recording electrocardiogram (ECG), nasal/oral airflow, respiratory effort, abdominal effort, oximetry, body position, pulse rate, and myoclonus (limb movement) channels.

SUMMARY: Analysis start time was 22:57 and analysis end time was 05:36. Total recording time was 398.4 minutes, with a total sleep time of 333.5 minutes and a sleep efficiency of 83.7%. The patient's sleep latency was 39.0 minutes. There was a total of 30.0% REM sleep, with a REM latency of 55.5 minutes. There was 7.6% of Stage 1 sleep; 61.3% of Stage 2 sleep; 1.0% of Stage 3/4 sleep.

RESPIRATORY SUMMARY: Respiratory analysis demonstrated a total of 0 apneas and hypopneas, averaging 0.0 seconds in duration. There were 0 obstructive apneas, 0 mixed apneas, 0 central apneas. This produced a Apnea/Hypopnea Index (AHI) of 0.0. The lowest oxygen desaturation during sleep was 91.7%. The patient's baseline resting oxygen saturations while awake was 97.2%.

SNORING SUMMARY: Snore index of 0.0 and Snore arousal index of 0.0 per hour.

PLMS SUMMARY: PLMS index of 15.8, and PLMS arousal index of 1.1 per hour.

AROUSAL SUMMARY: 11 arousals were noted, averaging 2.0 per hour. There were 5 spontaneous arousals, averaging 0.9 per hour. There were 0 arousals associated with respiratory events, averaging 0.0 per hour. There were 6 arousals associated with limb movements (PLMS), averaging 1.1 per hour.

NARRATIVE REPORT

Patient Name: CHAMBLEE, SANDY
Study Date: Aug. 26, 2005

CPAP TITRATION: Patient was titrated on pressures ranging from 4 -16 cm of water pressures, which he appeared to do best on 16 cm of water pressure. She was studied on this setting for 283 minutes during which she had 81.4 minutes of REM sleep including REM in supine position. AHI was 0 minimum 02 saturation was 91%. Patient was tried on nasal air through out the night but she ultimately stated that she would like a standard nasal mask at home she feels she could tolerate this better.

COMMENTS: Scored data is representative of raw data.

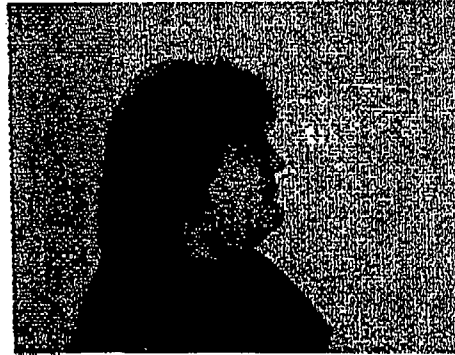
FINAL IMPRESSION:

1. Obstructive sleep apnea with hypersomnia ICD-9 780.53 with AHI of 12. 2 events per hour and a minimum 02 saturation of 75% as demonstrated on a previous sleep study. On that study AHI rises to 22.2 during REM sleep. Current study reveals excellent control of her sleep apnea with CPAP of 16 cm of water pressure this will be prescribed for her at home with a standard nasal mask and cool humidifier.
2. Periodic limb movement disorder with a PLMS index of 15.8 and a PLMS arousals Index of only 1.1 suggesting that this may not need to be treated as long as the patient remains asymptomatic. ICD-9 78.052.4

I will see her back in my office in one month for follow up.


Stephen H. Hand, MD
Kh 9/08/05
Cc Dr. G. Seymour


Date:



Carolina Cardiology Consultants, P.A.

P.O Box 8795 Greenville, SC 29604

(864) 455-6900 Fax:

October 17, 2008

Page 1

Chart Document

Ms Sandy L Chamblee

Female DOB: 12/27/1962

Home: (864) 352-3997

249-06-2253

Office: (864) 332-5432

Ins: Blue Cro (176) Grp: 002130004

10/16/2008 - Office Visit: CCC Office Visit

Provider: Kristi Carlson PA-C

Location of Care: Carolina Cardiology Consultants, P.A.

Status: ON HOLD DOCUMENT. Contents are preliminary

Current Problems:

MORBID OBESITY (ICD-278.01) -

ASTHMA (ICD-493.90) -

OBSTRUCTIVE SLEEP APNEA (ICD-780.57) -

History of Present Illness

Referral Source: Dr. Gregg Seymour, Peachtree Surgical Bariatrics

Reason for Visit: cardiovascular disease management

Chief Complaint: none

Medication Review: verbal

History from: patient

History of Present Illness: Ms Chamblee is a very pleasant 45 year old female who is seeing us today for pre-op evaluation prior to lap-band surgery which is being planned with Peachtree Surgical Bariatrics. She has been struggling with obesity for quite some time now. She does not exercise. She works for the fire department and so she undergoes a yearly stress test. Her last Persantine nuclear stress test was in 6/07 and revealed an EF of 76% with no ischemia or scar.

She denies cardiac symptoms such as chest discomfort, palpitations, dizziness, orthopnea, or edema. She sometimes has increased shortness of breath which she attributes to weather changes and asthma. She denies history of hypertension and states that usually her blood pressure is normal. She denies hyperlipidemia, diabetes, or tobacco use. She does have OSA for which she uses CPAP. She usually sleeps with her CPAP until about 4:00 AM at which time she usually pulls the mask off. She was recently treated for a "kidney infection" and she is now feeling back to normal.

Current Medications:

NEXIUM 40 MG CPDR (ESOMEPRAZOLE MAGNESIUM) 1 per mouth daily

* ALLERGY SHOTS once weekly

Current Allergies:

NKA

Review of Systems

Cardiovascular:

Denies: chest pain, dyspnea, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema, weakness, fatigue, dizziness

Pulmonary:

Denies: cough, dyspnea, excessive sputum, hemoptysis, wheezing, snoring, witnessed apnea, sleep apnea

Constitutional:

Denies: fevers, chills, sweats, anorexia, fatigue, malaise, weight loss

Past Medical History

asthma

sleep apnea

Ms Sandy L Chamblee

Female DOB: 12/27/1962

Home: (864) 352-3997

249-08-2253

Office: (864) 332-5432

Ins: Blue Gro (176) Grp: 002130004

Past Surgical History

c-section

Hysterectomy

throat

sinus x3

Family History

mother and father living healthy

child-- SVT

Social History

married, 1 child, works for fire dept.

denies alcohol or tobacco use.

o2sat 94%RA

Vital Signs

Height: 65 inches

Weight: 261 pounds

Pulse rate: 87

Blood Pressure: 140/90 mm Hg

Calculations

Body Mass Index: 43.59

Physical Exam

General appearance: extremely obese (BMI over 40)

Eyes

External: conjunctivae and lids normal

Neck

Neck veins: no visible JVD Thyroid: no obvious tenderness or enlargement

Respiratory

Respiratory effort: no respiratory distress Auscultation: no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: RRR without murmurs, gallops, rubs Carotid arteries: normal upstrokes w/o bruits

Abdominal aorta: no palpable enlargement w/o bruits Pedal pulses: pulses 2+, symmetric Periph. circulation: no cyanosis, clubbing, edema, or significant varicosities

Gastrointestinal

Abdomen: obese

Musculoskeletal

Gait and station: normal gait Muscle strength/tone: grossly normal

Extremities

Digits and nails: no clubbing or cyanosis

Skin

Inspection/palpation: no significant visible lesions

Mental Status/Neurologic Exam

Orientation: oriented to time, place, and person Mood and affect: normal mood and affect

Ms Sandy L. Chamblee
Female DOB: 12/27/1962

Home: (864) 352-3997
249-06-2253

Office: (864) 332-5432
Ins: Blue Cro (176) Grp: 002130004

Ancillary Data

EKG

Date: 10/16/2008

Rate: 87

Interpretation:

Sinus Rhythm

, PRWP

Comparison to Prior EKGs: Same

Nuclear Stress Test

Date: 8/2007

Ejection fraction: 76 %

Persantine

no ischemia or scar

This patient was seen and examined in conjunction with Dr Wendt. The following assessment and plan are per his recommendations.

Impression

Morbid obesity. Pre-op for lap-band surgery. Planning for surgery with Peachtree Surgical Bariatrics. History of negative nuclear stress test 6/07. Denies cardiac symptoms.

Asthma - Stable.

Obstructive sleep apnea. Uses CPAP usually until about 4:00 AM

Plan

I counseled her regarding risk factor modification including exercise, diet, weight loss, blood pressure control and cholesterol control. I also counseled her regarding the importance of compliance with CPAP. No further cardiac evaluation is indicated pre-operatively at this time. She is clinically stable and she is felt to be at low cardiac risk. A pre-op clearance form has been faxed to Dr Seymour. Ms Chamblee plans to call us with her surgeon's name and contact information so that a pre-op form can be faxed to Peachtree Surgical Bariatrics.

Thank you for allowing us to participate in her care.

cc: Dr. Gregg Seymour; Peachtree Surgical Bariatrics

.....Kristi Carlson PA-C October 16, 2008 4:10 PM

Anderson Area Cancer Center

Oncology – Hematology Clinic, P.A.

2000 E. Greenville Street, Suite 5000
Anderson, South Carolina 29621
Ph. (864) 224-5765 / Fax (864) 224-1449

Board Certified
Medical Oncology & Internal Medicine
Rajeev Malik, M.D., FACP
Szabolcs G. Batizy, M.D.
John E. Doster, M.D.
Nandakishore Parchuri, M.D.

CONSULTATION NOTE

November 26, 2008

SANDRA L. CHAMBLEE

REASON FOR CONSULTATION: Elevated PTT

HISTORY OF PRESENT ILLNESS: Ms. Chamblee is a 45-year-old white female who went to Atlanta for evaluation in having a lap/band procedure done. There she was noted to have an elevated PTT of 43. This was repeated and was still elevated at 40 and then repeated again and it was 46.8. Her platelet count was normal at 476, hemoglobin 13.3, MCV low at 77.3. She presents today for initial evaluation.

PAST MEDICAL HISTORY: Sinus surgery X3. The last time they had some prolonged bleeding. She has also had laryngeal nodules removed, C-section, hysterectomy and exploratory lap all without bleeding complications. She has asthma and GERD.

CURRENT MEDICATIONS: Nexium, Advair, Lexipro and allergy shots.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: She is married and has one son. She is a fire marshal. She does not smoke or drink.

FAMILY HISTORY: Mother is alive age 75 and has hypertension. Father is alive age 80 and has hypertension. No significant family history, no early strokes or heart attacks.

REVIEW OF SYSTEMS: Constitutional: As above. **HEENT:** She has fairly significant migraines. Pulmonary: No cough, shortness of breath or hemoptysis. Cardiovascular: No anginal type chest pain or palpitations. GI: No dysphagia, abdominal pain, diarrhea, constipation, melena or hematochezia. GU: No hematuria, dysuria or frequency. Musculoskeletal: No joint pain.

PHYSICAL EXAMINATION: She is a very pleasant, well-nourished, well-developed white female, weight 267 pounds, blood pressure 152/89. **HEENT** exam is unremarkable. Sclera is anicteric. Neck is supple without adenopathy. Lungs are clear. Heart is regular rhythm without murmurs or rubs. Abdomen is

soft and non-tender. Extremities are without edema. Lymph node survey is negative.

IMPRESSION:

Elevated PTT

RECOMMENDATIONS:

This is likely an inhibitor although a factor deficiency will be a possibility as well. I have set her up for a mixing study with Factor assays to be done if the mixing study indicates. A lupus anticoagulant was also ordered. As soon as I get these results, I will notify her by phone and if she has an underlying bleeding tendency see if we can get this corrected in time for her to have her surgery as planned.

Thank you very much for your referral of this nice lady, I appreciate the opportunity to participate in her care. If you have, any questions please feel free to call.

Sincerely,



John Doster, M. D.

Cc: Dr. Greg Seymour

12-02-08

CHAMBLEE, SANDRA L.

Ms. Chamblee presents for follow up of elevated PTT.

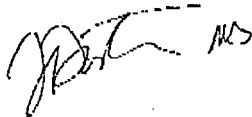
Her mixing study came back corrected indicating a factor deficiency rather than an inhibitor. Her lupus anticoagulant also came negative. Factor 8 and Factor 9 levels were sent and these have returned normal as well with Factor 8 being 108%, and Factor 9 being 124% activity. No other new complaints.

PHYSICAL EXAMINATION: Blood pressure 138/76. Lungs are clear. Heart is regular rhythm without murmurs or rubs. Abdomen is soft and non-tender. Extremities are without edema.

IMPRESSION:

Elevated PTT with mixing study suggesting a factor inhibitor but with normal Factor 8 and 9 activity levels.

We are now getting down to causes that are more esoteric. Factor 11 and Factor 12 would be the other two most common causes. Factor 12 would not carry any bleeding tendency with it; Factor 11 could be treated with FFP around the time of the procedure. I have sent these labs off today and hopefully will call her with the results in the next week or so. She is scheduled to have her surgery done on 12-12-08 and hopefully we can stick by this timetable.

A handwritten signature in dark ink, appearing to read 'John Doster', with the initials 'MS' written to the right of the signature.

John Doster, M. D.

Cc: Dr. Greg Seymour

mu HISTORY OF PRESENT ILLNESS:

48 year old Caucasian female married for 10 yrs. who presents for treatment and management of depression which, as per her, she has struggled with since age 22 or 23. She initially sought psychiatric treatment for "real bad depression" when she was 22 yrs. of age with a psychologist whom she saw for one yr. Reports since then she has been on medications off and on. In the past, has had trials of Lexapro, Prozac and Paxil, although has been on no medications for the last 8, 9 or 10 yrs. maybe. Reports, "everyone keeps on telling me I'm depressed." Patient reports "I'm like a pressure cooker". States "I just don't feel good at all". Reports "I don't want to do nothing. States "I feel like crying". States "I'm too tough to do that", referring to crying". Report reports she went through a very difficult pregnancy, had endometriosis. Initially had a very poor chance of becoming pregnant and when she did she hid the pregnancy till she was 6 mos. into her pregnancy. Her pregnancy was full of medical complications. In fact, subsequent to giving birth to her son who is 8 and healthy now, he had to be flown to Greenville hospital as "he coded". Patient reports she was in the hospital herself for her health problems, hence could not visit the son. States "I'm still mad at Rob", referring to her husband who dealt with that stress by going hunting rather than taking time to go to Greenville Hospital where the son was admitted. Patient reports "I still worry about him", referring to her son. States currently symptoms remain disabling and distressing. She tries to hide her emotions, as she does not want to be considered and labeled as weak. Reports "I hate to get up". Reports problems with sleep, anhedonia, guilt, overwhelmed, hopeless, helpless, worthless, low energy, problems with attention and concentration and mood irritability. Patient denies death wish, suicidal ideations, suicide attempts, mania, psychosis, or OCD symptoms. She does endorse anxiety. Denies any panic attacks.

PAST PSYCHIATRIC HISTORY:

Never been hospitalized. 1st contact was around age 22 or 23. Since then, she has been on different antidepressants, none over the last 9 to 10 yrs. Reports sister has bipolar diagnosis. Is currently in treatment in GA.

FAMILY PSYCHIATRIC HISTORY:

DRUG AND ALCOHOL HISTORY:

None.

MEDICAL/SURGICAL HISTORY:

Bronchial asthma.

PSYCHOSOCIAL HISTORY:

Born and raised in SC. 2 yrs. of college. Has 2 half brothers, 1 half sister. Parents are living and still together. She was raised by them.

Sandra Chamblee
04/11/11

Denies any physical or sexual abuse as a child. Has been in 3 or 4 serious relationships. Currently married for 10 yrs. Has an 8 year old son. She works as a fire marshal for Anderson county. Husband works as a fire chief for Greenville. She does live with the husband and son. Denies any legal history.

MENTAL STATUS EXAMINATION:

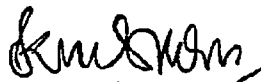
Oriented Xs Grooming is fair. She is cooperative. Fair eye contact. Mostly guarded. Trying to keep her emotions in check, ensuring that she does not cry as she feels she will not be able to stop. Does recognize her mood to be "depressed". Affect is dysphoric, sad. Denies psychosis, suicidality, homicidality. Insight and judgment intact.

DIAGNOSIS:

Axis I: Major Depressive Disorder, Recurrent, Severe
GAD
Axis II: Deferred
Axis III: Asthma
Axis IV: History of mental illness, History of medical problems, Undergoing
pregnancy complications, Son undergoing health problems at birth
Axis V: Current GAF= 55 to 60

PLAN:

Patient endorses prominent progressive worsening of depression, persistence of anxiety which remains distressing and disabling to deal with. She has been on antidepressants in the past. At present on no treatment for depression. I will start her on Oleptro 150 mg q.h.s. Side effect profile discussed. I will also start her on Ambien 10 mg q.h.s., Klonopin .5 mg, ½ b.i.d. for acute management of anxiety. She has prominent dynamic and a lot of expectations from self. Will address those dynamics upon follow-up in 4 wks.


Khizar Khan, M.D.

Sandy Chamblee
04/25/11

Patient seen for med check and supportive therapy. Remains compliant on treatment. So far has not noted much improvement of depression although has noted sleep to have improved on current regimen. She, in fact wanted to cut back on the dose of Ambien as she is able to go to sleep, although has difficulty waking up in the morning. Talked about her relationships where she has had 3 or 4 serious relationships. She met her husband was engaged shortly after meeting her and finally got married a yr. later. Reports husband is 11 yrs. younger than her. She reports the reason why she probably married him was "I wanted to fix him". States she always assumes that role in different relationships. States "I always helped the underdog" at work as well. She has a very poor opinion of herself. Described herself as somebody who feels good about herself when helping others and does not have much self esteem otherwise. She only finds her 8 year old son to be a positive influence on her and struggles very strongly establishing her own identity or having self worth.

MENTAL STATUS EXAMINATION:

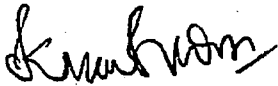
Oriented Xs 3. Grooming is fair. She became emotional when describing herself as a "healer" and helper to other people. Affect is congruent. Denies psychosis, suicidality, homicidality. Insight and judgment intact.

DIAGNOSIS:

Axis I: Major Depressive Disorder, Recurrent, Severe
GAD

PLAN:

Further optimize Oleptro to 225 mg q.h.s. for 1 wk., then 300 mg q.h.s. Patient given coupon to help out, including 7 day supply of samples. Remains on Ambien. Advised to decrease dose to 5 mg q.h.s., Klonopin .5 mg, ½ b.i.d. p.r.n. Follow-up in 2 wks. to assess.



Khizar Khan, M.D.

Sandy Chamblee
05/09/11

Patient seen for med check and CBT for 30 mts. Remains quite overwhelmed and quite guarded and tries to interact on a very superficial level and does not let his guard down, although gradually comfort level is developing and she is developing a rapport with me. She still talks about her childhood traumatic experiences. She reports when she was born her father was very disappointed that she was born a girl, as he was expecting a boy and all her life, she had to really strive hard to prove herself to her father. Even to this day, he has not made any positive statements towards her, encouraged her or said anything appreciating her or acknowledging him which remains a very painful reality to her. She tries to keep a happy face and suppresses her feelings the best way she can to deal with these ongoing dynamics.

MENTAL STATUS EXAMINATION:

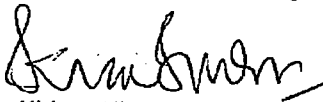
Oriented Xs 3. Became very emotional and overwhelmed. Was very embarrassed that she was crying and that she had let her guard down when talking about her ongoing challenges. Denies psychosis, suicidality, homicidality. Insight and judgment intact.

DIAGNOSIS:

Axis I: Major Depressive Disorder, Recurrent, Severe
GAD

PLAN:

Oleptro 300 mg q.h.s., Ambien 10 mg q.h.s., as the previous dose did not help regulate sleep. Klonopin .5 mg, ½ b.i.d. p.r.n. Follow-up in 2 wks. to assess.


Khizar Khan, M.D.

Sandy Chamblee
05/23/11

Patient seen for med check and CBT for 30 minutes. Remains compliant on treatment. Wrote a letter describing herself as being lonely, scared, no one cares about her. Patient still struggles with being assertive to people around her and only when she acknowledges some self worth if when she pleases other people which, at times, becomes a challenging task. She has difficulty being assertive with people around her and this puts a lot of emotional stress on her.

MENTAL STATUS EXAMINATION:

Oriented Xs 3. Groomed. She is engaging, cooperative. Fair eye contact. Emotional, tearful, sad, overwhelmed. Denies psychosis, suicidality, homicidality. Insight and judgment intact.

DIAGNOSIS:

Axis I: Major Depressive Disorder, Recurrent, Severe
GAD

PLAN:

Oleptro 300 mg q.h.s., Ambien 10 mg q.h.s., Klonopin .5 mg, ½ b.i.d. p.r.n. Follow-up in 2 wks.


Khizar Khan, M.D.

Anderson Psychiatry & Psychotherapy, LLC
Progress Note

SANDY CHAMBLEE

9/17/11

(30)

PATIENT NAME

DATE/TIME

Pr seen, reported she got sick due to work & was hospitalized for
CO poisoning. readmitted at home & now on O₂ & feels better.
Decided to take early retirement as she could not deal with
her supervisor 'he hate me'. She feels current treatment has
helped her be expressive of her emotions & not conceal / hide them
as before.

APPETITE: OK SLEEP: poor

MEDICATION SIDE EFFECT: Ø

MENTAL STATUS EXAMINATION:

ALERTNESS: ☒ Alert ☐ Drowsy ☐ Other ☒ Eye contact fair
ORIENTATION: Oriented to: ☐ Person ☐ Place ☐ Time ☐ Impaired
APPEARANCE: ☒ Normal grooming ☐ Fair hygiene ☐ Poor hygiene ☐ Other
BEHAVIOR / ACTIVITY: ☐ Normal ☐ Agitated ☐ Retarded ☐ Slow ☐ Tremor ☒ Other emotional
ATTITUDE: ☒ Cooperative ☐ Uncooperative ☐ Other
SPEECH: ☐ Normal rate / rhythm ☐ Slowed ☐ Monotonous ☐ Decreased volume
☒ Increased volume ☐ Pressured ☐ Other
MOOD: Very Depressed
AFFECT: ☐ Euthymic ☒ Depressed ☐ Anxious ☐ Irritable ☐ Happy ☐ Other
RANGE OF AFFECT: ☐ Normal range ☐ Mood congruent ☐ Reactive ☐ Restricted ☐ Expansive ☐ Labile
THOUGHT PROCESS: ☒ Goal directed ☐ Circumstantial ☐ Tangential ☐ LOA ☐ FOI ☐ Latency
THOUGHT CONTENT: ☐ Suicidal ideation: ☐ Active ☐ Plan
☐ Homicidal ideation:
☐ Hallucinations:
☐ Delusions ☐ Obsessions ☐ Compulsions ☐ Other
COGNITION: ☒ Grossly intact ☐ Other
INSIGHT: ☒ Intact ☐ Fair ☐ Poor ☐ Other
JUDGEMENT: ☒ Intact ☐ Fair ☐ Poor ☐ Other

DIAGNOSIS: AXIS I

MDD Rec, severe
GAD

AXIS II

PLAN:

MED CHANGES: Pr. Olanzapine 5mg / Increase Klonopin 0.5mg BID
Start Prozac 50mg QM (2 weeks given)
CONTINUE CURRENT MEDS: Milium 10mg qts / 10mg

FOLLOW UP:

(2) weeks

CC:

Khizar A. Khan, M.D.
KHIZAR A. KHAN, M.D.

Anderson Psychiatry & Psychotherapy, LLC
Progress Note

SANDY CHAMBLEE

9/27/11

30

PATIENT NAME

DATE / TIME

Pr seen, using portable O₂, felt some improvement since Pr started, feels improvement in mood, reports less and/or no
anxiety, describes less and as 'selfish, self-centered' later on said
his 'best friend, my only friend'. Prominent ambivalence
toward many issues, needs validation, very self critical,
negative, self dismissive. I don't feel like this a nice person
APPETITE: OK SLEEP: fair

MEDICATION SIDE EFFECT: Ø

MENTAL STATUS EXAMINATION:

ALERTNESS: ☒ Alert ☐ Drowsy ☐ Other ☐ Eye contact fair

ORIENTATION: Oriented to: ☒ Person ☐ Place ☐ Time ☐ Impaired

APPEARANCE: ☒ Normal grooming ☐ Fair hygiene ☐ Poor hygiene ☐ Other

BEHAVIOR / ACTIVITY: ☒ Normal ☐ Agitated ☐ Retarded ☐ Slow ☐ Tremor ☐ Other

ATTITUDE: ☒ Cooperative ☐ Uncooperative ☐ Other

SPEECH: ☒ Normal rate / rhythm ☐ Slowed ☐ Monotonous ☐ Decreased volume

☐ Increased volume ☐ Pressured ☐ Other

MOOD: that's better, but work pretty good

AFFECT: ☐ Euthymic ☐ Depressed ☐ Anxious ☐ Irritable ☐ Happy ☐ Other labile/emotional

RANGE OF AFFECT: ☐ Normal range ☐ Mood congruent ☐ Reactive ☐ Restricted ☐ Expansive ☒ Labile

THOUGHT PROCESS: ☒ Goal directed ☐ Circumstantial ☐ Tangential ☐ LOA ☐ FOI ☐ Latency

THOUGHT CONTENT: ☐ Suicidal ideation: ☐ Active ☐ Plan

☐ Homicidal ideation:

☐ Hallucinations:

☐ Delusions ☐ Obsessions ☐ Compulsions ☐ Other

COGNITION: ☒ Grossly intact ☐ Other

INSIGHT: ☒ Intact ☐ Fair ☐ Poor ☐ Other

JUDGEMENT: ☒ Intact ☐ Fair ☐ Poor ☐ Other

DIAGNOSIS: AXIS I MDD Rec Severe

CAD

AXIS II

PLAN: MED CHANGES:

CONTINUE CURRENT MEDS: Prnig, SOMEDIN / Klonopin O'Sung BID

Amibien 10mg qhs

FOLLOW UP: (2) weeks

CC: Amibien 10mg qhs

Amibien 10mg qhs

KHIZAR A. KHAN, M.D.

Anderson Psychiatry & Psychotherapy, LLC
Progress Note

SANDY CHAMBLEE

10/11/11 (50)

PATIENT NAME

DATE / TIME

Pt seen. wants to stay on current regimen. Talks about feeling
early frustrated, angry for no reason, shouting at people,
her son for no reason. Went to see her PCP for itching,
was told "It's probably my nerves". Talked about adding
Sertraline to her regimen as mood augmentation.

APPETITE:

'OK'

SLEEP:

'Not sleeping'

MEDICATION SIDE EFFECT:

MENTAL STATUS EXAMINATION:

ALERTNESS:

☐ Alert ☐ Drowsy ☐ Other

☒ Eye contact

Intermittent

ORIENTATION:

Oriented to: ☐ Person ☐ Place ☐ Time ☐ Impaired

APPEARANCE:

☒ Normal grooming ☐ Fair hygiene ☐ Poor hygiene ☐ Other

BEHAVIOR / ACTIVITY:

☒ Normal ☐ Agitated ☐ Retarded ☐ Slow ☐ Tremor ☐ Other

ATTITUDE:

☒ Cooperative ☐ Uncooperative ☐ Other

SPEECH:

☒ Normal rate / rhythm ☐ Slowed ☐ Monotonous ☐ Decreased volume

☐ Increased volume ☐ Pressured ☐ Other

MOOD:

'I feel agitated'

AFFECT:

☐ Euthymic ☐ Depressed ☐ Anxious ☐ Irritable ☐ Happy ☐ Other

dysphoric

RANGE OF AFFECT:

☐ Normal range ☐ Mood congruent ☒ Reactive ☐ Restricted ☐ Expansive ☐ Labile

THOUGHT PROCESS:

☒ Goal directed ☐ Circumstantial ☐ Tangential ☐ LOA ☐ FOI ☐ Latency

THOUGHT CONTENT:

☐ Suicidal ideation: ☐ Active ☐ Plan

☐ Homicidal ideation:

☐ Hallucinations:

☐ Delusions ☐ Obsessions ☐ Compulsions ☐ Other

COGNITION:

☐ Grossly intact ☐ Other

INSIGHT:

☐ Intact ☐ Fair ☐ Poor ☐ Other

JUDGEMENT:

☐ Intact ☐ Fair ☐ Poor ☐ Other

DIAGNOSIS: AXIS I

MDD rec severe

CIAD

AXIS II

PLAN:

MED CHANGES: Sertraline 50mg daily (see discussed)

CONTINUE CURRENT MEDS: Lithium 50mg daily / Klonopin 0.5mg BID
Quibron 10mg daily

FOLLOW UP:

(2) weeks

CC:

Khizar A. Khan, M.D.

310

Anderson Psychiatry & Psychotherapy, LLC
Progress Note

SANDY CHAMBLEE

10/25/11

(30)

PATIENT NAME

DATE / TIME

It seen, was able to write 3 goals, 'to get rid of the rage', 'able to focus on tasks' & 'Not feel overwhelmed'. She has poor self worth / esteem & require validation / compliments from others to gain self worth however she puts the effort but has her to please people & 'why do I have to entertain people'.

APPETITE:

'Oh'

SLEEP:

Fair

MEDICATION SIDE EFFECT: ☒

MENTAL STATUS EXAMINATION:

ALERTNESS:

☒ Alert ☐ Drowsy ☐ Other

☒ Eye contact

Fair

ORIENTATION:

Oriented to: ☒ Person ☐ Place ☐ Time ☐ Impaired

APPEARANCE:

☒ Normal grooming ☐ Fair hygiene ☐ Poor hygiene ☐ Other

BEHAVIOR / ACTIVITY:

☒ Normal ☐ Agitated ☐ Retarded ☐ Slow ☐ Tremor ☐ Other

ATTITUDE:

☒ Cooperative ☐ Uncooperative ☐ Other

SPEECH:

☒ Normal rate / rhythm ☐ Slowed ☐ Monotonous ☐ Decreased volume

☒ Increased volume ☐ Pressured ☐ Other

MOOD:

☒ don't know

AFFECT:

☐ Euthymic ☒ Depressed ☐ Anxious ☐ Irritable ☐ Happy ☐ Other

emotional

RANGE OF AFFECT:

☐ Normal range ☐ Mood congruent ☒ Reactive ☐ Restricted ☐ Expansive ☐ Labile

THOUGHT PROCESS:

☒ Goal directed ☐ Circumstantial ☐ Tangential ☐ LOA ☐ FOI ☐ Latency

THOUGHT CONTENT:

☐ Suicidal ideation: ☐ Active ☐ Plan

☐ Homicidal ideation:

☐ Hallucinations:

☒ Delusions ☐ Obsessions ☐ Compulsions ☐ Other

COGNITION:

☒ Grossly intact ☐ Other

INSIGHT:

☒ Intact ☐ Fair ☐ Poor ☐ Other

JUDGEMENT:

☒ Intact ☐ Fair ☐ Poor ☐ Other

DIAGNOSIS: AXIS I

MDA Moderate, Rec

ADP

AXIS II

PLAN:

MED CHANGES:

CONTINUE CURRENT MEDS: Pristiq, 50mg QAM / Klonopin 0.5mg BID
Auberon 10mg QHS / Zolpidem 50mg QHS
Goals on writing positive about self.
(2) weeks

FOLLOW UP:

CC:

KHIZAR A. KHAN, M.D.



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

October 28, 2011

ANDERSON PSYCHIATRY & PSYCHO
400 NORTH FANT STREET
STE D
ANDERSON SC 29621

ATTN: MEDICAL RECORDS

RE: SANDRA L CHAMBLEE
AKA: CHAMBLEE, SANDY
ADD: 600 WHIT CHAMBLEE ROAD
STARR SC 29684

Ref. No: L53400

DOB: 12/27/62

Your patient has applied for disability benefits under the Social Security Act. We need the following information:

Treatment Records: 06/01/10 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.

Sincerely,

Megan Smith, Disability Examiner

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT

ENC: Release
MGS/346

Claim No: L53400
LI (2/07) DMA: Y



TIDN: 0072805000

*Mailed
11/2/11*

Request sent to:

ANDERSON PSYCHIATRY & PSYCHO

RE:SANDRA L CHAMBLEE

Ref. No: L53400

RETURN RECORDS BY FAX TO SCDDS AT (866) 827-7369

PAYMENT INSTRUCTIONS (For Records/Reports only)
Complete the information below. We do not accept personalized invoices.

AUTHORIZATION – RETURN FOR PAYMENT

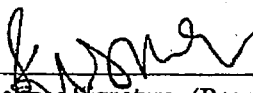
Please complete identifying information below. **TO ENSURE PAYMENT, THIS FORM MUST BE PLACED ON TOP OF THE MEDICAL EVIDENCE.**

- We pay \$15.00 for a copy of treatment records or a narrative report. Out of state physicians are paid according to the fee schedule in that state.

○ Payee Name and Address:

Amount: \$15.00

Anderson Psychiatry
400 North Fant St., Suite D
Anderson, SC 29621


Authorized Signature (Required)

IF RETURNING BY MAIL, FOLLOW DIRECTIONS BELOW:

MAIL INSTRUCTIONS

Insert this page into the window envelope with the address showing. **THIS PAGE MUST BE ON TOP OF YOUR REPORT.**

- Mail report to address in box at right.
- If you are sending reports on more than one person in the same envelope, place this page for each individual on top of his/her records.

SSA
S86 SC DDS CHARLESTON
P.O. BOX 8705
LONDON, KY 40742-8705

We cannot honor a bill presented more than 45 days after the close of our fiscal year which ends September 30.

THIS PAGE MUST BE ON TOP OF YOUR REPORT.



RQID:0072805000L53400

SITE:S86 DR:S

SSN:***** DOCTYPE:0001 RF:D CS:2fdd

MGS/346

Claim No.: L53400

FAXD (9/09)

DMA: Y

Invoice No: 0072805000

SCEIS No: 7000055969

WHOSE Records to be Disclosed

Form Approved
OMB No. 0950-0030

NAME (First, Middle, Last)

SANDRA LYNN Chamber

SSN

249-06-2253

Birthdate

12-27-62

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:

1. 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 45 CFR 164.501)
- Drug abuse, alcoholism, or other substance abuse
- Sickle cell anemia
- Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS
- Gene-related impairments (including genetic test results)

2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.

3. 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.

4. 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
- Consulting 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/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

ANDERSON PSYCHIATRY & PSYCHO
400 NORTH EANT STREET
STE D
ANDERSON SC 29621

From 06/01/10 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 sources 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 disclosure 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 personal representative (explain)

SIGN

(Parent/guardian/personal representative sign here if two signatures required by State law)

Date Signed

10-17-2011

Street Address

600 Whit Chamber Rd

Phone Number (with area code)

864-362-3997

City

Stoner

State

SC

ZIP

29685

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN

Phone Number or Address

IF needed, second witness sign here (e.g., if signed with "X" above)

SIGN

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 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 98 and 300; and State law.

Form SSA-827 (4-2008) et (04-2008) Use 2-2003 and Later Editions Until Supply is Exhausted

Page 1 of 2

TOTAL P.002

Anderson Psychiatry & Psychotherapy, LLC
Progress Note

SANDY CHAMBLEE

11/8/11

(30)

PATIENT NAME

DATE / TIME

As seen, still tries to avoid discussing dynamics related to poor self esteem, 'I need attention' to get self worth. Feels she is frustrated when she is busy trying to please people however feels unable to help self to stop doing it. I like the 'fake me' when she acts happy & hides her true emotion. Unable to just move on what she likes about self.

APPETITE: Ok

SLEEP: Fair

MEDICATION SIDE EFFECT: 0

MENTAL STATUS EXAMINATION:

ALERTNESS: ☒ Alert ☐ Drowsy ☐ Other ☒ Eye contact Fair

ORIENTATION: Oriented to: ☒ Person ☒ Place ☒ Time ☐ Impaired

APPEARANCE: ☒ Normal grooming ☐ Fair hygiene ☐ Poor hygiene ☐ Other

BEHAVIOR / ACTIVITY: ☒ Normal ☐ Agitated ☐ Retarded ☐ Slow ☐ Tremor ☐ Other

ATTITUDE: ☒ Cooperative ☐ Uncooperative ☐ Other

SPEECH: ☒ Normal rate / rhythm ☐ Slowed ☐ Monotonous ☐ Decreased volume

MOOD:

AFFECT: ☒ Euthymic ☐ Depressed ☐ Anxious ☐ Irritable ☐ Happy ☒ Other Dysphoric

RANGE OF AFFECT: ☒ Normal range ☐ Mood congruent ☐ Reactive ☐ Restricted ☐ Expansive ☐ Labile

THOUGHT PROCESS: ☒ Goal directed ☐ Circumstantial ☐ Tangential ☐ LOA ☐ FOI ☐ Latency

THOUGHT CONTENT: ☒ Suicidal ideation: ☐ Active ☐ Plan

☐ Homicidal ideation:

☐ Hallucinations:

☐ Delusions ☐ Obsessions ☐ Compulsions ☐ Other

COGNITION: ☒ Grossly intact ☐ Other

INSIGHT: ☐ Intact ☐ Fair ☐ Poor ☐ Other

JUDGEMENT: ☐ Intact ☐ Fair ☐ Poor ☐ Other

DIAGNOSIS: AXIS I

MDD Mod, rec

GAD

AXIS II

PLAN:

MED CHANGES:

CONTINUE CURRENT MEDS Prozac, SOMEDIN / Klonopin O/Sing B12
Quinlan 10mg B12 / Serenell SOMEDIN

FOLLOW UP:

(1) mo

CC:

KHIZAR A. KHAN, M.D.

Anderson Psychiatry & Psychotherapy, LLC
Progress Note

SANDY CHAMBLEE

12/6/11

(30)

PATIENT NAME

DATE / TIME

Pt. seen, reports recent family get together will not be attended by her. She feel family is asking her to come & she will come up w/ an excuse. States one of her cousins is a child molester, became paranoid when inquired if she was subjected to sexual abuse by him. Has lot of anger, frustration, impatience & resentment on how she's been treated.

APPETITE: OK

SLEEP: poor

MEDICATION SIDE EFFECT: None

MENTAL STATUS EXAMINATION:

ALERTNESS: ☒ Alert ☐ Drowsy ☐ Other ☐ Eye contact Fair
ORIENTATION: Oriented to: ☒ Person ☒ Place ☒ Time ☐ Impaired
APPEARANCE: ☒ Normal grooming ☐ Fair hygiene ☐ Poor hygiene ☐ Other
BEHAVIOR / ACTIVITY: ☒ Normal ☐ Agitated ☐ Retarded ☐ Slow ☐ Tremor ☐ Other
ATTITUDE: ☒ Cooperative ☐ Uncooperative ☐ Other
SPEECH: ☒ Normal rate / rhythm ☐ Slowed ☐ Monotonous ☐ Decreased volume
☐ Increased volume ☐ Pressured ☐ Other
MOOD: Not well
AFFECT: ☐ Euthymic ☐ Depressed ☒ Anxious ☐ Irritable ☐ Happy ☐ Other
RANGE OF AFFECT: ☐ Normal range ☐ Mood congruent ☐ Reactive ☒ Restricted ☐ Expansive ☐ Labile
THOUGHT PROCESS: ☒ Goal directed ☐ Circumstantial ☐ Tangential ☐ LOA ☐ FOI ☐ Latency
THOUGHT CONTENT: ☐ Suicidal ideation: ☐ Active ☐ Plan
☐ Homicidal ideation:
☐ Hallucinations:
☐ Delusions ☐ Obsessions ☐ Compulsions ☐ Other
COGNITION: ☒ Grossly intact ☐ Other
INSIGHT: ☐ Intact ☐ Fair ☐ Poor ☐ Other
JUDGEMENT: ☐ Intact ☐ Fair ☐ Poor ☐ Other

DIAGNOSIS: AXIS I

MDD Mod Rec
UAD

AXIS II

PLAN:

MED CHANGES: Increase Serenel 10mg daily

CONTINUE CURRENT MEDS:

Keonig 50mg daily / Klonopin 0.1mg BID
Chambien 10mg daily

FOLLOW UP:

(1) mo

CC:

[Signature]
KHIZAR A. KHAN, M.D.

Anderson Psychiatry & Psychotherapy, LLC
Progress Note

SANDY CHAMBLEE

1/5/12

(30)

PATIENT NAME

DATE / TIME

Pt seen, recently had a disability hearing. Still tries best to not acknowledge depression, remains dismissive of her emotion/depression, lashed out herself when she felt bad. Reports 'I need to be strong' & any emotional downfall is a sign of weakness; spends time in 9th old son.

APPETITE:

On

SLEEP:

Fair

MEDICATION SIDE EFFECT: $\emptyset$

MENTAL STATUS EXAMINATION:

ALERTNESS:

☒ Alert ☐ Drowsy ☐ Other

☐ Eye contact

Fair

ORIENTATION:

Oriented to: ☒ Person ☐ Place ☐ Time ☐ Impaired

APPEARANCE:

☒ Normal grooming ☐ Fair hygiene ☐ Poor hygiene ☐ Other

BEHAVIOR / ACTIVITY:

☒ Normal ☐ Agitated ☐ Retarded ☐ Slow ☐ Tremor ☐ Other

ATTITUDE:

☒ Cooperative ☐ Uncooperative ☐ Other

SPEECH:

☒ Normal rate / rhythm ☐ Slowed ☐ Monotonous ☐ Decreased volume

☐ Increased volume ☐ Pressured ☐ Other

MOOD:

I do not have so many dark days

AFFECT:

☒ Euthymic ☐ Depressed ☐ Anxious ☐ Irritable ☐ Happy ☐ Other

RANGE OF AFFECT:

☒ Normal range ☐ Mood congruent ☐ Reactive ☐ Restricted ☐ Expansive ☐ Labile

THOUGHT PROCESS:

☒ Goal directed ☐ Circumstantial ☐ Tangential ☐ LOA ☐ FOI ☐ Latency

THOUGHT CONTENT:

☐ Suicidal ideation: ☐ Active ☐ Plan

☐ Homicidal ideation:

☐ Hallucinations:

☐ Delusions ☐ Obsessions ☐ Compulsions ☐ Other

COGNITION:

☒ Grossly intact ☐ Other

INSIGHT:

☒ Intact ☐ Fair ☐ Poor ☐ Other

JUDGEMENT:

☒ Intact ☐ Fair ☐ Poor ☐ Other

DIAGNOSIS: AXIS I

MDD Mod Severe

GAD

AXIS II

PLAN:

MED CHANGES:

CONTINUE CURRENT MEDS: Risperidone 2mg QAM / Klonopin 0.5mg BID
Amitriptyline 10mg QHS / Sertraline 100mg QD

FOLLOW UP:

(3) weeks

CC:

KHIZAR A. KHAN, M.D.

Anderson Psychiatry & Psychotherapy, LLC
Progress Note

SANDY CHAMBLEE

1/31/12 (30)

PATIENT NAME

DATE / TIME

Pr seen, remains compliant on treatment, not as labile, emotional, tearful. Feels overall moods are better, remain very judgemental of people in general & female in particular. Still very self critical, needing input from others to feel good about self.

APPETITE: Ok SLEEP: fair

MEDICATION SIDE EFFECT: Ø

MENTAL STATUS EXAMINATION:

ALERTNESS: ☒ Alert ☐ Drowsy ☐ Other ☐ Eye contact fair

ORIENTATION: Oriented to: ☒ Person ☐ Place ☐ Time ☐ Impaired

APPEARANCE: ☒ Normal grooming ☐ Fair hygiene ☐ Poor hygiene ☐ Other

BEHAVIOR / ACTIVITY: ☒ Normal ☐ Agitated ☐ Retarded ☐ Slow ☐ Tremor ☐ Other

ATTITUDE: ☒ Cooperative ☐ Uncooperative ☐ Other

SPEECH: ☒ Normal rate / rhythm ☐ Slowed ☐ Monotonous ☐ Decreased volume

☐ Increased volume ☐ Pressured ☐ Other

MOOD: Ø think this Ok

AFFECT: ☒ Euthymic ☐ Depressed ☐ Anxious ☐ Irritable ☐ Happy ☐ Other

RANGE OF AFFECT: ☒ Normal range ☐ Mood congruent ☐ Reactive ☐ Restricted ☐ Expansive ☐ Labile

THOUGHT PROCESS: ☒ Goal directed ☐ Circumstantial ☐ Tangential ☐ LOA ☐ FOI ☐ Latency

THOUGHT CONTENT: ☒ Suicidal ideation: ☐ Active ☐ Plan

☐ Homicidal ideation:

☐ Hallucinations:

☐ Delusions ☐ Obsessions ☐ Compulsions ☐ Other

COGNITION: ☒ Grossly intact ☐ Other

INSIGHT: ☒ Intact ☐ Fair ☐ Poor ☐ Other

JUDGEMENT: ☒ Intact ☐ Fair ☐ Poor ☐ Other

DIAGNOSIS: AXIS I MDD Rec Mnd

GAD.

AXIS II

PLAN: MED CHANGES:

CONTINUE CURRENT MEDS: Lexapro 50mg AM / Klonopin 0.5mg BID

Quetiapine 150mg QHS / Sertraline 100mg QHS.

Pr will FU @ Dr Hossein after 4/12

FOLLOW UP: (3) weeks

CC:

Khizar A. Khan, M.D.
KHIZAR A. KHAN, M.D.

Anderson Psychiatry & Psychotherapy, LLC
Progress Note

SANDY CHAMBLEE

2/21/12

(30)

PATIENT NAME

DATE / TIME

Pr seen, able to engage with decreased reluctance,
less guarded, very limited social support, overly
sensitive & preoccupied by how people perceive her.
Relationship w husband remains superficial, feels she
able to deal w her situation better though.

APPETITE: 'Oh'

SLEEP: Fair

MEDICATION SIDE EFFECT: ~~Ø~~

MENTAL STATUS EXAMINATION:

ALERTNESS:

☒ Alert ☐ Drowsy ☐ Other

☒ Eye contact

Fair

ORIENTATION:

Oriented to: ☒ Person ☐ Place ☐ Time ☐ Impaired

APPEARANCE:

☒ Normal grooming ☐ Fair hygiene ☐ Poor hygiene ☐ Other

BEHAVIOR / ACTIVITY:

☒ Normal ☐ Agitated ☐ Retarded ☐ Slow ☐ Tremor ☐ Other

ATTITUDE:

☒ Cooperative ☐ Uncooperative ☐ Other

SPEECH:

☒ Normal rate / rhythm ☐ Slowed ☐ Monotonous ☐ Decreased volume

☐ Increased volume ☐ Pressured ☐ Other

MOOD:

My family thinks I'm happier

AFFECT:

☐ Euthymic ☐ Depressed ☒ Anxious ☐ Irritable ☐ Happy ☐ Other

RANGE OF AFFECT:

☒ Normal range ☐ Mood congruent ☐ Reactive ☐ Restricted ☐ Expansive ☐ Labile

THOUGHT PROCESS:

☒ Goal directed ☐ Circumstantial ☐ Tangential ☐ LOA ☐ FOI ☐ Latency

THOUGHT CONTENT:

☐ Suicidal ideation: ☐ Active ☐ Plan

☐ Homicidal ideation:

☐ Hallucinations:

☐ Delusions ☐ Obsessions ☐ Compulsions ☐ Other

COGNITION:

☒ Grossly intact ☐ Other

INSIGHT:

☒ Intact ☐ Fair ☐ Poor ☐ Other

JUDGEMENT:

☒ Intact ☐ Fair ☐ Poor ☐ Other

DIAGNOSIS: AXIS I

MDD Rec Mod

CAD

AXIS II

PLAN:

MED CHANGES:

CONTINUE CURRENT MEDS:

Risperidone 50mg BID / Klonopin 0.5mg BID
Quetiapine 150mg QHS / Sertraline 100mg QHS

FOLLOW UP:

(2) weeks

CC:

KHIZAR A. KHAN, M.D.

Anderson Psychiatry & Psychotherapy, LLC
Progress Note

SANDY CHAMBLEE

8/13/12 (30)

PATIENT NAME

DATE / TIME

Seen, she reports 'It's my up days', during her 1st assessment. She denied any manic symptoms although presents excitable, ext. hls, elated, expansive, & these 'up' moods to be happening on and off as well. Mood questionnaire filled, approach treatment for Dx Bipolar Aff Dzo.

APPETITE: 'OK' SLEEP: I haven't slept in (3) Days

MEDICATION SIDE EFFECT: /

MENTAL STATUS EXAMINATION:

ALERTNESS: ☒ Alert ☐ Drowsy ☐ Other _____ ☐ Eye contact Fair

ORIENTATION: Oriented to: ☒ Person ☒ Place ☒ Time ☐ Impaired _____

APPEARANCE: ☒ Normal grooming ☐ Fair hygiene ☐ Poor hygiene ☐ Other _____

BEHAVIOR / ACTIVITY: ☒ Normal ☐ Agitated ☐ Retarded ☐ Slow ☐ Tremor ☐ Other _____

ATTITUDE: ☒ Cooperative ☐ Uncooperative ☐ Other _____

SPEECH: ☐ Normal rate / rhythm ☒ Slowed ☐ Monotonous ☐ Decreased volume

☐ Increased volume ☐ Pressured ☐ Other _____

MOOD:

AFFECT: ☐ Euthymic ☐ Depressed ☐ Anxious ☐ Irritable ☐ Happy ☒ Other Labile

RANGE OF AFFECT: ☐ Normal range ☐ Mood congruent ☐ Reactive ☐ Restricted ☐ Expansive ☐ Labile

THOUGHT PROCESS: ☒ Goal directed ☐ Circumstantial ☐ Tangential ☐ LOA ☐ FOI ☐ Latency

THOUGHT CONTENT: ☐ Suicidal ideation: _____ ☐ Active ☐ Plan

☐ Homicidal ideation: _____

☐ Hallucinations: _____

☐ Delusions ☐ Obsessions ☐ Compulsions ☐ Other _____

COGNITION: ☒ Grossly intact ☐ Other _____

INSIGHT: ☒ Intact ☐ Fair ☐ Poor ☐ Other _____

JUDGEMENT: ☒ Intact ☐ Fair ☐ Poor ☐ Other _____

DIAGNOSIS: AXIS I Bipolar Aff Dzo
GAD

AXIS II

PLAN: MED CHANGES: Dr Kristig, some DM, increase Sertraline 200mg
2Kx @ 1mg then 200mg DM.

CONTINUE CURRENT MEDS: Klonopin 0.5mg BID / Ambien 10mg qhs

FOLLOW UP: 1 week

CC: _____

Khizar A. Khan, M.D.

Anderson Psychiatry & Psychotherapy, LLC
Progress Note

SANDY CHAMBLEE

3/21/12

(30)

PATIENT NAME

DATE / TIME

Seen, passive, mild drowsy. No feeling 'end', discussed her presentation at last appt & why treatment / diagnosis was changed. Given info. on Bipolar Do, discussed adding Lamictal to regimen.

APPETITE: 'Oh' SLEEP: 'Oh'

MEDICATION SIDE EFFECT: /

MENTAL STATUS EXAMINATION:

ALERTNESS: ☒ Alert ☐ Drowsy ☐ Other _____ ☒ Eye contact Fair

ORIENTATION: Oriented to: ☒ Person ☒ Place ☒ Time ☐ Impaired _____

APPEARANCE: ☒ Normal grooming ☐ Fair hygiene ☐ Poor hygiene ☐ Other _____

BEHAVIOR / ACTIVITY: ☒ Normal ☐ Agitated ☐ Retarded ☐ Slow ☐ Tremor ☐ Other _____

ATTITUDE: ☒ Cooperative ☐ Uncooperative ☐ Other _____

SPEECH: ☒ Normal rate / rhythm ☐ Slowed ☐ Monotonous ☐ Decreased volume ☐ Increased volume ☐ Pressured ☐ Other _____

MOOD: 'in down'

AFFECT: ☒ Euthymic ☒ Depressed ☐ Anxious ☐ Irritable ☐ Happy ☐ Other _____

RANGE OF AFFECT: ☐ Normal range ☐ Mood congruent ☐ Reactive ☒ Restricted ☐ Expansive ☐ Labile

THOUGHT PROCESS: ☒ Goal directed ☐ Circumstantial ☐ Tangential ☐ LOA ☐ FOI ☐ Latency

THOUGHT CONTENT: ☒ Suicidal ideation: _____ ☐ Active ☐ Plan ☐ Homicidal ideation: _____ ☐ Hallucinations: _____ ☐ Delusions ☐ Obsessions ☐ Compulsions ☐ Other _____

COGNITION: ☒ Grossly intact ☐ Other _____

INSIGHT: ☒ Intact ☐ Fair ☐ Poor ☐ Other _____

JUDGEMENT: ☒ Intact ☐ Fair ☐ Poor ☐ Other _____

DIAGNOSIS: AXIS I Bipolar App Do
GAD.

AXIS II

PLAN:

MED CHANGES: Give Lamictal 200mg QHS x (2) weeks, then 50mg QHS x (2) weeks. GE & black box discussed. / Do Ambien 10mg QHS
CONTINUE CURRENT MEDS: Serenell 300mg QHS / Clonopin 0.5mg BID

FOLLOW UP: (3) weeks

CC:

KHIZAR A. KHAN, M.D.

Anderson Psychiatry & Psychotherapy, LLC
Progress Note

SANDY CHAMBLEE

4/4/12

(20)

PATIENT NAME

DATE / TIME

At seen, reports after almost (2) weeks of starting Lamictal she noticed rash over her lower ext. area bilaterally. She wasn't sure if that was due to Lamictal but did by the medication since that the rash has cleared, still feeling moody & impulsive.

APPETITE:

On

SLEEP:

improved

MEDICATION SIDE EFFECT:

MENTAL STATUS EXAMINATION:

ALERTNESS:

☒ Alert ☐ Drowsy ☐ Other

☒ Eye contact

Fair

ORIENTATION:

Oriented to: ☐ Person ☒ Place ☒ Time ☐ Impaired

APPEARANCE:

☒ Normal grooming ☐ Fair hygiene ☐ Poor hygiene ☐ Other

BEHAVIOR / ACTIVITY:

☒ Normal ☐ Agitated ☐ Retarded ☐ Slow ☐ Tremor ☐ Other

ATTITUDE:

☒ Cooperative ☐ Uncooperative ☐ Other

SPEECH:

☒ Normal rate / rhythm ☐ Slowed ☐ Monotonous ☐ Decreased volume

☐ Increased volume ☐ Pressured ☐ Other

MOOD:

Still feeling crazy

AFFECT:

☐ Euthymic ☐ Depressed ☐ Anxious ☐ Irritable ☐ Happy ☒ Other

lame

RANGE OF AFFECT:

☐ Normal range ☐ Mood congruent ☐ Reactive ☐ Restricted ☐ Expansive ☒ Labile

THOUGHT PROCESS:

☒ Goal directed ☐ Circumstantial ☐ Tangential ☐ LOA ☐ FOI ☐ Latency

THOUGHT CONTENT:

☐ Suicidal ideation: ☐ Active ☐ Plan

☐ Homicidal ideation:

☐ Hallucinations:

☐ Delusions ☐ Obsessions ☐ Compulsions ☐ Other

COGNITION:

☒ Grossly intact ☐ Other

INSIGHT:

☒ Intact ☐ Fair ☐ Poor ☐ Other

JUDGEMENT:

☐ Intact ☐ Fair ☐ Poor ☐ Other

DIAGNOSIS: AXIS I

Bipolar Aff / No Manic

GAD

AXIS II

PLAN:

MED CHANGES:

Increase Sertraline to 100mg daily / Pr of Lamictal

after (2) weeks due to rash, unclear of nature of rash.

CONTINUE CURRENT MEDS:

Klonopin 0.5mg BID

Fluoxetine 10mg daily

FOLLOW UP:

(6) weeks

CC:

Signature
KHIZAR A. KHAN, M.D.

Sandy Chamblee
05/24/12

Patient seen for 30 mts. for med management and supportive therapy. This was her 1st appointment with me since being transferred from Dr. Khan's service. She is a 49 year old married, white, disabled female. She lives with her husband of 11 yrs. and their 9 year old son. Increase in Seroquel dose last mo. has helped with her mood. She is no longer manic. She denies any medication side effects. She complains of restless sleep. She also seems to have unresolved grief/anger issues (childhood abuse, marital issues, and work issues).

Mental Status Examination:

She is alert and oriented X 4, cooperative. Good eye contact. Speech is normal. Mood is "better". Affect is mildly anxious and irritable, reactive. Thought process is goal directed. Thought content negative for suicidal ideation, homicidal ideation, as well as death wish. She denies hallucinations, paranoia or compulsions. Memory is grossly intact. Insight is fair. Judgment is adequate.

DIAGNOSIS:

Axis I: Bipolar Affective Disorder
 Generalized Anxiety Disorder

PLAN:

Continue Seroquel 400 mg q.h.s. Change Klonopin to 0.5 mg b.i.d. p.r.n. anxiety. Try Trazadone 50 mg q.h.s., p.r.n. insomnia. Indications and side effects reviewed. Follow-up in 1 mo. Referred for individual therapy.



Kashfia D. Hossain, M.D.

THERAPY NOTE
CONFIDENTIAL INFORMATION - DO NOT RELEASE

Name: Sandy Chamberlee Date: 10-11-12

Service: Individual Therapy Start: 2:35 PM Stop: 3:25 PM

PATIENT REPORTS: (Improvements, Symptoms, Complaints, Medications)

Pt. is referred by Dr. Hossain (has seen her 1x)

STRESSORS/ISSUES DISCUSSED:

- Pt relates she is a retired fire trainer. She has several medical issues and is wearing Oxygen.
- Pt has been married for 11 yrs + has a 940 son. Her husband is a firefighter.
- She was diagnosed with Bipolar this year. She claims she enjoys her 'high' times, but has 'low' times.
- Does not like to show emotions or have conflicts.
- States she was diagnosed with dyslexia as a young adult.

OBSERVATION/ASSESSMENT/MENTAL STATUS:

Very talkative + open

CHANGES/ADDITIONS TO DIAGNOSIS:

HOMEWORK/PLAN:

Return in 2 weeks

Phyllis J. Newman, LPC

Phyllis J. Newman
LPC

Kashfia D. Hossain, MD

Kashfia D. Hossain

THERAPY NOTE
CONFIDENTIAL INFORMATION - DO NOT RELEASE

Name: Sandy Chonhlee Date: 6-25-12

Service: Individual Therapy Start: 2:30 PM Stop: 3:15 PM

PATIENT REPORTS: (Improvements, Symptoms, Complaints, Medications)

STRESSORS/ISSUES DISCUSSED:

- Pt states her 9 year old went to camp for a week. She was worried, but he did well.
- Discussed her previous job & the issues she retired under.
- Feels her son may need to see a counselor.

OBSERVATION/ASSESSMENT/MENTAL STATUS:

Pleasant, Talkative

CHANGES/ADDITIONS TO DIAGNOSIS:

HOMEWORK/PLAN:

Return in 2-3 weeks

Phyllis J. Newman, LPC

Phyllis J. Newman
LPC

Kashfia D. Hossain, MD

Kashfia D. Hossain

Sandy Chamblee
06/29/12

Patient seen for 20 minutes for med check and therapy. Her mood is fairly stable. She does struggle with underlying anxiety which she tends to minimize. Therapy seems to be helping. She continues to struggle with early insomnia. Trazadone helped her to sleep but she stopped it due to nightmares.

Mental Status Examination:

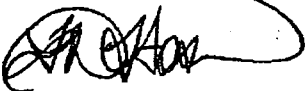
She is alert and oriented X 4, cooperative. Mood is "alright". Affect is mood congruent, reactive. No suicidality, homicidality or death wish. No mania or psychosis. Insight is fair. Judgment is adequate.

DIAGNOSIS:

Axis I: Bipolar Affective Disorder
 Generalized Anxiety Disorder

PLAN:

Stop Trazadone. Try Restoril 30 mg q.h.s. p.r.n. insomnia. Continue Seroquel 400 mg q.h.s. and Klonopin 0.5 mg b.i.d. p.r.n. anxiety. Continue therapy. Follow-up in 2 mos.



Kashfia D. Hossain, M.D.

THERAPY NOTE
CONFIDENTIAL INFORMATION - DO NOT RELEASE

Name: Sally Chomille Date: 7-9-12
Service: Individual Therapy Start: 2:30 Stop: 3:15 PM

PATIENT REPORTS: (Improvements, Symptoms, Complaints, Medications)

Having trouble breathing, today.

STRESSORS/ISSUES DISCUSSED:

- 'Don't not in a good mood today'. (Doesn't know why).
- State she 'puts on a face' for the outside world. (husband says she has a couple personalities)
- Wanted a therapist name to talk her son to. (Have Robin Blissett at Carson & Assoc).

OBSERVATION/ASSESSMENT/MENTAL STATUS:

Nervous, but talkative, somewhat happy!

CHANGES/ADDITIONS TO DIAGNOSIS:

HOMEWORK/PLAN:

Return in 2 weeks

Phyllis J. Newman, LPC

Phyllis J. Newman
LPC

Kashfia D. Hossain, MD

Kashfia D. Hossain

THERAPY NOTE
CONFIDENTIAL INFORMATION - DO NOT RELEASE

Name: Soray Chanler Date: 7-23-12
Service: Individual Therapy Start: 1:45 Stop: 2:30

PATIENT REPORTS: (Improvements, Symptoms, Complaints, Medications)

STRESSORS/ISSUES DISCUSSED:

- I'm doing a little better today. I met someone in the waiting room I knew & I put on that I was doing O.K.
- My son is better, but needs a change in his meds. (He's hyperactive).
- Continues to struggle with pain & weight gain from the meds.

OBSERVATION/ASSESSMENT/MENTAL STATUS:

Diplex & Talkative

CHANGES/ADDITIONS TO DIAGNOSIS:

HOMEWORK/PLAN:

Returning week

Phyllis J. Newman, LPC

Phyllis J. Newman
LPC

Kashfia D. Hossain, MD

Kashfia D. Hossain

Sandy Chamblee
08/28/12

Patient seen for 20 minutes for med check. Her mood has been fairly stable. She denies feeling depressed or manic. She continues to struggle with anxiety. She does not use her Klonopin regularly. She denies side effects but just does not like to depend on medication, she states. She is also not going to therapy regularly, as it is hard for her to talk about her problems to anyone. She denies any specific issues with the therapist. She is sleeping better with p.r.n. Restoril which she uses occasionally. No complaint of med side effects.

Mental Status Examination:

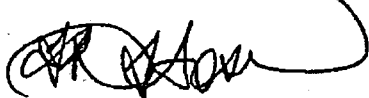
She is alert and oriented X 4, cooperative. Mood is "a little nervous". Affect is mildly anxious, reactive. No suicidality, homicidality or death wish. Denies hallucinations, paranoia or compulsions. Insight is fair. Judgment is adequate.

DIAGNOSIS:

Axis I: Bipolar Affective Disorder
 Generalized Anxiety Disorder

PLAN:

Continue Seroquel 400 mg q.h.s. and Restoril 30 mg q.h.s. p.r.n. insomnia. Patient advised to use Klonopin 0.5 mg b.i.d. p.r.n. anxiety. Patient will not reschedule for therapy at this time. She is encouraged to journal. Follow-up in 2 mos.



Kashfia D. Hossain, M.D.

cc: Dr. Daniel

Sandy Chamblee
10/29/12

Patient seen for 20 minutes for med check. Her mood has been fairly stable. She has not been feeling well physically. She has switched back to Dr. Charles Wadee as her PMD. Her asthma has gotten worse in recent weeks. They are also running various tests for swelling and wt. gain. She states that she has gained almost 40 lbs since July of this yr. Dr. Wadee has asked her about coming off of Seroquel and switching to Topamax. Of note, she has been on Seroquel for over a yr. now and she does not feel that it has contributed to significant wt. gain but is willing to try something else if it will help with wt reduction. She also admits that she has to take steroids from time to time for her asthma flare-ups which, in turn, increases her appetite. Sleep is adequate on some nights; restless on others. She has not slept well for the past few nights.

Mental Status Examination:

She is alert and oriented Xs 4, cooperative. Good eye contact. Speech is normal. Mood is "alright". Affect is mood congruent, reactive. No suicidal or homicidal ideation or death wish. No hallucinations, paranoia or compulsions. Memory is grossly intact. Insight is fair. Judgment is adequate.

DIAGNOSIS:

Axis I: Bipolar Affective Disorder
 Generalized Anxiety Disorder

PLAN:

Begin Topamax 25 mg q.h.s. for 7 days, then increase to 50 mg q.h.s. Indications and side effects of Topamax discussed with patient. Continue Seroquel 400mg q.h.s. for 7 days, then decrease to 300 mg q.h.s., due to metabolic issues and monitor mood and side effects closely. Continue Klonopin 0.5 mg b.i.d., p.r.n. anxiety and Restoril 30 mg q.h.s., p.r.n. insomnia. Follow-up in 2 to 3 wks.



Kashfia D. Hossain, M.D.

CC: Dr. Charles Wadee

PATIENT COPY

Printed/Faxed: Mar 6 2014
Encounter Date: 11/14/2012 4:00PM

SANDY CHAMBLEE
302 WHITT CHAMBLEE RD
STARR, SC 29684-0000

To: SANDY CHAMBLEE, DOB 12/27/1962, MRN 0000132810

From: Kashfia Hossain M.D.

Thank you for choosing us for your healthcare needs! Please remember to bring a current medication list or your medicine bottles to all visits. We've provided a summary of today's visit below.

History of Present Illness

Patient seen for med check. She is tolerating Topamax with complaint of sedation which actually helps her sleep at night. Her mood has been pretty stable with recent medication adjustments. She has not noticed any changes in appetite or weight as of yet.

Psychiatric HPI Detail:

Appetite: Good

Sleep: Good

Medication Side Effect: Sedation on Topamax which helps her sleep. Denies daytime sedation.

Active Problems

1. Allergic Rhinitis 477.9
2. Asthma 493.90
3. Bipolar I Disorder, Most Recent Episode 296.7
4. Chest Pain 786.50
5. Chronic Sinusitis 473.9
6. Difficulty Breathing (Dyspnea) 786.09
7. Edema 782.3
8. Esophageal Reflux 530.81
9. Generalized Anxiety Disorder 300.02
10. Hypertension 401.9
11. Organic Sleep Apnea 327.20

Allergies

1. No Known Drug Allergies

Current Meds

1. Advair Diskus 500-50 MCG/DOSE Inhalation Aerosol Powder Breath Activated; INHALE 1 PUFF TWICE DAILY; Therapy: 10Jul2012 to (Evaluate:19Mar2013) Requested for: 20Sep2012; Last Rx:20Sep2012
2. Bystolic 5 MG Oral Tablet; Therapy: 22Mar2012 to
3. CPAP; PROVIDE CPAP SUPPLIES AND MASK OF CHOICE; Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012
4. Estradiol 2 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED; Therapy: (Recorded:24Feb2012) to

☐ Cash ☐ Check # _____ ☐ Credit Card Tot Charges \$ _____ Tot Paid \$ _____ Staff Initials _____
Page 1 of 3

Patient:

SANDY L. CHAMBLEE

DOB:

12/27/1962

5. Furosemide 40 MG Oral Tablet; Therapy: 21Jun2012 to
6. Ipratropium-Albuterol 0.5-2.5 (3) MG/3ML Inhalation Solution; DuoNeb 0.5-2.5 (3)MG/3ML, 1 vial Solution four times daily, as needed # 120 ,02/1/2012 Active; Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012
7. Klonopin 0.5 MG Oral Tablet; ONE TAB PRN OFR ANXIETY; Therapy: (Recorded:13Nov2012) to
8. Klor-Con 20 MEQ Oral Packet; TAKE 1 PACKET DAILY; Therapy: (Recorded:20Sep2012) to
9. Lyrica 75 MG Oral Capsule; Lyrica(75MG Oral 1 PO Daily) Active -Hx Entry; Therapy: 01Feb2012 to Requested for: 30Jun2012
10. Meclizine HCl 25 MG Oral Tablet; TAKE 1 TABLET 4 TIMES DAILY AS NEEDED FOR DIZZINESS; Therapy: (Recorded:20Sep2012) to
11. Phentermine HCl 37.5 MG Oral Tablet; Take 1 tablet twice daily; Therapy: (Recorded:20Sep2012) to
12. PredniSONE (Pak) 5 MG Oral Tablet; prednisone 2 tablets a day for 7 days and then one tablet a day for 7 days; Therapy: 20Sep2012 to (Last Rx:20Sep2012)
13. Prevacid 15 MG Oral Capsule Delayed Release; TAKE 1 CAPSULE Daily; Therapy: (Recorded:20Sep2012) to
14. ProAir HFA 108 (90 Base) MCG/ACT Inhalation Aerosol Solution; ProAir HFA 108 (90 Base)MCG/ACT, 2 puffs every four to six hours as needed # 0 ,10/4/2011 Active; Therapy: 04Oct2011 to (Last Rx:20Sep2012) Requested for: 20Sep2012
15. Probiotic Oral Capsule; USE AS DIRECTED; Therapy: (Recorded:20Sep2012) to
16. QUETiapine Fumarate 400 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME; Therapy: (Recorded:20Sep2012) to
17. Restoril 30 MG Oral Capsule; TAKE 1 CAPSULE AT BEDTIME AS NEEDED FOR SLEEP; Therapy: (Recorded:13Nov2012) to
18. SEROquel 300 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME; Therapy: (Recorded:13Nov2012) to
19. Temazepam 30 MG Oral Capsule; TAKE 1 CAPSULE AT BEDTIME AS NEEDED; Therapy: (Recorded:20Sep2012) to
20. Topamax 50 MG Oral Tablet; 1 tab at night; Therapy: (Recorded:13Nov2012) to
21. Vitamin D 2000 UNIT Oral Capsule; TAKE 1 CAPSULE Daily; Therapy: (Recorded:20Sep2012) to
22. Zafirlukast 10 MG Oral Tablet; Singulair 10MG, 1 (one) Tablet daily # 30 ,02/1/2012 Active; Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012

Past Medical History

1. History of Asthma 493.90
2. Bipolar I Disorder, Most Recent Episode 296.7
3. Bronchitis 490
4. History of Chest Pain 786.50
5. Chest Pain 786.50
6. Difficulty Breathing (Dyspnea) 786.09
7. Edema 782.3
8. Esophageal Reflux 530.81
9. Generalized Anxiety Disorder 300.02
10. Hypertension 401.9
11. History of Muscle Aches, Generalized (Myalgias) 729.1
12. History of Taking Female Hormones For Postmenopausal HRT V07.4
13. History of Vitamin D Deficiency 268.9

Surgical History

1. History of Cesarean Section
2. History of Hysterectomy V45.77
3. History of Laparosc Restrictive Proc Adjustable Gastric Band Placement

Family History

1. Paternal history of Chronic Myocardial Ischemia
2. Paternal history of Family Health Status Children ____ Living All In Good Health
3. Paternal history of Hypertension V17.49
4. Maternal history of Family Health Status Children ____ Living All In Good Health

Patient:

SANDY L. CHAMBLEE

DOB:

12/27/1962

Social History

- Alcohol Use
- Marital History - Currently Married
- Occupation: Retired

Denied

- History of Drug Use
- History of Tobacco Use

Mental Status Exam

She's alert and oriented x4, cooperative. Good eye contact. Speech is normal. Mood is pretty good. Affect is mood congruent; normal range. No suicidality, homicidality or death wish. No hallucinations paranoia or compulsions. Cognition is grossly intact. Insight is fair. Judgment is adequate.

Assessment

1. Bipolar I Disorder, Most Recent Episode 296.7
2. Generalized Anxiety Disorder 300.02

Plan

1. QUetiapine Fumarate 200 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME Requested for: 14Nov2012; Last Rx:14Nov2012; Edited
2. Topiramate 100 MG Oral Tablet; 1 tab at night Requested for: 14Nov2012; Last Rx:14Nov2012; Edited
3. Follow-up at previously scheduled appointment Evaluation and Treatment Follow-up Done: 14Nov2012
4. Follow-up visit in 2 months Evaluation and Treatment Follow-up Done: 14Nov2012

Med Use & Side Effects: Reviewed.

Patient Education

Increase Topamax to 75 mg q.h.s. for one week then increase to 100 mg q.h.s. Continue Seroquel 300 mg q.h.s. for one week then decrease to 200 mg q.h.s. Continue Klonopin 0.5 mg b.i.d. p.r.n. anxiety. Continue Restoril 30 mg q.h.s. p.r.n. insomnia. Followup in 3 weeks.

Signatures

Electronically signed by : Kashfia Hossain, M.D.; Nov 14 2012 5:09PM (Author)

PATIENT COPY

Printed/Faxed: Mar 6 2014
Encounter Date: 12/04/2012 9:46AM

SANDY CHAMBLEE
302 WHITT CHAMBLEE RD
STARR, SC 29684-0000

To: SANDY CHAMBLEE, DOB 12/27/1962, MRN 0000132810

From: Kashfia Hossain M.D.

Thank you for choosing us for your healthcare needs! Please remember to bring a current medication list or your medicine bottles to all visits. We've provided a summary of today's visit below.

History of Present Illness

Patient seen for medication management and supportive therapy. She is tolerating Topamax without any side effects. Her appetite has decreased slightly and she is pleased about it. She denies feeling worse emotionally with reduction of Seroquel doses. She denies feeling manic or hypomanic. She is struggling with a lot of pain issues and was recently started on Cymbalta. Of note she was already on Lyrica and Savella from her PMD. I discussed these with her and she will call his office today regarding recommendations about which want to continue, prescribed from his office. She is looking forward to the holidays. Her main concern now is chronic pain issues and she plans to get referral to a pain clinic.

Psychiatric HPI Detail:

Appetite: Adequate, decreasing on Topamax which she is pleased about

Sleep: Adequate on medications

Medication Side Effect: Increased appetite and difficulty losing weight on Seroquel

Active Problems

1. Allergic Rhinitis 477.9
2. Asthma 493.90
3. Chest Pain 786.50
4. Chronic Sinusitis 473.9
5. Difficulty Breathing (Dyspnea) 786.09
6. Edema 782.3
7. Esophageal Reflux 530.81
8. Hypertension 401.9
9. Organic Sleep Apnea 327.20

Bipolar I Disorder, Most Recent Episode 296.7

AXIS I

Generalized Anxiety Disorder 300.02

AXIS I

Allergies

1. No Known Drug Allergies

Current Meds

1. Advair Diskus 500-50 MCG/DOSE Inhalation Aerosol Powder Breath Activated; INHALE 1 PUFF

☐ Cash ☐ Check # _____ ☐ Credit Card Tot Charges \$ _____ Tot Paid \$ _____ Staff Initials _____

Page 1 of 3

Patient: **SANDY L. CHAMBLEE**

DOB: 12/27/1962

- TWICE DAILY; Therapy: 10Jul2012 to (Evaluate:19Mar2013) Requested for: 20Sep2012; Last Rx:20Sep2012
2. Bystolic 5 MG Oral Tablet; Therapy: 22Mar2012 to
 3. CPAP; PROVIDE CPAP SUPPLIES AND MASK OF CHOICE; Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012
 4. Cymbalta 30 MG Oral Capsule Delayed Release Particles; Therapy: 19Nov2012 to
 5. Estradiol 2 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED; Therapy: (Recorded:24Feb2012) to
 6. Furosemide 40 MG Oral Tablet; Therapy: 21Jun2012 to
 7. Ipratropium-Albuterol 0.5-2.5 (3) MG/3ML Inhalation Solution; DuoNeb 0.5-2.5 (3)MG/3ML, 1 vial Solution four times daily, as needed # 120 ,02/1/2012 Active; Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012
 8. Klonopin 0.5 MG Oral Tablet; ONE TAB PRN OFR ANXIETY; Therapy: (Recorded:13Nov2012) to
 9. Klor-Con 20 MEQ Oral Packet; TAKE 1 PACKET DAILY; Therapy: (Recorded:20Sep2012) to
 10. Lyrica 75 MG Oral Capsule; Lyrica (75MG Oral 1 PO Daily) Active -Hx Entry; Therapy: 01Feb2012 to Requested for: 30Jun2012
 11. Meclizine HCl 25 MG Oral Tablet; TAKE 1 TABLET 4 TIMES DAILY AS NEEDED FOR DIZZINESS; Therapy: (Recorded:20Sep2012) to
 12. Phentermine HCl 37.5 MG Oral Tablet; Take 1 tablet twice daily; Therapy: (Recorded:20Sep2012) to
 13. PrednisONE (Pak) 5 MG Oral Tablet; prednisone 2 tablets a day for 7 days and then one tablet a day for 7 days; Therapy: 20Sep2012 to (Last Rx:20Sep2012)
 14. Prevacid 15 MG Oral Capsule Delayed Release; TAKE 1 CAPSULE Daily; Therapy: (Recorded:20Sep2012) to
 15. ProAir HFA 108 (90 Base) MCG/ACT Inhalation Aerosol Solution; ProAir HFA 108 (90 Base)MCG/ACT, 2 puffs every four to six hours as needed # 0 ,10/4/2011 Active; Therapy: 04Oct2011 to (Last Rx:20Sep2012) Requested for: 20Sep2012
 16. Probiotic Oral Capsule; USE AS DIRECTED; Therapy: (Recorded:20Sep2012) to
 17. QUETiapine Fumarate 200 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME Requested for: 14Nov2012; Last Rx:14Nov2012
 18. Restoril 30 MG Oral Capsule; TAKE 1 CAPSULE AT BEDTIME AS NEEDED FOR SLEEP; Therapy: (Recorded:13Nov2012) to
 19. Savella 50 MG Oral Tablet; Therapy: 19Nov2012 to
 20. Temazepam 30 MG Oral Capsule; TAKE 1 CAPSULE AT BEDTIME AS NEEDED; Therapy: (Recorded:20Sep2012) to
 21. Topiramate 100 MG Oral Tablet; 1 tab at night Requested for: 14Nov2012; Last Rx:14Nov2012
 22. Vitamin D 2000 UNIT Oral Capsule; TAKE 1 CAPSULE Daily; Therapy: (Recorded:20Sep2012) to
 23. Zafirlukast 10 MG Oral Tablet; Singulair 10MG, 1 (one) Tablet daily # 30 ,02/1/2012 Active; Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012

Past Medical History

1. History of Asthma 493.90
2. Bronchitis 490
3. History of Chest Pain 786.50
4. Chest Pain 786.50
5. Difficulty Breathing (Dyspnea) 786.09
6. Edema 782.3
7. Esophageal Reflux 530.81
8. Hypertension 401.9
9. History of Muscle Aches, Generalized (Myalgias) 729.1
10. History of Taking Female Hormones For Postmenopausal HRT V07.4
11. History of Vitamin D Deficiency 268.9

Bipolar I Disorder, Most Recent Episode 296.7
AXIS I
Generalized Anxiety Disorder 300.02
AXIS I

Patient: **SANDY L. CHAMBLEE**

DOB: 12/27/1962

Surgical History

1. History of Cesarean Section
2. History of Hysterectomy V45.77
3. History of Laparosc Restrictive Proc Adjustable Gastric Band Placement

Family History

1. Paternal history of Chronic Myocardial Ischemia
2. Paternal history of Family Health Status Children ____ Living All In Good Health
3. Paternal history of Hypertension V17.49
4. Maternal history of Family Health Status Children ____ Living All In Good Health

Social History

- Alcohol Use
- Marital History - Currently Married
- Occupation: Retired

Denied

- History of Drug Use
- History of Tobacco Use

Mental Status Exam

She is alert and oriented x4, cooperative. Good eye contact. Speech is normal. Mood is "pretty good". Affect is mood congruent, reactive. Thought process is goal-directed. Thought content is negative for suicidal ideation, homicidal ideation as well as death wish. She denies hallucinations, paranoia or compulsions. Cognition is grossly intact. Insight is fair. Judgment is adequate.

Assessment

Bipolar I Disorder, Most Recent Episode 296.7
AXIS I
Generalized Anxiety Disorder 300.02
AXIS I

Plan

1. QUetiapine Fumarate 100 MG Oral Tablet; Take two tablets at bed time for 2 weeks, then take 1 tab at bed time for 2 weeks, then stop Requested for: 04Dec2012; Last Rx:04Dec2012; Edited
2. Topiramate 100 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME Requested for: 04Dec2012; Last Rx:04Dec2012; Edited

Med Use & Side Effects: Reviewed

Patient Education

Follow-up visit in 6 weeks Evaluation and Treatment Follow-up Status: Complete Done: 04Dec2012
Ordered; For: Generalized Anxiety Disorder (300.02); Ordered By: Hossain, Kashfia
Continue Seroquel 200 mg q.h.s. for 2 weeks, then decreased to 100 mg q.h.s. for 2 weeks then stop Seroquel. Increase Topamax to 100 mg q.h.s. Continue clonazepam 0.5 mg b.i.d. p.r.n. anxiety and temazepam 30 mg q.h.s. p.r.n. insomnia. Followup in one month. Call earlier if needed. Patient to followup with her family doctor this week regarding her other medications clarifications.

Signatures

Electronically signed by : Kashfia Hossain, M.D.; Dec 4 2012 12:22PM (Author)

PATIENT COPY

Printed/Faxed: Mar 6 2014
Encounter Date: 01/03/2013 3:00PM

SANDY CHAMBLEE
302 WHITT CHAMBLEE RD
STARR, SC 29684-0000

To: SANDY CHAMBLEE, DOB 12/27/1962, MRN 0000132810

From: Kashfia Hossain M.D.

Thank you for choosing us for your healthcare needs! Please remember to bring a current medication list or your medicine bottles to all visits. We've provided a summary of today's visit below.

History of Present Illness

Patient seen for medication management. She feels good off of Seroquel as appetite has decreased and she has been able to lose weight. She is tolerating Topamax without any side effects. She does feel more anxious over the past month. This may be partly due to medication changes. Also she felt somewhat stressed over Christmas. She also worries about her husband and mother are currently not getting along.

Psychiatric HPI Detail:

Appetite: Adequate, decrease off of Seroquel, has lost 15 pounds.

Sleep: Fair, somewhat restless.

Medication Side Effect: Denies.

Active Problems

1. Allergic Rhinitis 477.9
2. Asthma 493.90
3. Bipolar I Disorder, Most Recent Episode 296.7
4. Chest Pain 786.50
5. Chronic Sinusitis 473.9
6. Difficulty Breathing (Dyspnea) 786.09
7. Edema 782.3
8. Esophageal Reflux 530.81
9. Generalized Anxiety Disorder 300.02
10. Hypertension 401.9
11. Organic Sleep Apnea 327.20

Allergies

1. No Known Drug Allergies

Current Meds

1. Advair Diskus 500-50 MCG/DOSE Inhalation Aerosol Powder Breath Activated; INHALE 1 PUFF TWICE DAILY; Therapy: 10Jul2012 to (Evaluate:19Mar2013) Requested for: 20Sep2012; Last Rx:20Sep2012
2. Bystolic 5 MG Oral Tablet; Therapy: 22Mar2012 to
3. CPAP; PROVIDE CPAP SUPPLIES AND MASK OF CHOICE; Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012

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Page 1 of 3

Patient:

SANDY L. CHAMBLEE

DOB:

12/27/1962

4. Cymbalta 30 MG Oral Capsule Delayed Release Particles; Therapy: 19Nov2012 to
5. Furosemide 40 MG Oral Tablet; Therapy: 21Jun2012 to
6. Hydrocodone-Acetaminophen 7.5-500 MG Oral Tablet; Therapy: 23Oct2012 to
7. Ipratropium-Albuterol 0.5-2.5 (3) MG/3ML Inhalation Solution; DuoNeb 0.5-2.5 (3)MG/3ML, 1 vial Solution four times daily, as needed # 120 ,02/1/2012 Active; Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012
8. Klonopin 0.5 MG Oral Tablet; ONE TAB PRN OFR ANXIETY; Therapy: (Recorded:13Nov2012) to
9. Lyrica 75 MG Oral Capsule; Lyrica(75MG Oral 1 PO Daily) Active -Hx Entry; Therapy: 01Feb2012 to Requested for: 30Jun2012
10. Meclizine HCl 25 MG Oral Tablet; TAKE 1 TABLET 4 TIMES DAILY AS NEEDED FOR DIZZINESS; Therapy: (Recorded:20Sep2012) to
11. Prevacid 15 MG Oral Capsule Delayed Release; TAKE 1 CAPSULE Daily; Therapy: (Recorded:20Sep2012) to
12. ProAir HFA 108 (90 Base) MCG/ACT Inhalation Aerosol Solution; ProAir HFA 108 (90 Base)MCG/ACT, 2 puffs every four to six hours as needed # 0 ,10/4/2011 Active; Therapy: 04Oct2011 to (Last Rx:20Sep2012) Requested for: 20Sep2012
13. Probiotic Oral Capsule; USE AS DIRECTED; Therapy: (Recorded:20Sep2012) to
14. Restoril 30 MG Oral Capsule; TAKE 1 CAPSULE AT BEDTIME AS NEEDED FOR SLEEP; Therapy: (Recorded:13Nov2012) to
15. Savella 50 MG Oral Tablet; Therapy: 19Nov2012 to
16. Singulair 10 MG Oral Tablet; Therapy: 22Mar2012 to
17. Topiramate 100 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME Requested for: 04Dec2012; Last Rx:04Dec2012
18. Vitamin D 2000 UNIT Oral Capsule; TAKE 1 CAPSULE Daily; Therapy: (Recorded:20Sep2012) to
19. Zafirlukast 10 MG Oral Tablet; Singulair 10MG, 1 (one) Tablet daily # 30 ,02/1/2012 Active; Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012

Past Medical History

1. History of Asthma 493.90
2. Bipolar I Disorder, Most Recent Episode 296.7
3. Bronchitis 490
4. History of Chest Pain 786.50
5. Chest Pain 786.50
6. Difficulty Breathing (Dyspnea) 786.09
7. Edema 782.3
8. Esophageal Reflux 530.81
9. Generalized Anxiety Disorder 300.02
10. Hypertension 401.9
11. History of Muscle Aches, Generalized (Myalgias) 729.1
12. History of Taking Female Hormones For Postmenopausal HRT V07.4
13. History of Vitamin D Deficiency 268.9

Surgical History

1. History of Cesarean Section
2. History of Hysterectomy V45.77
3. History of Laparosc Restrictive Proc Adjustable Gastric Band Placement

Family History

1. Paternal history of Chronic Myocardial Ischemia
2. Paternal history of Family Health Status Children ____ Living All In Good Health
3. Paternal history of Hypertension V17.49
4. Maternal history of Family Health Status Children ____ Living All In Good Health

Social History

- Alcohol Use
- Marital History - Currently Married

Patient: **SANDY L. CHAMBLEE**

DOB: 12/27/1962

- Occupation: Retired
- Denied**
- History of Drug Use
- History of Tobacco Use

Review of Systems

Focused-Female:

Constitutional: fatigue.

ENT: negative.

Cardiovascular: negative.

Respiratory: negative.

Gastrointestinal: negative.

Genitourinary: negative.

Musculoskeletal: diffuse joint pain, generalized muscle aches and back pain.

Integumentary and Breasts: negative.

Neurological: negative.

Mental Status Exam

She is casually dressed, alert and oriented x4, cooperative. Good eye contact. Speech is normal. Mood is "nervous". Affect is mildly anxious and depressed, reactive. Thought process is goal-directed. Thought content is negative for suicidal ideation, homicidal ideation as well as death wish. She denies hallucinations, paranoia or compulsions. Cognition is grossly intact. Insight is fair. Judgment is adequate.

Assessment

1. Bipolar I Disorder, Most Recent Episode 296.7
2. Generalized Anxiety Disorder 300.02

Plan

1. Topiramate 100 MG Oral Tablet; Take one and a half tablets every night Requested for: 03Jan2013; Last Rx:03Jan2013; Edited
2. Follow-up visit in 6 weeks Evaluation and Treatment Follow-up Done: 03Jan2013

Med Use & Side Effects: Reviewed

Patient Education

Increase topiramate to 150 mg q.h.s. Continue Klonopin 0.5 mg b.i.d. p.r.n. anxiety and temazepam 30 mg q.h.s. p.r.n. insomnia. Followup with PMD regarding medical problems. She has also been referred to a rheumatologist in 2 weeks' time for management of fibromyalgia and arthritis. Followup in 6 weeks.

Signatures

Electronically signed by : Kashfia Hossain, M.D.; Jan 3 2013 4:41PM (Author)

AN MED HEALTH
Psychiatry

400 North Main Street • Suite D • Anderson, South Carolina 29621 • 254 226 1166 • Fax 864 226 5647

MRN: 0000132810

Encounter: 02/14/2013 3:15PM, Kashfia Hossain M.D.

Patient Information:
SANDY CHAMBLEE
302 WHITT CHAMBLEE RD
STARR, SC 29684-0000

(H) (864) 352-3997
(W)

DOB: 12/27/1962, 51 years old
Gender: F
Ref. Prov.: CHARLES F. WADEE MD
PCP: CHARLES F. WADEE MD

History of Present Illness

Patient seen for 20 minutes for medication management. She is tolerating Topamax without any side effects. Unfortunately she has not been able to lose any weight as of yet as she has been prescribed prednisone for her lung disease. She has asthma and decreased lung function overall do to carbon monoxide injury from a few years ago. She has been back and forth to see a specialist in Charleston and is scheduled to go back again in early March. She continues to struggle with joint and muscle pain and is following up with her rheumatologist also. She has had difficulty breathing at times and has had wheezing. Her mood has been fairly stable though she admits that she has been somewhat "hyper" over the past 2 weeks.

Psychiatric HPI Detail:

Appetite: Good, increased on steroids.

Sleep: Adequate.

Medication Side Effect: Denies.

Active Problems

1. Allergic Rhinitis 477.9
2. Asthma 493.90
3. Bipolar I Disorder, Most Recent Episode 296.7
4. Chest Pain 786.50
5. Chronic Sinusitis 473.9
6. Difficulty Breathing (Dyspnea) 786.09
7. Edema 782.3
8. Esophageal Reflux 530.81
9. Generalized Anxiety Disorder 300.02
10. Hypertension 401.9
11. Organic Sleep Apnea 327.20

Allergies

1. No Known Drug Allergies

Current Meds

1. Advair Diskus 500-50 MCG/DOSE Inhalation Aerosol Powder Breath Activated; INHALE 1 PUFF TWICE DAILY; Therapy: 10Jul2012 to (Evaluate:19Mar2013) Requested for: 20Sep2012; Last Rx:20Sep2012
2. Bystolic 5 MG Oral Tablet; Therapy: 22Mar2012 to
3. CPAP; PROVIDE CPAP SUPPLIES AND MASK OF CHOICE; Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012
4. Cymbalta 30 MG Oral Capsule Delayed Release Particles; Therapy: 19Nov2012 to
5. Dexilant 60 MG Oral Capsule Delayed Release; TK ONE C PO QD FOR 30 DAYS FOR GERD; Therapy: 20Dec2012 to

(A)

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1 of 4

3/6/14 3:05:19 PM

Patient: SANDY L. CHAMBLEE
Encounter: 02/14/2013 3:15PM

DOB: 12/27/1962

6. Furosemide 40 MG Oral Tablet; Therapy: 21Jun2012 to
7. Hydrocodone-Acetaminophen 7.5-500 MG Oral Tablet; Therapy: 23Oct2012 to
8. Ipratropium-Albuterol 0.5-2.5 (3) MG/3ML Inhalation Solution; DuoNeb 0.5-2.5 (3)MG/3ML, 1 vial Solution four times daily, as needed # 120 ,02/1/2012 Active; Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012
9. Klonopin 0.5 MG Oral Tablet; ONE TAB PRN OFR ANXIETY; Therapy: (Recorded:13Nov2012) to
10. Lyrica 75 MG Oral Capsule; Lyrica(75MG Oral 1 PO Daily) Active -Hx Entry; Therapy: 01Feb2012 to Requested for: 30Jun2012
11. Meclizine HCl - 25 MG Oral Tablet; TAKE 1 TABLET 4 TIMES DAILY AS NEEDED FOR DIZZINESS; Therapy: (Recorded:20Sep2012) to
12. Prednisone 10 MG Oral Tablet; Therapy: 28Jan2013 to
13. ProAir HFA 108 (90 Base) MCG/ACT Inhalation Aerosol Solution; ProAir HFA 108 (90 Base)MCG/ACT, 2 puffs every four to six hours as needed # 0 ,10/4/2011 Active; Therapy: 04Oct2011 to (Last Rx:20Sep2012) Requested for: 20Sep2012
14. Probiotic Oral Capsule; USE AS DIRECTED; Therapy: (Recorded:20Sep2012) to
15. Restoril 30 MG Oral Capsule; TAKE 1 CAPSULE AT BEDTIME AS NEEDED FOR SLEEP; Therapy: (Recorded:13Nov2012) to
16. Savella 50 MG Oral Tablet; Therapy: 19Nov2012 to
17. Singulair 10 MG Oral Tablet; Therapy: 22Mar2012 to
18. Topiramate 100 MG Oral Tablet; Take one and a half tablets every night Requested for: 03Jan2013; Last Rx:03Jan2013
19. Vitamin D 2000 UNIT Oral Capsule; TAKE 1 CAPSULE Daily; Therapy: (Recorded:20Sep2012) to
20. Zafirlukast 10 MG Oral Tablet; Singulair 10MG, 1 (one) Tablet daily # 30 ,02/1/2012 Active; Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012

Past Medical History

1. History of Asthma 493.90
2. Bipolar I Disorder, Most Recent Episode 296.7
3. Bronchitis 490
4. History of Chest Pain 786.50
5. Chest Pain 786.50
6. Difficulty Breathing (Dyspnea) 786.09
7. Edema 782.3
8. Esophageal Reflux 530.81
9. Generalized Anxiety Disorder 300.02
10. Hypertension 401.9
11. Insomnia 780.52
12. History of Muscle Aches, Generalized (Myalgias) 729.1
13. History of Taking Female Hormones For Postmenopausal HRT V07.4
14. History of Vitamin D Deficiency 268.9

Surgical History

1. History of Cesarean Section
2. History of Hysterectomy V45.77
3. History of Laparosc Restrictive Proc Adjustable Gastric Band Placement

Family History

1. Paternal history of Chronic Myocardial Ischemia
2. Paternal history of Family Health Status Children ____ Living All In Good Health
3. Paternal history of Hypertension V17.49
4. Maternal history of Family Health-Status Children ____ Living All In Good Health

Social History

- Alcohol Use
- Marital History - Currently Married

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3/6/14 3:05:19 PM

Patient: SANDY L. CHAMBLEE
Encounter: 02/14/2013 3:15PM

DOB: 12/27/1962

- Occupation: Retired
- Denied**
- History of Drug Use
- History of Tobacco Use

Review of Systems

Focused-Female:

Constitutional: negative.

ENT: negative.

Cardiovascular: negative.

Respiratory: shortness of breath and wheezing, but as noted in HPI.

Gastrointestinal: negative.

Musculoskeletal: diffuse joint pain, generalized muscle aches and back pain, but as noted in HPI.

Integumentary and Breasts: negative.

Neurological: negative.

Mental Status Exam

Mental Status Examination:

Mental status: The patient's orientation, memory, attention, language and fund of knowledge were normal.

Alertness: Alert

Orientation: oriented to person, oriented to place and oriented to time.

Appearance: Normal Grooming

Behavior/Activity: Normal

Attitude: Cooperative

The patient's speech exhibited a normal rate and a normal rhythm.

Observed mood and affect: appropriate

Range of Affect: Normal

Thought processes: The patient exhibited normal thought processes.

Thought Content: The patient denied suicidal ideation and denied homicidal ideation.

Cognition: Grossly intact

Insight: Intact

Judgement: Intact

Assessment

1. Bipolar I Disorder, Most Recent Episode 296.7
2. Generalized Anxiety Disorder 300.02
3. Insomnia 780.52

Plan

1. Topiramate 100 MG Oral Tablet; TAKE 2 TABLETS AT BEDTIME Requested for: 14Feb2013; Last Rx:14Feb2013
2. Clonazepam 0.5 MG Oral Tablet; Take 1 tablet twice daily; Last Rx:14Feb2013
3. Temazepam 30 MG Oral Capsule; TAKE 1 CAPSULE Bedtime-PRN insomnia; Last Rx:14Feb2013
4. Follow-up visit in 6 months Evaluation and Treatment Follow-up Done: 14Feb2013

Med Use & Side Effects: Reviewed

Patient Education sleep hygiene reviewed

Continue clonazepam 0.5 mg t.i.d. and temazepam 30 mg q.h.s. p.r.n. insomnia. Increase topiramate 200 mg q.h.s. Followup in 6 weeks. Call earlier if needed.

Signatures

Electronically signed by : Kashfia Hossain, M.D.; Feb 14 2013 5:02PM EST

(Author)

Printed By: Rae Bowen

3 of 4

3/6/14 3:05:19 PM

Patient:
Encounter:

SANDY L. CHAMBLEE
02/14/2013 3:15PM

DOB: 12/27/1962

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3/6/14 3:05:19 PM

343

AWAN MED HEALTH
Psychiatry

400 North Jan Street • Suite D • Anderson, South Carolina 29621 • 864.226.1166 • Fax: 864.726.5647

MRN: 0000132810

Encounter: 03/28/2013 3:15PM, Kashfia Hossain M.D.

Patient Information:
SANDY CHAMBLEE
302 WHITT CHAMBLEE RD
STARR, SC 29684-0000

(H) (864) 352-3997
(W)

DOB: 12/27/1962, 51 years old
Gender: F
Ref. Prov.: CHARLES F. WADEE MD
PCP: CHARLES F. WADEE MD

Chief Complaint

Patient here for followup appointment.

History of Present Illness

Patient seen for medication management. Her mood has been pretty stable on current medication regimen. She has been able to lose a few pounds. Unfortunately, due to multiple medical problems she is not really able to exercise. There is been intermittent marital tension but she states that this is not new for her marriage.

Psychiatric HPI Detail:

Appetite: Adequate.

Sleep: Adequate on medications.

Medication Side Effect: Denies.

Active Problems

1. Allergic Rhinitis 477.9
2. Asthma 493.90
3. Bipolar I Disorder, Most Recent Episode 296.7
4. Chest Pain 786.50
5. Chronic Sinusitis 473.9
6. Difficulty Breathing (Dyspnea) 786.09
7. Edema 782.3
8. Esophageal Reflux 530.81
9. Generalized Anxiety Disorder 300.02
10. Hypertension 401.9
11. Insomnia 780.52
12. Organic Sleep Apnea 327.20

Allergies

1. No Known Drug Allergies

Current Meds

1. Advair Diskus 500-50 MCG/DOSE Inhalation Aerosol Powder Breath Activated; INHALE 1 PUFF TWICE DAILY; Therapy: 10Jul2012 to (Evaluate:19Mar2013) Requested for: 20Sep2012; Last Rx:20Sep2012
2. Bystolic 5 MG Oral Tablet; Therapy: 22Mar2012 to
3. Clonazepam 0.5 MG Oral Tablet; Take 1 tablet twice daily; Last Rx:14Feb2013
4. CPAP; PROVIDE CPAP SUPPLIES AND MASK OF CHOICE; Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012
5. Dexilant 60 MG Oral Capsule Delayed Release; TK ONE C PO QD FOR 30 DAYS FOR GERD;

(A)

Printed By: Rae Bowen

1 of 3

3/6/14 3:05:35 PM

Patient: **SANDY L. CHAMBLEE**
Encounter: **03/28/2013 3:15PM**

DOB: 12/27/1962

- Therapy: 20Dec2012 to
6. Furosemide 40 MG Oral Tablet; Therapy: 21Jun2012 to
 7. Hydrocodone-Acetaminophen 7.5-500 MG Oral Tablet; Therapy: 23Oct2012 to
 8. Ipratropium-Albuterol 0.5-2.5 (3) MG/3ML Inhalation Solution; DuoNeb 0.5-2.5 (3)MG/3ML, 1 vial Solution four times daily, as needed # 120 ,02/1/2012 Active; Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012
 9. Meclizine HCl - 25 MG Oral Tablet; TAKE 1 TABLET 4 TIMES DAILY AS NEEDED FOR DIZZINESS; Therapy: (Recorded:20Sep2012) to
 10. PredniSONE 10 MG Oral Tablet; Therapy: 28Jan2013 to
 11. ProAir HFA 108 (90 Base) MCG/ACT Inhalation Aerosol Solution; ProAir HFA 108 (90 Base)MCG/ACT, 2 puffs every four to six hours as needed # 0 ,10/4/2011 Active; Therapy: 04Oct2011 to (Last Rx:20Sep2012) Requested for: 20Sep2012
 12. Probiotic Oral Capsule; USE AS DIRECTED; Therapy: (Recorded:20Sep2012) to
 13. Savella 50 MG Oral Tablet; Therapy: 19Nov2012 to
 14. Singulair 10 MG Oral Tablet; Therapy: 22Mar2012 to
 15. Temazepam 30 MG Oral Capsule; TAKE 1 CAPSULE Bedtime PRN insomnia; Last Rx:14Feb2013
 16. Topiramate 100 MG Oral Tablet; TAKE 2 TABLETS AT BEDTIME Requested for: 14Feb2013; Last Rx:14Feb2013
 17. Vitamin D 2000 UNIT Oral Capsule; TAKE 1 CAPSULE Daily; Therapy: (Recorded:20Sep2012) to
 18. Zafirlukast 10 MG Oral Tablet; Singulair 10MG, 1 (one) Tablet daily # 30 ,02/1/2012 Active; Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012

Past Medical History

1. History of Asthma 493.90
2. Bipolar I Disorder, Most Recent Episode 296.7
3. Bronchitis 490
4. History of Chest Pain 786.50
5. Chest Pain 786.50
6. Difficulty Breathing (Dyspnea) 786.09
7. Edema 782.3
8. Esophageal Reflux 530.81
9. Generalized Anxiety Disorder 300.02
10. Hypertension 401.9
11. Insomnia 780.52
12. History of Muscle Aches, Generalized (Myalgias) 729.1
13. History of Taking Female Hormones For Postmenopausal HRT V07.4
14. History of Vitamin D Deficiency 268.9

Surgical History

1. History of Cesarean Section
2. History of Hysterectomy V45.77
3. History of Laparosc Restrictive Proc Adjustable Gastric Band Placement

Family History

1. Paternal history of Chronic Myocardial Ischemia
2. Paternal history of Family Health Status Children ____ Living All In Good Health
3. Paternal history of Hypertension V17.49
4. Maternal history of Family Health Status Children ____ Living All In Good Health

Social History

- Alcohol Use
- Marital History - Currently Married
- Occupation: Retired

Denied

Printed By: Rae Bowen

2 of 3

3/6/14 3:05:35 PM

Patient: **SANDY L. CHAMBLEE**
Encounter: **03/28/2013 3:15PM**

DOB: **12/27/1962**

- History of Drug Use
- History of Tobacco Use

Review of Systems

Focused-Female:

Constitutional: negative.

ENT: negative.

Cardiovascular: negative.

Respiratory: shortness of breath and wheezing.

Gastrointestinal: negative.

Genitourinary: negative.

Musculoskeletal: diffuse joint pain, generalized muscle aches and back pain.

Integumentary and Breasts: negative.

Neurological: negative.

Mental Status Exam

Mental Status Examination:

Mental status: The patient's orientation, memory, attention, language and fund of knowledge were normal.

Alertness: Alert

Orientation: oriented to person, oriented to place and oriented to time.

Appearance: Normal Grooming

Behavior/Activity: Normal

Attitude: Cooperative

The patient's speech exhibited a normal rate and a normal rhythm.

Observed mood and affect: appropriate

Range of Affect: Normal

Thought processes: The patient exhibited normal thought processes.

Thought Content: The patient denied suicidal ideation and denied homicidal ideation.

Cognition: Grossly Intact

Insight: Intact

Judgement: Intact

Assessment

1. Bipolar I Disorder, Most Recent Episode 296.7
2. Generalized Anxiety Disorder 300.02
3. Insomnia 780.52

Plan

1. Topiramate 100 MG Oral Tablet; TAKE 2 TABLET Bedtime Requested for: 28Mar2013; Last Rx: 28Mar2013; Edited

2. Follow-up visit in 6 weeks Evaluation and Treatment Follow-up Done: 28Mar2013

Med Use & Side Effects: Reviewed

Patient Education

Continue topiramate 200 mg q.h.s., clonazepam 0.5 mg b.i.d., and temazepam 30 mg q.h.s. p.r.n. insomnia. Followup in 6 weeks.

Signatures

Electronically signed by : Kashfia Hossain, M.D.; Mar 28 2013 4:24PM EST

(Author)

ANMED HEALTH
Psychiatry

400 North Main Street • Suite D • Anderson, South Carolina 29621 • 864/226-1166 • Fax 864/226-1647

MRN: 0000132810

Encounter: 05/09/2013 1:00PM, Kashfia Hossain M.D.

Patient Information:

SANDY CHAMBLEE
302 WHITT CHAMBLEE RD
STARR, SC 29684-0000

(H) (864) 352-3997

(W)

DOB: 12/27/1962, 51 years old
Gender: F
Ref. Prov.: CHARLES F. WADEE MD
PCP: CHARLES F. WADEE MD

Chief Complaint

Patient here for followup appointment.

History of Present Illness

Patient seen for medication management. Her mood has been fairly stable. She feels frustrated that she cannot be as active physically as she used to be due to various medical problems. She expressed appropriate concerns about her son who may have some emotional/behavioral problems and has been referred for an evaluation. Fortunately, he is doing well in school.

Psychiatric HPI Detail:

Appetite: Adequate.

Sleep: Adequate, occasional early insomnia.

Medication Side Effect: Denies.

Active Problems

1. Allergic rhinitis (477.9)
2. Asthma (493.90)
3. Bipolar I disorder, most recent episode (or current) unspecified (296.7)
4. Chest pain (786.50)
5. Dyspnea (786.09)
6. Edema (782.3)
7. Esophageal reflux (530.81)
8. Generalized anxiety disorder (300.02)
9. Hypertension (401.9)
10. Insomnia (780.52)
11. Organic sleep apnea (327.20)
12. Sinusitis, chronic (473.9)

Allergies

1. No Known Drug Allergies

Current Meds

1. Advair Diskus 500-50 MCG/DOSE Inhalation Aerosol Powder Breath Activated; INHALE 1 PUFF TWICE DAILY;
Therapy: 10Jul2012 to (Evaluate:19Mar2013) Requested for: 20Sep2012; Last Rx:20Sep2012
Ordered
2. Bystolic 5 MG Oral Tablet;
Therapy: 22Mar2012 to Recorded
3. Clonazepam 0.5 MG Oral Tablet; Take 1 tablet twice daily; Last Rx:14Feb2013 Ordered
4. CPAP; PROVIDE CPAP SUPPLIES AND MASK OF CHOICE;

(A)

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3/6/14 3:05:49 PM

Patient: SANDY L. CHAMBLEE
Encounter: 05/09/2013 1:00PM

DOB: 12/27/1962

- Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012 Ordered
5. Dexilant 60 MG Oral Capsule Delayed Release; TK ONE C PO QD FOR 30 DAYS FOR GERD;
Therapy: 20Dec2012 to Recorded
6. Furosemide 40 MG Oral Tablet;
Therapy: 21Jun2012 to Recorded
7. Hydrocodone-Acetaminophen 7.5-500 MG Oral Tablet;
Therapy: 23Oct2012 to Recorded
8. Ipratropium-Albuterol 0.5-2.5 (3) MG/3ML Inhalation Solution; DuoNeb 0.5-2.5 (3)MG/3ML, 1 vial
Solution four times daily, as needed # 120 ,02/1/2012 Active;
Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012 Ordered
9. Meclizine HCl - 25 MG Oral Tablet; TAKE 1 TABLET 4 TIMES DAILY AS NEEDED FOR DIZZINESS;
Therapy: (Recorded:20Sep2012) to Recorded
10. PrednisONE 10 MG Oral Tablet;
Therapy: 28Jan2013 to Recorded
11. ProAir HFA 108 (90 Base) MCG/ACT Inhalation Aerosol Solution; ProAir HFA 108 (90
Base)MCG/ACT, 2 puffs every four to six hours as needed # 0 ,10/4/2011 Active;
Therapy: 04Oct2011 to (Last Rx:20Sep2012) Requested for: 20Sep2012 Ordered
12. Probiotic Oral Capsule; USE AS DIRECTED;
Therapy: (Recorded:20Sep2012) to Recorded
13. Savella 50 MG Oral Tablet;
Therapy: 19Nov2012 to Recorded
14. Singulair 10 MG Oral Tablet;
Therapy: 22Mar2012 to Recorded
15. Temazepam 30 MG Oral Capsule; TAKE 1 CAPSULE Bedtime PRN insomnia; Last
Rx:14Feb2013 Ordered
16. Topiramate 100 MG Oral Tablet; TAKE 2 TABLET Bedtime Requested for: 28Mar2013; Last
Rx:28Mar2013 Ordered
17. Vitamin D 2000 UNIT Oral Capsule; TAKE 1 CAPSULE Daily;
Therapy: (Recorded:20Sep2012) to Recorded
18. Zafirlukast 10 MG Oral Tablet; Singulair 10MG, 1 (one) Tablet daily # 30 ,02/1/2012 Active;
Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012 Ordered

Past Medical History

1. Bipolar I disorder, most recent episode (or current) unspecified (296.7)
2. Chest pain (786.50)
3. Dyspnea (786.09)
4. Edema (782.3)
5. Esophageal reflux (530.81)
6. Generalized anxiety disorder (300.02)
7. History of bronchitis (V12.69)
8. History of chest pain (V13.89)
9. History of postmenopausal hormone replacement therapy (V87.49)
10. Hypertension (401.9)
11. Insomnia (780.52)
12. History of Myalgia (729.1)
13. Personal history of asthma (V12.69)
14. History of Vitamin d deficiency (268.9)

Surgical History

1. History of Cesarean Section
2. History of Hysterectomy
3. History of Laparosc Restrictive Proc Adjustable Gastric Band Placement

Family History

1. Family history of Family Health Status Children ___ Living All In Good Health

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Patient: **SANDY L. CHAMBLEE**
Encounter: **05/09/2013 1:00PM**

DOB: 12/27/1962

2. Family history of Chronic Myocardial Ischemia
3. Family history of Family Health Status Children ____ Living All In Good Health
4. Family history of Hypertension (V17.49)

Social History

- Alcohol Use
 - occasionally-wine
- Denied: History of Drug Use
- Marital History - Currently Married
- Occupation: Retired
 - Firefighter
- Denied: History of Tobacco Use

Review of Systems

Focused-Female:

Constitutional: fatigue.

ENT: earache.

Cardiovascular: negative.

Respiratory: shortness of breath and wheezing.

Gastrointestinal: negative.

Genitourinary: negative.

Musculoskeletal: diffuse joint pain, generalized muscle aches, back pain and pain in other joints.

Integumentary and Breasts: negative.

Neurological: headache.

Mental Status Exam

Mental Status Examination:

Mental status: The patient's orientation, memory, attention, language and fund of knowledge were normal.

Alertness: Alert

Orientation: oriented to person, oriented to place and oriented to time.

Appearance: Normal Grooming

Behavior/Activity: Normal

Attitude: Cooperative

The patient's speech exhibited a normal rate and a normal rhythm.

Observed mood and affect: appropriate

Range of Affect: Normal

Thought processes: The patient exhibited normal thought processes.

Thought Content: The patient denied suicidal ideation and denied homicidal ideation.

Cognition: Grossly Intact

Insight: Intact

Judgement: Intact

Assessment

1. Bipolar I disorder, most recent episode (or current) unspecified (296.7)
 - **AXIS I**
2. Generalized anxiety disorder (300.02)
 - **AXIS I**

Plan

1. Clonazepam 0.5 MG Oral Tablet; Take 1 tablet twice daily; Last Rx: 09May2013 Ordered
2. Follow-up visit in 3 months Evaluation and Treatment Follow-up Done: 09May2013

Med Use & Side Effects: Reviewed

Patient Education

Patient: **SANDY L. CHAMBLEE**
Encounter: **05/09/2013 1:00PM**

DOB: **12/27/1962**

Continue clonazepam 0.5 mg b.i.d., topiramate 200 mg q.h.s. and temazepam 30 mg q.h.s. p.r.n. insomnia. Followup in 3 months.

Signatures

Electronically signed by : Kashfia Hossain, M.D.; May 9 2013 2:18PM EST

(Author)

MRN: 0000132810

Encounter: 08/06/2013 2:00PM, Kashfia Hossain M.D.

Patient Information:

SANDY CHAMBLEE
302 WHITT CHAMBLEE RD
STARR, SC 29684-0000

(H) (864) 352-3997
(W)

DOB: 12/27/1962, 51 years old
Gender: F
Ref. Prov.: CHARLES F. WADEE MD
PCP: CHARLES F. WADEE MD

Chief Complaint

"I'm stressed out."

History of Present Illness

Patient seen for medication management. She has not felt well physically this summer. She has had exacerbation of her asthma and her prednisone dose had to be increased for a while. She is on antibiotics. She has had to use oxygen more. She is also struggling with back pain and pain in other joints. She feels frustrated with multiple medical problems, shortness of breath and fatigue. Husband and family members have been supportive. She states that her anxiety level has been high over the past few weeks.

Psychiatric HPI Detail:

Appetite: Adequate.

Sleep: Fair to adequate, occasionally interrupted by shortness of breath or physical discomfort.

Medication Side Effect: Denies.

Active Problems

1. Allergic rhinitis (477.9)
2. Asthma (493.90)
3. Bipolar I disorder, most recent episode (or current) unspecified (296.7)
4. Chest pain (786.50)
5. Dyspnea (786.09)
6. Edema (782.3)
7. Esophageal reflux (530.81)
8. Generalized anxiety disorder (300.02)
9. Hypertension (401.9)
10. Insomnia (780.52)
11. Organic sleep apnea (327.20)
12. Sinusitis, chronic (473.9)

Allergies

1. No Known Drug Allergies

Current Meds

1. Advair Diskus 500-50 MCG/DOSE Inhalation Aerosol Powder Breath Activated; INHALE 1 PUFF
TWICE DAILY;
Therapy: 10Jul2012 to (Evaluate:19Mar2013) Requested for: 20Sep2012; Last Rx:20Sep2012
Ordered
2. Bystolic 5 MG Oral Tablet;
Therapy: 22Mar2012 to Recorded
3. Clonazepam 0.5 MG Oral Tablet; Take 1 tablet twice daily; Last Rx:09May2013 Ordered

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Patient: SANDY L. CHAMBLEE
Encounter: 08/06/2013 2:00PM

DOB: 12/27/1962

4. CPAP; PROVIDE CPAP SUPPLIES AND MASK OF CHOICE;
Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012 Ordered
5. Dexilant 60 MG Oral Capsule Delayed Release; TK ONE C PO QD FOR 30 DAYS FOR GERD;
Therapy: 20Dec2012 to Recorded
6. Fluticasone Propionate 50 MCG/ACT Nasal Suspension;
Therapy: 23May2013 to Recorded
7. Furosemide 40 MG Oral Tablet;
Therapy: 21Jun2012 to Recorded
8. Hydrocodone-Acetaminophen 7.5-500 MG Oral Tablet;
Therapy: 23Oct2012 to Recorded
9. Ipratropium-Albuterol 0.5-2.5 (3) MG/3ML Inhalation Solution; DuoNeb 0.5-2.5 (3)MG/3ML, 1 vial
Solution four times daily, as needed # 120 ,02/1/2012 Active;
Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012 Ordered
10. Medizine HCl - 25 MG Oral Tablet; TAKE 1 TABLET 4 TIMES DAILY AS NEEDED FOR DIZZINESS;
Therapy: (Recorded:20Sep2012) to Recorded
11. PredniSONE 10 MG Oral Tablet;
Therapy: 28Jan2013 to Recorded
12. ProAir HFA 108 (90 Base) MCG/ACT Inhalation Aerosol Solution; ProAir HFA 108 (90
Base)MCG/ACT, 2 puffs every four to six hours as needed # 0 ,10/4/2011 Active;
Therapy: 04Oct2011 to (Last Rx:20Sep2012) Requested for: 20Sep2012 Ordered
13. Probiotic Oral Capsule; USE AS DIRECTED;
Therapy: (Recorded:20Sep2012) to Recorded
14. Savella 50 MG Oral Tablet;
Therapy: 19Nov2012 to Recorded
15. Singulair 10 MG Oral Tablet;
Therapy: 22Mar2012 to Recorded
16. Temazepam 30 MG Oral Capsule; TAKE 1 CAPSULE Bedtime PRN insomnia; Last
Rx:14Feb2013 Ordered
17. Topiramate 100 MG Oral Tablet; TAKE 2 TABLET Bedtime Requested for: 28Mar2013; Last
Rx:28Mar2013 Ordered
18. Vitamin D 2000 UNIT Oral Capsule; TAKE 1 CAPSULE Daily;
Therapy: (Recorded:20Sep2012) to Recorded
19. Zafirlukast 10 MG Oral Tablet; Singulair 10MG, 1 (one) Tablet daily # 30 ,02/1/2012 Active;
Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012 Ordered

Past Medical History

1. Bipolar I disorder, most recent episode (or current) unspecified (296.7)
2. Chest pain (786.50)
3. Dyspnea (786.09)
4. Edema (782.3)
5. Esophageal reflux (530.81)
6. Generalized anxiety disorder (300.02)
7. History of bronchitis (V12.69)
8. History of chest pain (V13.89)
9. History of postmenopausal hormone replacement therapy (V87.49)
10. Hypertension (401.9)
11. Insomnia (780.52)
12. History of Myalgia (729.1)
13. Personal history of asthma (V12.69)
14. History of Vitamin d deficiency (268.9)

Surgical History

1. History of Cesarean Section
2. History of Hysterectomy
3. History of Laparosc Restrictive Proc Adjustable Gastric Band Placement

Printed By: Rae Bowen

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Patient: **SANDY L. CHAMBLEE**
Encounter: **08/06/2013 2:00PM**

DOB: 12/27/1962

Family History

1. Family history of Family Health Status Children ____ Living All In Good Health
2. Family history of Chronic Myocardial Ischemia
3. Family history of Family Health Status Children ____ Living All In Good Health
4. Family history of Hypertension (V17.49)

Social History

- Alcohol Use
 - occasionally-wine
- Denied: History of Drug Use
- Marital History - Currently Married
- Occupation: Retired
 - Firefighter
- Denied: History of Tobacco Use

Review of Systems

Focused-Female:

Constitutional: fatigue.

ENT: negative.

Cardiovascular: negative.

Respiratory: shortness of breath and dry cough.

Gastrointestinal: negative.

Genitourinary: negative.

Musculoskeletal: diffuse joint pain, generalized muscle aches and back pain.

Integumentary and Breasts: negative.

Neurological: negative.

Mental Status Exam

She is casually dressed, alert and oriented x4, cooperative. Good eye contact. Speech is normal. Mood is "stressed out." Affect is anxious, reactive. Thought process is goal-directed. Thought content is negative for suicidal ideation, homicidal ideation as well as death wish. She denies hallucinations, paranoia or compulsions. Memory is grossly intact. Insight and judgment are adequate.

Assessment

1. Bipolar I disorder, most recent episode (or current) unspecified (296.7)
 - AXIS I
2. Generalized anxiety disorder (300.02)
 - AXIS I
3. Insomnia (780.52)

Plan

1. Clonazepam 0.5 MG Oral Tablet; TAKE 1 TABLET 3 times daily PRN anxiety; Last Rx:06Aug2013
Ordered
2. Temazepam 30 MG Oral Capsule; TAKE 1 CAPSULE Bedtime PRN insomnia; Last
Rx:06Aug2013 Ordered
3. Follow-up visit in 5 weeks Evaluation and Treatment Follow-up Done: 06Aug2013

Med Use & Side Effects: Reviewed

Patient Education

Increase clonazepam to 0.5 mg t.i.d. p.r.n. anxiety. Continue temazepam 30 mg q.h.s. Continue Topamax 200 mg q.h.s. Followup in 5 weeks.

Signatures

Printed By: **Rae Bowen**

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3/6/14 3:06:05 PM

Patient: **SANDY L. CHAMBLEE**
Encounter: **08/06/2013 2:00PM**

DOB: **12/27/1962**

Electronically signed by : Kashfia Hossain, M.D.; Aug 6 2013 3:39PM EST

(Author)

MRN: 0000132810

Encounter: 09/11/2013 1:00PM, Kashfia Hossain M.D.

Patient Information:

SANDY CHAMBLEE
302 WHITT CHAMBLEE RD
STARR, SC 29684-0000

(H) (864) 352-3997

(W)

DOB: 12/27/1962, 51 years old

Gender: F

Ref. Prov.: CHARLES F. WADEE MD

PCP: CHARLES F. WADEE MD

Chief Complaint

"I'm okay."

History of Present Illness

Patient seen for medication management. She states that her mood has been fairly stable. She does feel frustrated and anxious at times because of multiple medical problems she has. She has had some exacerbation of her asthma in recent weeks and has struggled with coughing, wheezing and shortness of breath. She also hurt her right foot a few weeks ago and has not followed up about it.

Psychiatric HPI Detail:

Appetite: Adequate.

Sleep: Fair to adequate, sometimes interrupted by shortness of breath or coughing.

Medication Side Effect: Denies.

Active Problems

1. Allergic rhinitis (477.9)
2. Asthma (493.90)
3. Bipolar I disorder, most recent episode (or current) unspecified (296.7)
4. Chest pain (786.50)
5. Dyspnea (786.09)
6. Edema (782.3)
7. Esophageal reflux (530.81)
8. Generalized anxiety disorder (300.02)
9. Hypertension (401.9)
10. Insomnia (780.52)
11. Organic sleep apnea (327.20)
12. Sinusitis, chronic (473.9)

Allergies

1. No Known Drug Allergies

Current Meds

1. Advair Diskus 500-50 MCG/DOSE Inhalation Aerosol Powder Breath Activated; INHALE 1 PUFF TWICE DAILY;
Therapy: 10Jul2012 to (Evaluate:19Mar2013) Requested for: 20Sep2012; Last Rx:20Sep2012
Ordered
2. Bystolic 5 MG Oral Tablet;
Therapy: 22Mar2012 to Recorded
3. Clonazepam 0.5 MG Oral Tablet; TAKE 1 TABLET 3 times daily PRN anxiety; Last Rx:06Aug2013

(A)

Printed By: Rae Bowen

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3/6/14 3:06:15 PM

Patient: SANDY L. CHAMBLEE
Encounter: 09/11/2013 1:00PM

DOB: 12/27/1962

Ordered

4. CPAP; PROVIDE CPAP SUPPLIES AND MASK OF CHOICE;
Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012 Ordered
5. Dexilant 60 MG Oral Capsule Delayed Release; TK ONE C PO QD FOR 30 DAYS FOR GERD;
Therapy: 20Dec2012 to Recorded
6. Fluticasone Propionate 50 MCG/ACT Nasal Suspension;
Therapy: 23May2013 to Recorded
7. Furosemide 40 MG Oral Tablet;
Therapy: 21Jun2012 to Recorded
8. Hydrocod Polst-CPM Polst ER 10-8 MG/5ML Oral Liquid Extended Release;
Therapy: 06Jun2013 to Recorded
9. Ipratropium-Albuterol 0.5-2.5 (3) MG/3ML Inhalation Solution; DuoNeb 0.5-2.5 (3)MG/3ML, 1 vial
Solution four times daily, as needed # 120 ,02/1/2012 Active;
Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012 Ordered
10. Meclizine HCl - 25 MG Oral Tablet; TAKE 1 TABLET 4 TIMES DAILY AS NEEDED FOR DIZZINESS;
Therapy: (Recorded:20Sep2012) to Recorded
11. ProAir HFA 108 (90 Base) MCG/ACT Inhalation Aerosol Solution; ProAir HFA 108 (90
Base)MCG/ACT, 2 puffs every four to six hours as needed # 0 ,10/4/2011 Active;
Therapy: 04Oct2011 to (Last Rx:20Sep2012) Requested for: 20Sep2012 Ordered
12. Probiotic Oral Capsule; USE AS DIRECTED;
Therapy: (Recorded:20Sep2012) to Recorded
13. Savella 50 MG Oral Tablet;
Therapy: 19Nov2012 to Recorded
14. Singulair 10 MG Oral Tablet;
Therapy: 22Mar2012 to Recorded
15. Temazepam 30 MG Oral Capsule; TAKE 1 CAPSULE Bedtime PRN insomnia; Last
Rx:06Aug2013 Ordered
16. Topiramate 100 MG Oral Tablet; TAKE 2 TABLET Bedtime Requested for: 28Mar2013; Last
Rx:28Mar2013 Ordered
17. Vitamin D 2000 UNIT Oral Capsule; TAKE 1 CAPSULE Daily;
Therapy: (Recorded:20Sep2012) to Recorded
18. Zafirlukast 10 MG Oral Tablet; Singulair 10MG, 1 (one) Tablet daily # 30 ,02/1/2012 Active;
Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012 Ordered

Past Medical History

1. Bipolar I disorder, most recent episode (or current) unspecified (296.7)
2. Chest pain (786.50)
3. Dyspnea (786.09)
4. Edema (782.3)
5. Esophageal reflux (530.81)
6. Generalized anxiety disorder (300.02)
7. History of bronchitis (V12.69)
8. History of chest pain (V13.89)
9. History of postmenopausal hormone replacement therapy (V87.49)
10. Hypertension (401.9)
11. Insomnia (780.52)
12. History of Myalgia (729.1)
13. Personal history of asthma (V12.69)
14. History of Vitamin d deficiency (268.9)

Surgical History

1. History of Cesarean Section
2. History of Hysterectomy
3. History of Laparosc Restrictive Proc Adjustable Gastric Band Placement

Printed By: Rae Bowen

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3/6/14 3:06:15 PM

Patient: SANDY L. CHAMBLEE
Encounter: 09/11/2013 1:00PM

DOB: 12/27/1962

Family History

1. Family history of Family Health Status Children ____ Living All In Good Health
2. Family history of Chronic Myocardial Ischemia
3. Family history of Family Health Status Children ____ Living All In Good Health
4. Family history of Hypertension (V17.49)

Social History

- Alcohol Use (History)
 - occasionally-wine
- Denied: History of Drug Use
- Marital History - Currently Married
- Occupation: Retired
 - Firefighter
- Denied: History of Tobacco Use

Review of Systems

Focused-Female:

Constitutional: fatigue.

ENT: negative.

Cardiovascular: negative.

Respiratory: shortness of breath, wheezing and cough.

Gastrointestinal: negative.

Genitourinary: negative.

Musculoskeletal: back pain, pain in other joints and limping.

Integumentary and Breasts: negative.

Neurological: negative.

Mental Status Exam

Mental Status Examination:

Mental status: The patient's orientation, memory, attention, language and fund of knowledge were normal.

Alertness: Alert

Orientation: oriented to person, oriented to place and oriented to time.

Appearance: Normal Grooming

Behavior/Activity: Normal

Attitude: Cooperative

The patient's speech exhibited a normal rate and a normal rhythm.

Observed mood and affect: appropriate

Range of Affect: Normal

Thought processes: The patient exhibited normal thought processes.

Thought Content: The patient denied suicidal ideation and denied homicidal ideation.

Cognition: Grossly intact

Insight: Intact

Judgement: Intact

Assessment

1. Bipolar I disorder, most recent episode (or current) unspecified (296.7)
 - AXIS I
2. Generalized anxiety disorder (300.02)
 - AXIS I
3. Insomnia (780.52)

Plan

1. Topiramate 100 MG Oral Tablet; TAKE 2 TABLET Bedtime Requested for: 11Sep2013; Last Rx: 11Sep2013 Ordered
2. Clonazepam 0.5 MG Oral Tablet; TAKE 1 TABLET 3 times daily PRN anxiety; Last Rx: 11Sep2013 Ordered

Printed By: Rae Bowen

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3/6/14 3:06:16 PM

Patient: SANDY L. CHAMBLEE
Encounter: 09/11/2013 1:00PM

DOB: 12/27/1962

3. Follow-up visit in 2 months Evaluation and Treatment Follow-up Done: 11Sep2013
Med Use & Side Effects: Reviewed
Patient Education

Continue Topamax 200 mg q.h.s., clonazepam 0.5 mg t.i.d. p.r.n. anxiety, temazepam 30 mg q.h.s. p.r.n. insomnia. Followup in 2 months. Patient encouraged to followup regarding her foot problem as well as other medical issues with her medical doctor.

Signatures

Electronically signed by : Kashfia Hossain, M.D.; Sep 11 2013 4:47PM EST

(Author)

AN MED HEALTH
Psychiatry

900 North Faint Street • Suite D • Anderson, South Carolina 29621 • 864.226.1165 • Fax 864.326.5647

MRN: 0000132810

Encounter: 11/12/2013 2:00PM, Kashfia Hossain M.D.

Patient Information:

SANDY CHAMBLEE
302 WHITT CHAMBLEE RD
STARR, SC 29684-0000

(H) (864) 352-3997
(W)

DOB: 12/27/1962, 51 years old
Gender: F
Ref. Prov.: CHARLES F. WADEE MD
PCP: CHARLES F. WADEE MD

Chief Complaint

"I'm feeling good."

History of Present Illness

Patient seen for medication management. She states that her mood is better. She is less depressed, less irritable and less anxious. She seems to be handling her various medical issues and day-to-day stressors quite well. Her asthma is better and that definitely helps her mood. She does have a lot of aches and pains in various joints because of fibromyalgia and arthritis she states she can handle this. Her husband and son are recovering from pneumonia. She is looking forward to the holiday season.

Psychiatric HPI Detail:

Appetite: Adequate.

Sleep: Adequate.

Medication Side Effect: Denies.

Active Problems

1. Allergic rhinitis (477.9)
2. Asthma (493.90)
3. Bipolar I disorder, most recent episode (or current) unspecified (296.7)
4. Chest pain (786.50)
5. Dyspnea (786.09)
6. Edema (782.3)
7. Esophageal reflux (530.81)
8. Generalized anxiety disorder (300.02)
9. Hypertension (401.9)
10. Insomnia (780.52)
11. Organic sleep apnea (327.20)
12. Sinusitis, chronic (473.9)

Allergies

1. No Known Drug Allergies

Current Meds

1. Advair Diskus 500-50 MCG/DOSE Inhalation Aerosol Powder Breath Activated; INHALE 1 PUFF TWICE DAILY;
Therapy: 10Jul2012 to (Evaluate:19Mar2013) Requested for: 20Sep2012; Last Rx:20Sep2012
Ordered
2. Bystolic 5 MG Oral Tablet;
Therapy: 22Mar2012 to Recorded
3. Clonazepam 0.5 MG Oral Tablet; TAKE 1 TABLET 3 times daily PRN anxiety; Last Rx:11Sep2013

(A)

Printed By: Rae Bowen

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3/6/14 3:06:31 PM

Patient: SANDY L. CHAMBLEE
Encounter: 11/12/2013 2:00PM

DOB: 12/27/1962

Ordered

4. CPAP; PROVIDE CPAP SUPPLIES AND MASK OF CHOICE;
Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012 Ordered
5. Dexilant 60 MG Oral Capsule Delayed Release; TK ONE C PO QD FOR 30 DAYS FOR GERD;
Therapy: 20Dec2012 to Recorded
6. Furosemide 40 MG Oral Tablet;
Therapy: 21Jun2012 to Recorded
7. Ipratropium-Albuterol 0.5-2.5 (3) MG/3ML Inhalation Solution; DuoNeb 0.5-2.5 (3)MG/3ML, 1 vial
Solution four times daily, as needed # 120 ,02/1/2012 Active;
Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012 Ordered
8. Meclizine HCl - 25 MG Oral Tablet; TAKE 1 TABLET 4 TIMES DAILY AS NEEDED FOR DIZZINESS;
Therapy: (Recorded:20Sep2012) to Recorded
9. ProAir HFA 108 (90 Base) MCG/ACT Inhalation Aerosol Solution; ProAir HFA 108 (90
Base)MCG/ACT, 2 puffs every four to six hours as needed # 0 ,10/4/2011 Active;
Therapy: 04Oct2011 to (Last Rx:20Sep2012) Requested for: 20Sep2012 Ordered
10. Probiotic Oral Capsule; USE AS DIRECTED;
Therapy: (Recorded:20Sep2012) to Recorded
11. Savella 50 MG Oral Tablet;
Therapy: 19Nov2012 to Recorded
12. Singulair 10 MG Oral Tablet;
Therapy: 22Mar2012 to Recorded
13. Temazepam 30 MG Oral Capsule; TAKE 1 CAPSULE Bedtime PRN insomnia; Last
Rx:06Aug2013 Ordered
14. Topiramate 100 MG Oral Tablet; TAKE 2 TABLET Bedtime Requested for: 11Sep2013; Last
Rx:11Sep2013 Ordered
15. Vitamin D 2000 UNIT Oral Capsule; TAKE 1 CAPSULE Daily;
Therapy: (Recorded:20Sep2012) to Recorded
16. Zafirlukast 10 MG Oral Tablet; Singulair 10MG, 1 (one) Tablet daily # 30 ,02/1/2012 Active;
Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012 Ordered

Past Medical History

1. Bipolar I disorder, most recent episode (or current) unspecified (296.7)
2. Chest pain (786.50)
3. Dyspnea (786.09)
4. Edema (782.3)
5. Esophageal reflux (530.81)
6. Generalized anxiety disorder (300.02)
7. History of bronchitis (V12.69)
8. History of chest pain (V13.89)
9. History of postmenopausal hormone replacement therapy (V87.49)
10. Hypertension (401.9)
11. Insomnia (780.52)
12. History of Myalgia (729.1)
13. Personal history of asthma (V12.69)
14. History of Vitamin d deficiency (268.9)

Surgical History

1. History of Cesarean Section
2. History of Hysterectomy
3. History of Laparosc Restrictive Proc Adjustable Gastric Band Placement

Family History

1. Family history of Family Health Status Children ___ Living All In Good Health
2. Family history of Chronic Myocardial Ischemia
3. Family history of Family Health Status Children ___ Living All In Good Health

Printed By: Rae Bowen

2 of 4

3/6/14 3:06:31 PM

Patient: **SANDY L. CHAMBLEE**
Encounter: **11/12/2013 2:00PM**

DOB: **12/27/1962**

4. Family history of Hypertension (V17.49)

Social History

- Alcohol Use (History)
 - occasionally-wine
- Denied: History of Drug Use
- Marital History - Currently Married
- Occupation: Retired
 - Firefighter
- Denied: History of Tobacco Use

Review of Systems

Focused-Female:

Constitutional: negative.

ENT: negative.

Cardiovascular: negative.

Respiratory: negative.

Gastrointestinal: negative.

Genitourinary: negative.

Musculoskeletal: diffuse joint pain, back pain, joint stiffness and limping.

Integumentary and Breasts: negative.

Neurological: negative.

Mental Status Exam

Mental Status Examination:

Mental status: The patient's orientation, memory, attention, language and fund of knowledge were normal.

Alertness: Alert

Orientation: oriented to person, oriented to place and oriented to time.

Appearance: Normal Grooming

Behavior/Activity: Normal

Attitude: Cooperative

The patient's speech exhibited a normal rate and a normal rhythm.

Observed mood and affect: appropriate

Range of Affect: Normal

Thought processes: The patient exhibited normal thought processes.

Thought Content: The patient denied suicidal ideation and denied homicidal ideation.

Cognition: Grossly Intact

Insight: Intact

Judgement: Intact

Assessment

1. Bipolar I disorder, most recent episode (or current) unspecified (296.7)
 - AXIS I
2. Generalized anxiety disorder (300.02)
 - AXIS I
3. Insomnia (780.52)

Plan

1. Clonazepam 0.5 MG Oral Tablet; TAKE 1 TABLET 3 times daily PRN anxiety; Last Rx:12Nov2013
Ordered
2. Follow-up visit in 2 months Evaluation and Treatment Follow-up Requested for: 12Nov2013

Med Use & Side Effects: Reviewed

Patient Education

Patient: SANDY L. CHAMBLEE
Encounter: 11/12/2013 2:00PM

DOB: 12/27/1962

Continue clonazepam 0.5 mg 3 times daily as needed for anxiety, temazepam 30 mg at bedtime as needed for sleep and topiramate 200 mg at bedtime. Followup in 2 months. Call earlier if needed.

Signatures

Electronically signed by : Kashfia Hossain, M.D.; Nov 12 2013 2:29PM EST

(Author)

PATIENT COPY

Printed/Faxed: Mar 6 2014
Encounter Date: 01/13/2014 2:15PM

SANDY CHAMBLEE
302 WHITT CHAMBLEE RD
STARR, SC 29684-0000

To: SANDY CHAMBLEE, DOB 12/27/1962, MRN 0000132810

From: Kashfia Hossain M.D.

Thank you for choosing us for your healthcare needs! Please remember to bring a current medication list or your medicine bottles to all visits. We've provided a summary of today's visit below.

Chief Complaint
"I'm okay."

History of Present Illness

Denies Patient seen for medication management. She states that her mood has been pretty stable. She has tried to stay indoors for the most part with winter weather fluctuating. Family as well. She feels tired a lot and attributes this to her underlying medical conditions.

Psychiatric HPI Detail:

Appetite: Adequate.

Sleep: Adequate on temazepam.

Active Problems

1. Allergic rhinitis (477.9)
2. Asthma (493.90)
3. Bipolar I disorder, most recent episode (or current) unspecified (296.7)
4. Chest pain (786.50)
5. Dyspnea (786.09)
6. Edema (782.3)
7. Esophageal reflux (530.81)
8. Generalized anxiety disorder (300.02)
9. Hypertension (401.9)
10. Insomnia (780.52)
11. Organic sleep apnea (327.20)
12. Sinusitis, chronic (473.9)

Allergies

1. No Known Drug Allergies

Current Meds

1. Advair Diskus 500-50 MCG/DOSE Inhalation Aerosol Powder Breath Activated; INHALE 1 PUFF TWICE DAILY;
Therapy: 10Jul2012 to (Evaluate:19Mar2013) Requested for: 20Sep2012; Last Rx:20Sep2012
Ordered

☐ Cash ☐ Check # _____ ☐ Credit Card Tot Charges \$ _____ Tot Paid \$ _____ Staff Initials _____

Patient: **SANDY L. CHAMBLEE**

DOB: 12/27/1962

2. Bystolic 5 MG Oral Tablet;
Therapy: 22Mar2012 to Recorded
3. Clonazepam 0.5 MG Oral Tablet; TAKE 1 TABLET 3 times daily PRN anxiety; Last Rx:12Nov2013 Ordered
4. CPAP; PROVIDE CPAP SUPPLIES AND MASK OF CHOICE;
Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012 Ordered
5. Dexilant 60 MG Oral Capsule Delayed Release; TK ONE C PO QD FOR 30 DAYS FOR GERD;
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Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012 Ordered
8. Meclizine HCl - 25 MG Oral Tablet; TAKE 1 TABLET 4 TIMES DAILY AS NEEDED FOR DIZZINESS;
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Therapy: 04Oct2011 to (Last Rx:20Sep2012) Requested for: 20Sep2012 Ordered
10. Probiotic Oral Capsule; USE AS DIRECTED;
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Therapy: 19Nov2012 to Recorded
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Therapy: 22Mar2012 to Recorded
13. Temazepam 30 MG Oral Capsule; TAKE 1 CAPSULE Bedtime PRN insomnia; Last Rx:06Aug2013 Ordered
14. Topiramate 100 MG Oral Tablet; TAKE 2 TABLET Bedtime Requested for: 11Sep2013; Last Rx:11Sep2013 Ordered
15. Vitamin D 2000 UNIT Oral Capsule; TAKE 1 CAPSULE Daily;
Therapy: (Recorded:20Sep2012) to Recorded
16. Zafirlukast 10 MG Oral Tablet; Singulair 10MG, 1 (one) Tablet daily # 30 ,02/1/2012 Active;
Therapy: 01Feb2012 to (Last Rx:20Sep2012) Requested for: 20Sep2012 Ordered

Past Medical History

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1. History of Cesarean Section
2. History of Hysterectomy
3. History of Laparosc Restrictive Proc Adjustable Gastric Band Placement

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1. Family history of Family Health Status Children ___ Living All In Good Health

Patient: **SANDY L. CHAMBLEE**

DOB: 12/27/1962

2. Family history of Chronic Myocardial Ischemia
3. Family history of Family Health Status Children ____ Living All In Good Health
4. Family history of Hypertension (V17.49)

Social History

- Alcohol Use (History)
 - occasionally-wine
- Denied: History of Drug Use
- Marital History - Currently Married
- Occupation: Retired
 - Firefighter
- Denied: History of Tobacco Use

Review of Systems

Focused-Female:

Constitutional: fatigue.

ENT: negative.

Cardiovascular: negative.

Respiratory: wheezing, but negative and no shortness of breath.

Gastrointestinal: negative.

Genitourinary: negative.

Musculoskeletal: back pain.

Integumentary and Breasts: negative.

Neurological: negative.

Mental Status Exam

Mental Status Examination:

Mental status: The patient's orientation, memory, attention, language and fund of knowledge were normal.

Alertness: Alert

Orientation: oriented to person, oriented to place and oriented to time.

Appearance: Normal Grooming

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Insight: Intact

Judgement: Intact

Assessment

1. Bipolar I disorder, most recent episode (or current) unspecified (296.7)
 - AXIS I
2. Generalized anxiety disorder (300.02)
 - AXIS I
3. Insomnia (780.52)

Plan

1. Clonazepam 0.5 MG Oral Tablet; TAKE 1 TABLET 3 times daily PRN anxiety; Last Rx:13Jan2014
Ordered
2. Temazepam 30 MG Oral Capsule; TAKE 1 CAPSULE Bedtime PRN insomnia; Last Rx:13Jan2014
Ordered
3. Follow-up visit in 2 months Evaluation and Treatment Follow-up Requested for: 13Jan2014

Med Use & Side Effects: Reviewed

Patient Education

Patient: **SANDY L. CHAMBLEE**

DOB: 12/27/1962

Continue topiramate 200 mg at bedtime, temazepam 30 mg at bedtime as needed for sleep and clonazepam 0.5 mg 3 times daily as needed for anxiety. Followup with medical doctors as scheduled. Call earlier if needed.

CC: Dr. Wadee

Signatures

Electronically signed by : Kashfia Hossain, M.D.; Jan 13 2014 2:46PM EST

(Author)

Concerns:

- 1) No sex drive since hystereclomy 2002
- 2) Painful intercourse with some bleeding
- 3) Severe headaches
- 4) Dizzy: while lying down, turning my head or looking sideways with my eyes...sometimes while I'm just sitting watching TV or working on computer
- 5) VERY painful joints As a matter of fact, all my bones hurt!
- 6) Can't sleep but when I do, I can't wake up easily
- 7) Feel like a pressure cooker and just want to cry ALL the time but I just smile and joke>>>always!
- 8) Extreme Fatigue always>>> there again I just pretend to be happy and joyful
- 9) My neck hurts ALL THE time....which causes my head and shoulders to hurt soooo badly
- 10) I can NOT focus or keep focus on anything....talking, work, driving....
- 11) Very irritable
- 12) Stomach hurts most every day
- 13) Right side of Chest hurts often...usually when stomach is hurting
- 14) Feeling like I have^{to} urinate all the time even when I just went -
Sandy Chamber

Dingulair 10mg 1-pr day

Olepteo ER 300mg 1-pr night

Ambien 10mg " "

Klonopin .05 1/2 twice a day.

Goody's Headache powders!!!

Sometimes =

Zyretc 10mg

Advair 250/50

PROAIR HFA

The Medical Center of Elberton, LLP

Glenn S. Poon, M.D.
Mark L. Daniel, M.D.
Mary Alice Gallant, PA

J. Daniel McAvoy, M.D.
Jonathan Y. Poon, MD.

R. David Mize, M.D.
Ralph E. Crowe, III, MD
Kerri Wiley, NP

May 14, 2012

RE: Sandy Chamblee
DOB: 12/27/1962

Dear Sir:

I have reviewed the past history for Sandy Chamblee's timing of exposure to smoke inhalation which you provided. Most likely her lung problem is aggravated by the smoke exposure.

Since she was under the care of her pulmonologist prior to and after this incident, I think her pulmonologist will be the best to consult. He can provide all your needed answers in detail.

If you have any additional questions, please do not hesitate to contact me.

With Kindest Regards,



Glenn S. Poon, MD

GP/bsh

864-222-0201

14:38:02 10-24-2013 2/3

LAW OFFICES

THOMPSON & KING

300 S. TOWERS STREET

POST OFFICE BOX 14230

ANDERSON, SOUTH CAROLINA 29624

WWW.THOMPSONKING.COM

TELEPHONE

864-222-0200

FACSIMILE

864-222-0201

RICHARD E. THOMPSON, JR.
ROBERT E. KING, JR.

August 16, 2013

VIA FACSIMILE & US MAIL-1-843-763-3038

Dr. Michael Spandorfer

Attn: Sheryl

2097 Henry Tecklenburg Drive

Suite 305 West

Charleston, SC 29414

RE: Sandy Chamblee

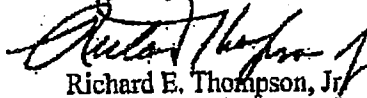
DOB: 12-27-62

Dear Sir:

Please find enclosed WCC Form 14B in regard to the above named individual which we would appreciate you completing at the time of Ms. Chamblee's appointment on September 19, 2013 and return to our office at your earliest convenience.

Thank you for your help in this matter.

Very truly yours,



Richard E. Thompson, Jr.

RET:ddp

**Chamblee, Sandy**

51 Y old Female, DOB: 12/27/1962

Account Number: 141643

600 Whit Chamblee Rd, Starr, SC-29684

Home: 864-382-3997

Guarantor: Chamblee, Sandy Insurance: BCBS STATE Payer ID: 00380

PCP: Charles F Wade, MD Referring: Charles F Wade, MD

Appointment Facility: Piedmont Arthritis Clinic

02/20/2014

New Patient Progress Note: Geneva L. Hill, MD

Current Medications

Taking Cymbalta 30 MG Capsule Delayed Release Particles 1 capsule Twice a day
 Taking Savella 50 MG Tablet 1 tablet Twice a day
 Taking Lasix 40 MG Tablet 1 tablet bid
 Taking Omeprazole 20 mg Capsule Delayed Release 1 capsule bid
 Taking Bystolic 10 MG Tablet 1 tablet Once a day
 Taking Temazepam 30 MG Capsule 1 capsule at bedtime as needed Once a day
 Taking Singulair 10 MG Tablet 1 tablet in the evening Once a day
 Taking Klonopin 0.5 MG Tablet 1 tablet Twice a day
 Taking Topamax 100 MG Tablet 2 tablets Once a day
 Taking Vistaril 50 MG Capsule 1 capsule prn
 Taking ProAir HFA 108 (90 Base) MCG/ACT Aerosol Solution 2 puffs as needed every 4 hrs
 Taking Osphena 60 MG Tablet 1 tablet with food Once a day
 Taking Vitamin D3 2000 UNIT Capsule bid
 Taking Vitamin B-12 1000 MCG/15ML Liquid 15 ml Once a day
 Taking Vitamin b 6 100mg tablet 1 qd
 Medication List reviewed and reconciled with the patient

Past Medical**History**

TMJ
 Hypertension
 Asthma
 Sleep apnea with CPAP and O2
 Sinus allergies
 Migraine headache
 Post Traumatic Stress Disorder
 Obesity

Surgical History

Tonsillectomy 1970
 Hysterectomy - total 2002

Family History

Father: Rheumatoid Arthritis

Social History

Marital Status: married,

Reason for Appointment

1. New Patient
2. Joint and muscle pain
3. Joint swelling

History of Present IllnessHistory of Present Illness:

The following problem(s): joint pain, joint swelling. How Long:

approx 2 years

. Location: both wrists, both hands, both feet, both ankles. Onset: constant. Severity: Changes in Intensity. Nature/Quality: achy, tingling, numb. Morning Stiffness: greater than 30 minutes. Worse with/when: sitting, standing, walking, over exertion, standing up, stress, wet weather, cold weather. Better with/when: rest, massage.

Patient is referred by Charles Wade, M.D. for further evaluation and treatment of joint and muscle pain. For the last 3 years she has had diffuse pain all over which has worsened in her hands for the last several months. Although she has diffuse swelling of her hands and feet which he describes as fluid retention with tightening of her rings, she denies specific joint swelling. She also has fatigue, difficulty sleeping with frequent awakening complicated by sleep apnea, severe asthma and is disabled because of this condition. She uses home oxygen at night. She has difficulty walking around the house but she is doing this more often with trying to exercise and has lost some weight by doing a stationary bike with her feet. She has heaviness with severe pain in her arms with difficulty doing her hair although she denies weakness. She also has severe neck pain, shoulder pain and constant numbness and tingling in her hands and feet. Neck pain is nonradiating and she has seen a chiropractor only, no other imaging studies. She had severe edema with Lyrica and is unable to take hydrocodone for pain because of itching.

Records are reviewed. She was diagnosed with fibromyalgia by a doctor working for the disability lawyer and cannot recall his name. She has not had any labs done in over one year and does not recall labs done for connective tissue diseases. She is followed by a pulmonologist, Dr. Mohan.

Vital Signs

Height 65, Weight 257, Blood Pressure 136/92, Heart Rate 92, Temp 98.7, BMI 42.76.

ExaminationGait/Station:

Gait intact. Station normal. Posture Normal.

Cervical Spine:

Tenderness on Palpation present. Range of Motion full full ROM, with moderate pain.

Thoracic Spine:

Tenderness on Palpation none. Alignment no scoliosis.

Lumbar Spine:

Tenderness on Palpation diffuse. Range of Motion full, without pain. Alignment normal.

Chest Wall:

Tenderness on Palpation none. Swelling none. Warmth none. Erythema none.

Right Shoulder:

Range of Motion full with pain. Tenderness on Palpation present. Swelling none. Warmth none. Erythema none.

Left Shoulder:

Range of Motion full with pain. Tenderness on Palpation present. Swelling none. Warmth none. Erythema none.

husband and 11 yr old at home.
 Level of Education: College,
 some college.
 no Employment, Retired (fire
 marshal) last worked 2011.
 no Potential fungal exposure to
 coccidioidomycosis,
 histoplasmosis and/or
 blastomycosis.
 travel outside US: yes, Mexico.
 no Tobacco Use
 no Alcohol Use, Previous, 2, per
 month.
 no Recreational/Illegal Drug
 Use.
 no Current/Previous Care by
 Pain Management Physician.
 Childbirth: 1, # of Pregnancies,
 1, Children still living.

Allergies

Codine Allergy

Review of Systems

General:

Daytime Energy Level
 (0=full of
 energy, 10=exhausted) 3.
 no Chills. Fatigue yes.
 no Fever. Night sweats yes.
 Weight gain yes. no Weight
 loss.

Allergy:

no itchy eyes, no ear
 fullness, no sinus congestion.

Ophthalmology:

no sensation of something
 in the eye, no Tearing, no eye
 pain, no visual changes,
 no double vision,
 no diminished vision, no red
 eyes, no blurring of vision,
 vision loss yes, dry eyes yes.

ENT:

sinus
 infection yes, recurrent,
 chronic, ear pain yes, has
 tubes both ears, no sores in
 nose, sores in mouth yes,
 no hoarseness, no difficulty in
 swallowing, no snoring, no dry
 mouth, no jaw claudication,
 no alopecia, no headache,
 no sore throat, no cough,
 no hearing loss, no change in
 voice, no ringing in ears.

Endocrinology:

no fatigue, no excessive
 sweating, no excessive thirst,
 no excessive urination,
 no weight loss, no cold
 intolerance, no heat
 intolerance.

Respiratory:

no respiratory tract
 infection, no coughing of
 blood, no chest wall pain,
 wheezing yes, no shortness of
 breath, no chest pain.

Cardiology:

dizziness yes, chest
 pain yes, palpitations yes, leg
 swelling yes, no shortness of
 breath.

Gastroenterology:

no dyspepsia,
 no dysphagia, no loss of

Right Elbow:

Range of Motion full, without pain. Tenderness on
 Palpation none. Swelling none. Warmth none. Erythema none.

Left Elbow:

Range of Motion full full ROM. Tenderness on
 Palpation none. Swelling none. Warmth none. Erythema none.

Right Wrist:

Range of Motion full with pain, . Tenderness on
 Palpation present. Swelling none. Warmth none. Erythema none.

Left Wrist:

Range of Motion full with pain, . Tenderness on
 Palpation present. Swelling none. Warmth none. Erythema none.

Right Hand:

Range of Motion full full ROM, with pain. Tenderness on
 Palpation diffuse. Swelling none. Warmth none. Erythema none. Masses none. Alignment normal. Grip
 Strength normal. Abnormalities none. Deformities none.

Left Hand:

Range of Motion full full ROM, with pain. Tenderness on
 Palpation diffuse. Swelling none. Warmth none. Erythema none. Masses none. Alignment normal. Grip
 Strength normal. Abnormalities none. Deformities none.

Hips:

Range of Motion full full rom, with pain in the groin area.

Hips Bursa:

Tenderness on Palpation present.

Right Knee:

Range of Motion full full ROM, with pain. Tenderness on
 Palpation present. Swelling none. Warmth none. Erythema none. Effusion none. Crepitation none.

Left Knee:

Range of Motion full full ROM, with pain. Tenderness on
 Palpation present. Swelling none. Warmth none. Erythema none. Effusion none. Crepitation none.

Right Ankle:

Range of Motion full, without pain. Tenderness on
 Palpation none. Swelling none. Warmth none. Erythema none. Effusion none. Crepitation none.

Left Ankle:

Range of Motion full, without pain. Tenderness on
 Palpation none. Swelling none. Warmth none. Erythema none. Effusion none. Crepitation none.

Right Foot:

Range of Motion full, without pain. Tenderness on
 Palpation none. Swelling none. Warmth none. Erythema none.

Left Foot:

Range of Motion full, without pain. Tenderness on
 Palpation none. Swelling none. Warmth none. Erythema none.

Tender Points:

Tenderness on Palpation trapezius, supraspinatus, lateral epicondylitis, knees, greater trochanter
 and gluteal area bilaterally.

Physical Examination

General:

General appearance pleasant, well nourished, NAD.

HEENT:

Head normocephalic, no maxillofacial abnormalities, normal facial appearance. Temporal
 arteries without tenderness to palpation. Parotid gland no pain, no inflammation, no nodules, no
 masses. Pupils Equal, Round, Reactive to Light and Accommodation. EOM intact. Nose external
 exam normal, no scars, no lesions, no masses. Oral cavity normal, normal oropharynx.

Neck/Thyroid:

Neck symmetrical with no obvious masses, trachea midline, no thyroid enlargement, no thyroid
 tenderness to palpation, no thyroid mass.

Respiratory/Chest:

Palpation normal to palpation, no fremitus. Breath sounds normal respiratory effort, normal to
 auscultation.

Cardiovascular:

Rate normal. Rhythm regular. Heart sounds normal. Murmurs no murmurs. Gallups no.

Rubs no.

Gastrointestinal/Abdomen:

appetite, nausea yes.
 no heartburn, no vomiting.
 no diarrhea, no difficulty
 swallowing, constipation yes.
 no change in bowel habits,
 no blood in stool.
Hematology/Lymph:
 no swollen glands.
 no fatigue, no loss of appetite.
 no night sweats, no fevers.
Dermatology:
 no dry skin, no nail
 changes, no sun sensitivity.
 hair loss yes, no open wounds
 or sores, rash yes, no hives.
 no Raynaud's, no alopecia.
Integumentary:
 no color changes of the
 hands/digits, no color changes
 of the feet/digits, no digital
 ulcer, no digital fat pad loss,
 no blue or white fingers.
Genitourinary:
 sexual difficulties yes.
Urology:
 no dysuria, no hematuria.
 no frequent urination,
 no urinary incontinence,
 no recurrent UTI.
Neurology:
 burning feet yes, poor
 concentration yes, no frequent
 falls, no loss of balance.
 Memory self-rating
 (0=excellent, 10=very poor) 4.
 headaches yes, tingling
 numbness yes, hands- feet,
 2 YRS. no dizziness.
 no tremor, no restless leg
 symptoms, no peripheral
 neuropathy, poor memory yes.
Psychology:
 anxiety yes, no depression.
 no panic attacks, Trouble
 Sleeping yes, Patient does
 not take naps, difficulty
 falling asleep yes, difficulty
 staying asleep yes, sleep
 disturbances pain-
 headaches- choking-
 stiffness, Self Rated Sleep
 Score:
 (0=excellent, 10=poor) 10.
 no Nonrestorative sleep
 patterns, Self Rated Morning
 Rested-ness:
 (0=rested, 10=exhausted) 10.
 Self Rated Stress Level
 (0=mild, 10=severe) 5.

Exam shows soft. Bowel sounds present, normal. Scars no. Tenderness non-tender.

Lymphatics:

Neck no lymphadenopathy. Axillae no lymphadenopathy.

Dermatology:

Skin no sclerodactyly, no psoriasis. Blistering lesion no discoid lesions. Nail change No pitting, ridging, discoloration, nail separation. Peritongual erythema no telangiectasia, no petechiae. Rash, no malar rash, no macular rash. Ulcer no digital ulcers.

Neurological:

Motor normal strength bilaterally. Reflexes symmetric, 1+, bilaterally. Gait normal. CN II - XII Extraocular muscles intact, pupils are equally reactive to light and symmetric.

Psychiatric:

Orientation person, place, time, general circumstances. Mood appropriate. Affect appropriate.

Extremities:

Edema no edema, no varicosities.

Assessments

1. Polyarthralgia - 719.49 (Primary), Diffuse muscle and joint pain, no evidence of joint swelling on physical exam. Consider early connective tissue disease, thyroid disease, new
2. Neck pain - 723.1, She describes neck pain with severe shoulder pain and numbness and tingling in her hands, consider degenerative disc disease or impingement, new
3. Numbness and tingling in hands - 782.0, Consider cervical spine impingement versus carpal tunnel syndrome, consider peripheral neuropathy, new
4. NSAID long-term use - V58.64, new
5. Numbness and tingling of foot - 782.0, Consider cervical spine as a possible cause versus peripheral neuropathy, new

Treatment (Non Infusion labs to be obtained by venipuncture)

1. Polyarthralgia

Start Mobic Tablet, 15 MG, 1 tablet, Orally, Once a day, 30 day(s), 30

LAB: Sedimentation Rate-Westergren

LAB: CRP - C-Reactive Protein, Quant

LAB: Rheumatoid Arthritis Factor

LAB: ANA W/IFA, Antinuclear Ab IFA

LAB: TSH

LAB: CCP Antibodies IgG/IgA

LAB: Creatine Kinase Total Serum (CPK)

LAB: Creatinine, Serum (Ordered for 02/20/2014)

Notes: Discussed need for additional labs, call in one week to discuss. Trial anti-inflammatory.

2. Neck pain

Start Zanaflex Capsule, 4 MG, 1 capsule as needed, Orally, every 8 hrs, 30, 90, Refills 1

IMAGING: X ray: Cervical Spine - 4v

Notes: X-ray cervical spine, consider MRI

restart zanaflex 4 mg tid. ROM exercises given neck and shoulders.

3. Numbness and tingling in hands

LAB: TSH

Notes: With severe neck pain, will do x-ray most likely needing MRI to rule out impingement, consider NCV studies or neurology referral.

4. NSAID long-term use

LAB: CBC With Differential/Platelet

5. Numbness and tingling of foot

Notes: See above.

Procedure Codes

85025 CBC W/AUTO DIFF WBC, COMPLETE

85651 SED RATE, NONAUTOMATED RBC

82565 SERUM CREATININE

Follow Up

4 Weeks, I have reviewed the above scribed information done by Darla Vinson for accuracy - Geneva

Hill, MD

Geneva Hill MD

Electronically signed by Geneva Hill, MD on 03/26/2014 at 08:44 AM EDT
Sign off status: Completed

Piedmont Arthritis Clinic
2 St Francis Drive Ste 400
Greenville, SC 296013973
Tel: 864-235-8996
Fax: 864-271-4092

Patient: Chamblee, Sandy DOB: 12/27/1962 Progress Note: Geneva L. Hill, MD 02/20/2014

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

**Chamblee, Sandy**

51 Y old Female, DOB: 12/27/1962

Account Number: 141643

600 Whit Chamblee Rd, Starr, SC-29684

Home: 864-352-3997

Guarantor: Chamblee, Sandy Insurance: BCBS STATE Payer ID: 00880

PCP: Charles F Wade, MD Referring: Charles F Wade, MD

Appointment Facility: Piedmont Arthritis Clinic

03/21/2014

First Followup Progress Note: Geneva L. Hill, MD

Current Medications

Taking Mobic 15 MG Tablet 1 tablet Once a day, stop date 03/22/2014
 Taking Zanaflex 4 MG Capsule 1 capsule as needed every 8 hrs
 Taking Cymbalta 30 MG Capsule Delayed Release Particles 1 capsule Twice a day
 Taking Savella 50 MG Tablet 1 tablet Twice a day
 Taking Lasix 40 MG Tablet 1 tablet bid
 Taking Omeprazole 20 mg Capsule Delayed Release 1 capsule bid
 Taking Rytolic 10 MG Tablet 1 tablet Once a day
 Taking Temazepam 30 MG Capsule 1 capsule at bedtime as needed Once a day
 Taking Singulair 10 MG Tablet 1 tablet in the evening Once a day
 Taking Klonopin 0.5 MG Tablet 1 tablet Twice a day
 Taking Topamax 100 MG Tablet 2 tablets Once a day
 Taking Vistaril 50 MG Capsule 1 capsule prn
 Taking ProAir HFA 108 (90 Base) MCG/ACT Aerosol Solution 2 puffs as needed every 4 hrs
 Taking Ophena 60 MG Tablet 1 tablet with food Once a day
 Taking Vitamin D3 2000 UNIT Capsule bid
 Taking Vitamin B-12 1000 MCG/15ML Liquid 15 ml Once a day
 Taking Vitamin b 6 100mg tablet 1 qd
 Medication List reviewed and reconciled with the patient

Past Medical**History**

TMJ
 Hypertension
 Asthma
 Sleep apnea with CPAP and O2
 Sinus allergies
 Migraine headache
 Post Traumatic Stress Disorder
 Obesity

Allergies

Codine Allergy

Reason for Appointment

1. New Patient
2. Joint and muscle pain
3. Joint swelling

History of Present Illness**History of Present Illness:**

The following problem(s): joint pain, joint swelling. How Long: Years. Location: neck, midback, lower back, both shoulders, both elbows, both wrists, both hands, fingers of both hands, both knees, both ankles, both feet, toes of both feet, Pain level is 4- on a level of 1 to 10. Onset: constant, Frequent. Timing: worse, in the evening, at night. Severity: mild. Nature/Quality: achy, throbbing, tingling, numb. Morning Stiffness: greater than 30 minutes, greater than 60 minutes. Worse with/when: walking, over exertion, stress, wet weather. Better with/when: rest, massage.

Abnormal lab with positive ANA 1:640 with reports of alopecia history of balding with dermatology injections, but is sensitive rashes in the past, facial rash.

Polyarthralgia with no benefit from Zanaflex which cause sedation. She is somewhat better with Mobic. She continues with diffuse pain but no obviously joint swelling.

Neck pain with continued pain as well, no changes.

Numbness and tingling hands and feet, this continues without changes.

Vital Signs

Height 65, Weight 260, Blood Pressure 132/84, Heart Rate 76, BMI 43.26, Weight Change 3 lb.

Past Orders

Lab:ANA W/IFA, Antinuclear Ab IFA (Order Date - 02/20/2014) (Collection Date - 02/20/2014)

Antinuclear Antibodies, IFA	See patterns	
Lab:TSH (Order Date - 02/20/2014) (Collection Date - 02/20/2014)		
TSH	2.680	0.450-4.500 - uIU/mL
Lab:Creatinine, Serum (Order Date - 02/20/2014) (Collection Date - 02/20/2014)		
Creatinine, Serum	0.91	0.57-1.00 - mg/dL
Lab:CBC With Differential/Platelet (Order Date - 02/20/2014) (Collection Date - 02/20/2014)		
WBC	9.7	4-10.5 - 10
Hgb	12.6	12-16 - g/dl
Hct	38.5	36-55 - %
Plt	358	140-440 - 10
RBC	4.77	3.5-5.9 - 10
MCV	81	80-98 - 7m
MCH	26.4	27-34 - pg
MCHC	32.8	32-36 - g/dl
LY	21.5	20.5-51.1 - %
LY#	2.0	1.2-3.4 - 10
MO	4.8	1.7-9.3 - %
MO#	0.4	0.1-0.6 - 10
GR	73.7	42.2-75.2 - %
GR#	7.3	1.4-6.5 - 10
MPV	6.7	7.8-11 - 7m
RDW	13.8	11.6-13.7 - %

Patient: Chamblee, Sandy DOB: 12/27/1962 Progress Note: Geneva L. Hill, MD 03/21/2014

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

Lab: Sedimentation Rate- Westergren (Order Date - 02/20/2014) (Collection Date - 02/20/2014)

Result: normal

Sedimentation Rate- Westergren 15

Notes: Tech: dnX Rack: 02 Timer: 01 Time Hung: 13:45pm

Clinical Info: dn

Lab: Rheumatoid Arthritis Factor (Order Date - 02/20/2014) (Collection Date - 02/20/2014)

RA Latex Turbid. 8.0 0.0-13.9 - IU/mL

Lab: CRP - C-Reactive Protein, Quant (Order Date - 02/20/2014) (Collection Date - 02/20/2014)

C-Reactive Protein, Quant 19.1 H 0.0-4.9 - mg/L

Lab: CCP Antibodies IgG/IgA (Order Date - 02/20/2014) (Collection Date - 02/20/2014)

CCP Antibodies IgG/IgA 3 0-19 - units

Lab: Creatine Kinase, Total Serum (CPK) (Order Date - 02/20/2014) (Collection Date - 02/20/2014)

Creatine Kinase, Total Serum 57 24-173 - U/L

ExaminationGait/Station:

Gait intact. Station normal. Posture Normal.

Chest Wall:

Tenderness on Palpation none. Swelling none. Warmth none. Erythema none.

Right Shoulder:

Range of Motion full with pain. Tenderness on

Palpation present. Swelling none. Warmth none. Erythema none.

Left Shoulder:

Range of Motion full with pain. Tenderness on

Palpation present. Swelling none. Warmth none. Erythema none.

Right Elbow:

Range of Motion full, without pain. Tenderness on

Palpation none. Swelling none. Warmth none. Erythema none.

Left Elbow:

Range of Motion full full ROM. Tenderness on

Palpation none. Swelling none. Warmth none. Erythema none.

Right Wrist:

Range of Motion full with pain. Tenderness on

Palpation present. Swelling none. Warmth none. Erythema none.

Left Wrist:

Range of Motion full with pain. Tenderness on

Palpation present. Swelling none. Warmth none. Erythema none.

Right Hand:

Range of Motion full full ROM, with pain. Tenderness on

Palpation diffuse. Swelling none. Warmth none. Erythema none. Masses none. Alignment normal. Grip Strength normal. Abnormalities none. Deformities none.

Left Hand:

Range of Motion full full ROM, with pain. Tenderness on

Palpation diffuse. Swelling none. Warmth none. Erythema none. Masses none. Alignment normal. Grip Strength normal. Abnormalities none. Deformities none.

Right Knee:

Range of Motion full full ROM, with pain. Tenderness on

Palpation present. Swelling none. Warmth none. Erythema none. Effusion none. Crepitation none.

Left Knee:

Range of Motion full full ROM, with pain. Tenderness on

Palpation present. Swelling none. Warmth none. Erythema none. Effusion none. Crepitation none.

Right Ankle:

Range of Motion full, without pain. Tenderness on

Palpation none. Swelling none. Warmth none. Erythema none. Effusion none. Crepitation none.

Left Ankle:

Range of Motion full, without pain. Tenderness on

Palpation none. Swelling none. Warmth none. Erythema none. Effusion none. Crepitation none.

Tender Points:

Tenderness on Palpation trapezius, supraspinatus, lateral epicondylitis, knees, greater trochanter and gluteal area bilaterally.

Cervical Spine:

Area: not examined.

Thoracic Spine:

Area: not examined.

Lumbar Spine:

Area: not examined.

Hips:

Area: not examined.

Hips Bursa:

Area: not examined.

Right Foot:

Area: not examined.

Left Foot:

Area: not examined.

Physical Examination

General:

General appearance pleasant, well nourished, NAD.

Dermatology:

Skin malar rash with NL fold positive.

Assessments

1. Positive ANA (antinuclear antibody) - 795.79 (Primary), facial rash, alopecia, joint pain with no swelling, new
2. Polyarthralgia - 719.49, Diffuse muscle and joint pain, no evidence of joint swelling on physical exam. Consider early connective tissue disease, thyroid disease., new
3. Neck pain - 723.1, She describes neck pain with severe shoulder pain and numbness and tingling in her hands, consider degenerative disc disease or impingement, new
4. Numbness and tingling in hands - 782.0, Consider cervical spine impingement versus carpal tunnel syndrome, consider peripheral neuropathy, new
5. NSAID long-term use - V58.64, new

Treatment (Non infusion labs to be obtained by venipuncture)

1. Positive ANA (antinuclear antibody)

LAB: KNA Ab PANEL - includes sjogrens

LAB: dsDNA (nDNA) antibody titer

LAB: Urinalysis, Complete

Notes: Labs as ordered, she will see Dr. Sturtz, dermatology for evaluation. In the center biopsy if needed.

2. Polyarthralgia

Refill Mobic Tablet, 15 MG, 1 tablet, Orally, Once a day, 30 day(s), 30

Notes: Discussed need for additional labs, call in one week to discuss. Trial anti-inflammatory. Begin Mobic.

3. Neck pain

Stop Zanaflex Capsule, 4 MG, 1 capsule as needed, Orally, every 8 hrs, 30, 90

Start Norflex tablet, 100 mg, 1 tab, orally, bid, 30 days, 60, Refills 1

Notes: Consider neurology referral
restart zanaflex 4 mg tid. ROM exercises given neck and shoulders.

4. Numbness and tingling in hands

Notes: With severe neck pain, will do x-ray most likely needing MRI to rule out impingement, consider NCV studies or neurology referral.

5. NSAID long-term use

Notes: CBC and creatinine will be checked for chronic nonsteroidal use and possible toxicity.

6. Others

Notes: See above.

Labs

Lab: Drawing Fee

Follow Up

4 Weeks, I have reviewed the above scribed information done by Darla Vinson for accuracy - Geneva Hill, MD

Geneva Hill MD

Electronically signed by Geneva Hill, MD on 04/01/2014 at 02:11 PM EDT
Sign off status: Completed

Piedmont Arthritis Clinic
3 St Francis Drive Ste 400
Greenville, SC 296013973
Tel: 864-235-8396
Fax: 864-271-4092

Patient: Chamblee, Sandy DOB: 12/27/1962 Progress Note: Geneva L. Hill, MD 03/21/2014

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

Upstate Lung & Critical Care Specialists, P.C.
151 Harold Fleming Court
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: CHAMBLEE, SANDY, DOB: 12/27/1962, Age: 51 years, Male
Acct #: 46009, Encounter Date: 03/05/2014

Encounter
03/05/2014

Nursing Note: New Patient Visit.

pt has unproductive cough for 3 weeks, SOB, wheezing, swelling in ankles and feet. Zullekha Mohammed

Medical History

Asthma
high blood pressure.

Surgical History

Hysterectomy - Year: 2002.
Tonsillectomy - Year: 1973.
C- Section - Year: 2002.

Family History

Alive and Well - Natural Father, Natural Mother, Natural Brother, Natural Sister.
COPD - Father.
Heart Disease - Father.
Hypertension - Mother, Father, Sibling.
Diabetes - Mother, Sibling.

Social History

Smoking status: Never smoker (266919005).
Caffeine Consumption - None - Denies Caffeine Use.
Marital Status - Married.
Employment Type - Retired firefighter.

Allergies: Bactrim (sulfamethoxazole- trimethoprim) reaction: unspecified; codeine sulfate reaction: unspecified; Lortab (hydrocodone- acetaminophen) reaction: unspecified; shell fish reaction: unspecified

Reviewed By: Zullekha Mohammed

Current Medications:

Reviewed By: Zullekha Mohammed

Advair Diskus (fluticasone- salmeterol) 500- 50 mcg/dose disk with device 1 puff using inhaler twice a day

Bystolic (nebivolol) 10 mg tablet 1 tablet by mouth once a day

CIPRODEX (ciprofloxacin- dexamethasone) 0.3- 0.1% drops,suspension drop into affected ear twice a day

Cymbalta (duloxetine) 30 mg capsule,delayed release(DR/EC) 1 capsule by mouth twice a day

DuoNeb (ipratropium- albuterol) 0.5 mg- 3 mg(2.5 mg base)/3 mL solution for nebulization 1 puff as directed four times a day, as needed

fluticasone 50 mcg/actuation spray,suspension 2 spray into both nostrils twice a day

Klonopin (clonazepam) 0.5 mg tablet 1 tablet by mouth three times a day

Lasix (furosemide) 40 mg tablet 1 tablet by mouth twice a day

meloxicam 15 mg tablet 1 tablet by mouth once a day

Osphana (ospemifene) 60 mg tablet 1 tablet by mouth once a day

Prilosec (omeprazole) 20 mg capsule,delayed release(DR/EC) 1 capsule by mouth twice a day

ProAir HFA (albuterol sulfate) 90 mcg/actuation HFA aerosol Inhaler 2 puff using inhaler four times a day,

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Patient: CHAMBLEE, SANDY, DOB: 12/27/1962, Age: 51 years, Male
Acct #: 46009, Encounter Date: 03/05/2014

as needed
promethazine 6.25 mg/5 mL syrup 2 teaspoon by mouth every four hours, as needed
Savella (milnacipran) 50 mg tablet 1 tablet by mouth twice a day
Singulair (montelukast) 10 mg tablet 1 tablet by mouth once a day
temazepam 30 mg capsule 1 capsule by mouth once a day
Topiragen (topiramate) 100 mg tablet 1 tablet by mouth twice a day
Tussionex Pennkinetic ER (chlorpheniramine- hydrocodone) 8- 10 mg/5 mL suspension, extended rel 12 hr 1 teaspoon by mouth as directed, as needed
Vistaril (hydroxyzine pamoate) 50 mg capsule 1 capsule by mouth once a day, as needed
Vitamin B-12 (cyanocobalamin (vitamin b- 12)) 1,000 mcg tablet 1 tablet by mouth once a day
Vitamin D3 (cholecalciferol (vitamin d3)) 2,000 unit capsule 1 capsule by mouth twice a day

Review of Systems:

Constitutional Symptoms:

Is patient a smoker? No

Complains of self Yes, Do you wear Oxygen? At Night, Do you use a CPAP or BIPAP? Yes, dizziness, fatigue, forgetfulness, insomnia, loss of sleep, weight gain.

Denies Confined to Wheelchair?, Ambulation with a walker?, Ambulation with a cane?, chills, fainting, fever, loss of appetite, malaise, nervousness, night sweats, numbness, weight loss.

Eyes:

Complains of blurring, redness.

Denies discharge, double vision, excessive tearing, eye pain, irritation, photophobia, spots, vision flashes, vision halos, vision loss.

Ears, nose, throat:

Complains of earache.

Denies bleeding gums, difficulty swallowing, ear discharge, hay fever, hoarseness, loss of hearing, nosebleeds, ringing in ears, sinus problems.

Cardiovascular:

Complains of high blood pressure, swelling of ankles and feet.

Denies blood clots, chest pain, irregular heart beat, low blood pressure, poor circulation, rapid heart beat, varicose veins.

Pulmonary:

Complains of Patient uses Oxygen daily and benefits from use of it., Patient uses CPAP daily and benefits from use of it., cough, short of breath, wheezing.

Denies coughing up sputum, coughing up blood, excessive sleepiness, loud snoring.

Gastrointestinal:

Complains of constipation, nausea.

Denies abdominal pain, acid indigestion, bloating, bowel changes, diarrhea, excessive hunger, excessive thirst, gass, hemorrhoids, poor appetite, rectal bleeding, vomiting.

Genitourinary:

urinary - Denies altered color / odor of urine, frequency, hematuria, hesitancy, frequent urinary infections, kidney stones, incontinence, nocturia, pain or burning on urination, polyuria, reduced urine force / stream, urgency.

Musculoskeletal:

neck - Complains of pain, stiffness.

back - Denies arthritis of back, limitation of activity, limitation of movement, pain with cause, pain without cause, redness, stiffness, tenderness, unusual lesions, weakness.

ribs - Denies tenderness, pain.

joints - Denies arthritis, gout, limitation of joint activity, limitation of joint movement, pain without cause, redness, stiffness, swelling, tenderness, weakness.

muscles - Complains of cramps with exertion. Denies cramps at rest, limitation of activity, limitation

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Patient: CHAMBLEE, SANDY, DOB: 12/27/1962, Age: 51 years, Male
Acct #: 46009, Encounter Date: 03/05/2014

of movement, weakness.

Neurological:

Complaints of numbness.

Denies blackouts, change in behavior, disorientation, headaches, involuntary movements, paralysis, seizures, speech, syncope, tingling, transient paralysis, tremors, unsteadiness, vertigo, weakness.

Endocrine:

Denies cold intolerance, excessive hunger, excessive sweating, excessive thirst, heat intolerance, hot flashes, polydipsia, polyphagia, polyuria, recent weight change; steroid use.

Vitals:

Height 65 inches (165.1 cm) Weight 260 pounds (117.94 kg) BMI 43.26 Pulse 69 bpm, Sitting O2 Sat 96%, Room air Blood Pressure 145 / 90, Left arm sitting

Exam:

General appearance: well developed.

no acute distress.

well hydrated.

well nourished.

Head: skull normocephalic, symmetric, and without deformities.

Eyes: conjunctivae and lids: conjunctivae pink with clear sclerae left and right.

ENMT: external ears and nose: no rhinorrhea.

otoscopic exam: tympanic membrane clear bilaterally.

oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.

Neck: neck: supple, no stiffness.

Respiratory: auscultation: rhonchi, wheezing.

respiratory effort: no grunting, no flaring, no retractions.

Cardiovascular: auscultation: regular rate and rhythm.

Chest: GI: normal.

Abdomen: soft, nontender, bowel sounds normal, no masses.

no guarding.

no masses or protrusions.

no rebound.

Lymphatic: no cervical adenopathy.

Musculoskeletal: head and neck: ROM - full range of motion.

RUE: RUE range of motion: full range of motion.

LUE: RUE range of motion: full range of motion.

RLE: RLE range of motion: full range of motion.

LLE: LLE range of motion: full range of motion.

Skin: Inspection: no rashes, no lesions.

Psychiatric: Neurologic: normal.

Problems

DYSYPNEA (RESP. INSUFFICIENCY) (786.09), Status: Active, onset: 03/05/2014, Chronic, Severe, Exacerbated (added)

ASTHMA, INTRINSIC W/ S.A. (493.11), Status: Active, onset: 03/05/2014, Chronic, Severe, Exacerbated (added)

Patient has a history of asthma since newly-born (diagnosed at 6 weeks) Multiple exacerbations of asthma for her entire childhood. Got better at age 18. But than has gotten worse, but she did not require for the most part hospitalisations. She has recently spend 16 days in the hospital for exacerbation of asthma. She had "cold", while sick with cold she was also been exposed to smoke, not in direct proximity

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Patient: CHAMBLEE, SANDY, DOB: 12/27/1962, Age: 51 years, Male
Acct #: 46009, Encounter Date: 03/05/2014

but while sitting in the fire- truck that has stopped to help with some brush fire in the field some 100 yards awake. She did not get exacerbation immediately, but about a week later, she had very severe exacerbation requiring prolong hospital stay (16 days) and steroids.
Today she is wheezing and has significant chest congestion

Medications

Medication Reconciliation Performed

Orders

The following tests/treatments were performed:

PULSE OXIMETRY (94760), Ordered: 03/05/2014, Indication(s): DYSPNEA (RESP. INSUFFICIENCY) (786.09), Ordering Provider: Gregory J Feldman, MD, Status: Complete, 03/05/2014
SPIROMETRY (94010), Ordered: 03/05/2014, Indication(s): DYSPNEA (RESP. INSUFFICIENCY) (786.09), Ordering Provider: Gregory J Feldman, MD, Status: Complete, 03/05/2014

Immunizations

Influenza

Influenza, recorded as given 10/2013

Pneumococcal

Pneumococcal, recorded as given 2012

Plan Note

1. I have advised the patient that she is Under- treated and is very tight and that she needs to see a pulmonologist soon

My recommendations

1. Obtain IgE titers...She may benefit from Xolair treatment, if she has as I suspect allergic Asthma/asthma treatment?
2. Bronchoscopy to remove secretion plus evaluate if she is a candidate for thermoplasty procedure (Life-Long asthma)
3. She needs aggressive Treatment- Systemic Steroids ?Triamcinolone
4. She was advised to seek medical attention soon- Tight!

With Regard to the etiology of her recent Hospitalisation, she had Cold prior to this , viral infections are most common triggers for Asthma exacerbations. In addition whatever role if any smoke inhalation played, it is impossible to know, except one would expect an immediate reaction with bronchospasm if her exacerbation was due even in part to smoke inhalation.

Instructions

Clinical Summary provided to patient
Handouts given to patient

BMI - Adult

Date: 03/05/2014

If yes, BMI Management Plan: done, Patient excluded due to following reason: Being Managed by another provider

Note Contributing Authors:

Gregory J Feldman, MD; Zullekha Mohammed

Printed by Lori Davis on 03/06/2014, Page 4 of 5

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Patient: CHAMBLEE, SANDY, DOB: 12/27/1962, Age: 51 years, Male
Acct #: 46009, Encounter Date: 03/05/2014

Note electronically signed by: Gregory J Feldman, MD on 03/06/2014 at 09:44 AM

E&M Code: Uncoded

Gregory J. Feldman, M.D.
Joseph A. Boscia III, M.D.
Luis De La Cruz, M.D.
David R. Erb, M.D.



UPSTATE LUNG
& Critical Care Specialists, P.C.

Sau Yin Wan, M.D.
Chandar Abboy, M.D.
Farhan Siddiqui, M.D.

March 6, 2014

Ian C. Gohean, Esquire
Willson Jones Carter & Baxley, P.A.
872 Pleasantburg Drive
Greenville, SC 29607

Re: Sandy Chamblee

Dear Mr. Gohean:

Pursuant to your request, I saw Ms. Sandy Chamblee at my office on March 5, 2014. I have also reviewed her medical records as related to her health in general, and specifically to the issues related to her life-long asthma. Please find enclosed a computerized History and Physical Exam performed on March 5, 2014. Ms. Chamblee is an unfortunate 48 year old female, life-long non-smoker, with long history of asthma, since the age of 6 weeks. She has had numerous asthma attacks and exacerbations of her asthma throughout her adolescence. She reports that her asthma has gotten better, but about 1-week after her exposure to smoke, her condition deteriorated. She is attributing this to the incident at question. On May 26, 2011, Ms. Chamblee was in her fire-truck, when they have stopped to assist with some fire in a field. She stayed in the truck for approximately 45 minutes, about 100 yards or so away from the fire. Ms. Chamblee had also been suffering from persistent "cold" symptoms for about a week at that time. According to her medical records, she was admitted to Elbert Memorial Hospital on June 1, 2011, with severe asthma exacerbation. At that time, according to Ms. Chamblee, she started to have some attacks in between for about a month prior to her admission.

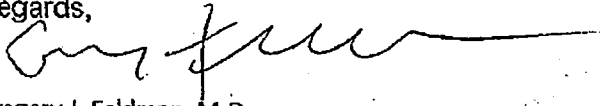
To-date, asthma is still not controlled. She is very tight, wheezing and dyspneic. Upon physical examination, she is visibly dyspneic and her lungs reveal expiratory and inspiratory rhonchi and wheezing. I have explained to Ms. Chamblee, that she needs to see an expert pulmonologist immediately. I have recommended several diagnostic procedures that I believe are necessary, including IgE titer, as it is highly likely her asthma is allergic in nature and she may require treatment with Xolair. In addition she may need a bronchoscopy to determine if she is a candidate for Thermoablation procedures.

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Gaffney (864) 487-9931 • Union (864) 427-0278 • Greenville (864) 329-0540

Ian C. Gohean, Esquire
Willson Jones Carter & Baxley, P.A.
March 6, 2014
Page Two

With regard to exposure to smoke, it is unlikely that smoke exposure has caused or contributed to her asthma. She did not develop an immediate bronchospasm as one would expect in asthma exacerbation secondary to smoke inhalation. She had poorly controlled asthma for weeks prior to exposure and had ongoing "cold" symptoms for several days prior to exposure. There is no doubt that Ms. Chamblee is suffering from life-long and progressive asthma, but it is multifactorial and not properly managed at this time.

Regards,

A handwritten signature in black ink, appearing to read "Gregory J. Feldman", written over a horizontal line.

Gregory J. Feldman, M.D.

Enclosure

Re: Sandy Chamblee
249-06-2253

Are your opinions in your March 6, 2014 letter stated to a reasonable degree of medical certainty?

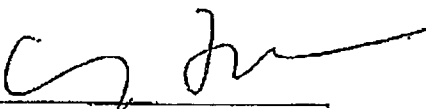
Yes

☒

No

☐

Comments:



Gregory Feldman, M.D.



Date

On Monday June 20, 2011 Sandy Chamblee text me and wanted me to call her at home. I called her at 1600 hrs. On my way home from work, I talked to her concerning her being out of work. She said that the Doctor told her that it was from being at a fire back in May she stated that she told the Doctor that she was already sick before that day she also stated that she told the Doctor that she never got out of the vehicle at this fire call. She stated that the person from workers comp told her that she needed to call the person that she answers to she said she ask if she needed to call Chief Gibson or Asst. Chief Jimmy Ray Sutherland the person from workers comp said who is your immediate supervisor Sandy said her supervisor was Tim Dickson and the person told her to call Tim Dickson, So I asked Sandy if she needed to call Chief Gibson or Asst. Chief Sutherland she stated that they told her to call her supervisor and that is why she got in contact with me. I told her that I would tell Chief Gibson and Asst. Chief Sutherland on Tuesday 6-21-2011. Upon my arrival at work on 6-21-2011 I informed Chief Gibson and Asst. Chief Sutherland of my conversation with Sandy Chamblee on 6-20-2011

A handwritten signature in cursive script that reads "Tim Dickson".

6-22-11

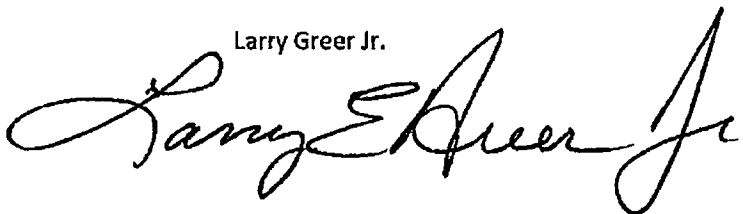
ANDERSON COUNTY FIRE COMMISSION

May 26 2011 Sandy Chamblee and I were following gps directions to a location to install smoke detectors ,when we came upon a large field fire involving station 5 ,and station 17.I then pulled the old pickup in where I got out of the truck and assisted in wetting a house because of the fast moving fire. I also assisted in the spotting of tankers for grass trucks. While all of this was going on Sandy stayed in the truck where I had left the ac wide open.

Once not needed there we left scene, then was flagged down by 5-01 on the way to smoke detector location. The chief asked us to come help them on the back side of fire. I positioned the pickup so that we could assist engine 5. We exited the truck to assist no help was needed that bad on backside of fire. Sandy said it was too hot and returned to air condition cab of truck. No longer needed resumed on way to install smoke alarms.

Assisting Fire Marshal

Larry Greer Jr.

A handwritten signature in black ink, reading "Larry Greer Jr.", written in a cursive style.

**Anderson County Fire Department
Monthly Time Sheet**

Month of: May 2011

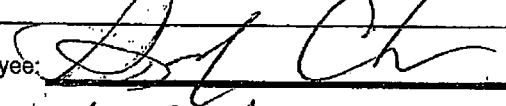
Name: Sandy Chamblee SSN: on file ID#: F2

Date	Shift	Hours Worked	Comp Earned	Comp Used	Vacation Taken	Sick Taken	Holiday Taken	Remarks
1								
2	A	8						
3	A	7		1				
4	A	8						
5	A	8						
6	A	9	1					
7								
8								
9	A	8						
10	A				8			Appointment
11	A			8				Appointment
12	A				8			Appointment
13	A	8						
14								
15								
16	A	8						
17	A	8						
18	A	8						
19	A	8						
20	A	8						
21	A		8					Sta 11 Fire Preventi 930/1730
22								
23	A	8						
24	A	8						
25	A	8						
26	A	4.5		3.5				Ethan's Field Day
27	A	8						
28								
29								
30	H						8	Memorial Day
31	A	8						
	0		9	12.5	16	0	8	MONTHLY TOTAL

	Balance Forward	Earned Month	Used Month	Ending Balance
Vacation	216	20	16	220
Sick Leave	76	8	0	84
Comp Time	11	13.5	12.5	12
Holiday*	8	0	8	0

11 days/year

* New Years / Presidents Day / Memorial Day / Independence Day / Labor Day / Veterans Day
Thanksgiving / Day after Thanksgiving / Christmas / Day After Christmas / Personal Day

Employee: <u></u>	Date: <u>5-31-11</u>
Supervisor: <u></u>	Date: <u>6-6-11</u>

Sandy Chamblee Rob Burgess

Kellie Home 1 Find Friends

Autumn...
the year's last,
loveliest smile.

Happy fall, y'all!

Timeline About Photos Friends More

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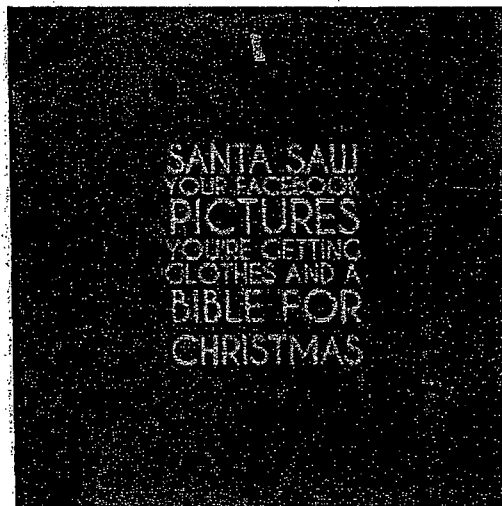


Sandy likes Holiday Bazaar 2014.

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Sandy Chamblee Rob Burgess shared Comedy 103.1's photo.
September 30 at 3:31pm ·



Share

5 people like this.



Sandy Chamblee Rob Burgess

September 30 at 3:18pm ·

You have a southern accent! You're shocked that people think "pin" and "pen" are pronounced differently, and you find it bizarre that people actually call coke "pop"! And of course, your day isn't complete without saying "ya'll"! The Southern dialects make up the largest accent group in the United States! You might be made fun of if you ever head up north, but pay no attention and take pride in your warm, charming accent!

Shucks...I ain't got no accent!! blahahaha

Chat (3)

C1

Sandy Chamblee Rob Burgess

Kellie Home 1 Find Friends

Dear Jesus

I pray that whoever

Shashicka Tyre-Hill

Amen!

Share

8 people like this.



Darlene Smith likes I needed that! Miss ya!

September 24 at 8:47am · 1



Kathe Long Thanks for sharing.....

September 24 at 3:22pm · 1



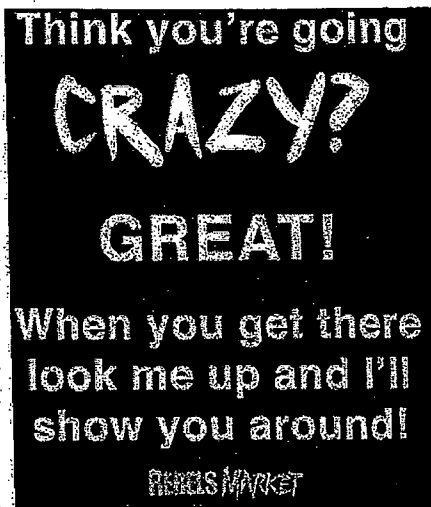
Janie Henderson Amen

September 25 at 12:36am



Sandy Chamblee Rob Burgess shared RebelsMarket's photo.

September 21 at 12:17am ·



Share

12 people like this.



Jan Shaw will you please.....I'm there.....lol

September 21 at 12:19am · 1



Sandy Chamblee Rob Burgess y, i showed u round tonite....fun wasn't it? hahahahaha

September 21 at 12:20am · 1



Vernon Brown We will all have fun.

September 21 at 7:36am



Sara Brewster Come join me!

September 21 at 7:46am



Sandy Chamblee Rob Burgess uploaded a new video.

September 20 at 9:15pm · IOS

U ain't woman enuf to take my man



Chat (3)

C2

Sandy Chamblee Rob Burgess

Kellie Home 1 Find Friends



Share

17 people like this.



Deborah Cook Bowman Ethan, your mom is going to get u!!
September 20 at 9:23pm · 2



Tina Pace LOL!! Now I remember why I love you so much...and Ethan looks so much like Rob!
September 20 at 9:30pm · 2



Rita Bell Woody you go girl!
September 20 at 10:24pm · 1



Terry Cole Wish I had been there to sing it with ya' ll
September 21 at 1:04pm · 2



Janie Henderson Terry Cole come on down
September 21 at 4:04pm · 1



Sandy Chamblee Rob Burgess uploaded a new video.
September 20 at 9:15pm · IOS ·

The Ethan Show



Share

4 people like this.



Austin Burgess Love that song. Country must be country wide by Brantley Gilbert. It would be cool for him to grow up and be a singer. If that's what he want. Support him on any decision.
September 20 at 9:55pm · 1



Sandy Chamblee Rob Burgess Austin Burgess He could be a worker on the back of a trash truck and I'd be PROUD!! IF that's that he really wanted to do and he felt it was GOD's will for his life.
September 20 at 11:34pm · 1



Austin Burgess Amen I'm in full support to.
September 21 at 7:20am



Sandy Chamblee Rob Burgess uploaded a new video.
September 20 at 9:10pm · IOS ·

Girls gone wild. Blahahahahaha. Wonder what would happen if we were well???? Lol



Chat (3)

Sandy Chamblee Rob Burgess



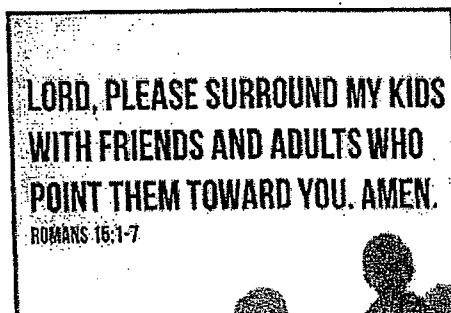
Share

Kellie Home 1 Find Friends

13 people like this.

- Deborah Cook Bowman you are a nut!
September 20 at 9:21pm · 4
- Ethan Burgess my mama is crazy!!
September 21 at 1:16am · 6
- Wendy Todd Love that crazy nut..I wish I had her personality..I did one time but somewhere along the way I lost it! My sister lives everyday as if it were her last..God Loving, people pleasing, family oriented, love giving woman..and I am honored that she is my sister!!
September 21 at 2:22am · 6
- Sandy Chamblee Rob Burgess Wendy Todd Sissy, you embarrass me!! LOL I love you too!! You are precious and have a precious personality in your own right!!! and LORD knows you crazy as I am!! blahahaha
September 24 at 1:00pm · 2
- Wendy Todd Ruby, I just told the truth...if I was like I use to be I would be right up there with you singing "Sweet Home Alabama"...I love you, your sissy Bertha
September 24 at 2:17pm · 2
- Carole Cape Callaway And if Ethel felt like it, she would be there with you!
September 24 at 3:44pm · 2
- Wendy Todd We'd be a Trio of good lookin marit women...The BER's...Bertha, Ethel & Ruby!
September 24 at 3:54pm · 1
- Jan Shaw I'm just glad that video is only a few seconds long....lol
September 24 at 4:03pm · 1
- Wendy Todd Wasn't long enough Jan...from what I've heard...I heard y'all closed the place Dow...blahahahaha...and I forgot about you when I named our group...have you taken the test to see what your old ladies name is...if not take it and let me know so I can regroup!
September 24 at 4:36pm · Edited · 1
- Terry Cole I ain't watching no more m been goin around singin stand by yore man for a week now. Doggone your hide ethan
September 25 at 10:01am · 3
- Sandra Shaw Rainey Lol.... Ethan got himself on there a lot!!
September 25 at 8:45pm · 2
- Sandra Shaw Rainey Hey, I am Genevieve!!! Lol
September 25 at 8:54pm · 1
- Wendy Todd Welcome to our club Genevieve...we are the Granny Grunts...
September 26 at 5:25am · 2
- Sandra Shaw Rainey Lol.... I feel OLD!!!!
September 26 at 7:51am · 1

Sandy Chamblee Rob Burgess shared LifeWay Films's photo.
September 17 at 10:18pm ·



Chat (3)

C4



Sandy Chamblee • 5 followers
August 15, 2010 at 4:24pm via mobile •

Follow

Is sitting here just trying to breathe!!! Yall have a blessed day.

Like • Comment • Share



Tiffany Wright
August 15, 2010 at 4:28pm • Like



Joy Burgess u ok? whats going on?
August 15, 2010 at 8:29pm • Like



Sandy Chamblee Just my Asthma and this weather!!!! God is good though...all day long
August 17, 2010 at 3:52pm • Like • 1

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Chat (33)



Sandy Chamblee · 5 followers
February 2, 2012 at 9:23pm ·

Follow

trying to plan Ethan and my spring break trip!! He wants to go back to Tybee Island...AgAiN!!....I was thinking Hilton Head or maybe Amila Island... How about so help friends...where should we go...got to be the beach...but where??? Dont want alot of folks around BUT gotta have good food!! lol

Like · Comment · Share

4 people like this.



Stephanie Childress Amelia Island is my new favorite!
February 2, 2012 at 9:29pm · Like



Sandy Chamblee thats what Im leaning towards...never been there!!
February 2, 2012 at 9:30pm · Like



Stephanie Childress Oh its so peaceful. Theres like 10 people on the beach. You can actually enjoy it! There is NOTHING to do there so I dont know how Ethan would like that but if hes happy playing on the beach thats the place to go!
February 2, 2012 at 9:40pm · Like · 1



Donna Penley Wiles Ocean lakes. Always fun for the kids !!!!!!!
February 2, 2012 at 9:45pm · Like · 1



Lisa Jones Hutchinson I love tybee. been there many times.
February 2, 2012 at 9:56pm · Like



Lisa Jones Hutchinson Isle of palms is also great. you can find all kinds of sealive even live starfish. It is mt. pleasant. LOVE IT.
February 2, 2012 at 9:57pm · Like



Ken Charles St. Augustine---Great food, lots to do & see. Highly recommend it.
February 2, 2012 at 10:29pm · Like · 1



Sandy Chamblee Tybee is our fav....only 2 places to eat and both are good, about 10 folks were there...one little girl....E played all day while I sat in the beach side swing and read.....aaaahhhhhhhhhhh We did St Augustine last yeat..loved it too. Ethan and I go alone so I want somewhere VERY love key and warm in april. lol
February 2, 2012 at 11:16pm · Like



Write a comment...

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Chat (46)



Sandy Chamblee • 5 followers
February 8, 2012 at 12:17pm •

Follow

Kudos to Elbert hospital!! I had to go last night and I walked right in...no waiting. There were A LOT of sick folk there but they had it going on!! I had the headache of a lifetime...never been to the ER JUST for a headache!! They knocked my crazy butt out!! Dont even remeber coming home. Just wanted to thank my firends and family that were praying for me last night!! PRAYER WORKS!! God is good all day long!!

Like • Comment • Share

8 people like this.



Missy Cash Dickson I had one of those headaches on Monday....thought my head was going to explode.
February 8, 2012 at 12:33pm • Like • 1



Sandy Chamblee I feel like I'm floating...hate that feeling. Hope you're feeling better!!! PS Ethan tried to call Logan yesterday he was soo lonely and didn't have any friends.....lol
February 8, 2012 at 1:42pm • Like



Janie Henderson glad everythings okay with you, God is good. I had to go to a eye specialist today, thank God everything okay for a year.
February 8, 2012 at 2:53pm • Like • 1



Tiffany Wright worried about you!!! we UI praying you have no
February 8, 2012 at 8:59pm • Like



Tiffany Wright no more headaches
February 8, 2012 at 8:59pm • Like



Sandy Chamblee Thank you Tiff....I'm much better today. thakns for the prayers....pray u love the base life again!!
February 8, 2012 at 9:00pm • Like



Tiffany Wright I hope so... i will once Tyler gets home. Moving is hard since i was born & raised in TX & then i go back & forth when he's deployed..so tiring.. but hopefully he won't be deployed again
February 8, 2012 at 9:06pm • Like • 1



Joy Burgess glad your feeling better- just saw this post....
February 9, 2012 at 4:14pm • Like • 1

Write a comment...

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Chat (45)



Sandy Chamblee · 5 followers

August 16, 2012 at 12:42am near Starr, SC ·

Follow

Need prayers. I was trying to do this one on my own...(obviously) I'm not having any luck. I started getting cold like symptoms a few weeks ago, so I went to my pulmonologist and got started on the 'roids. 15lbs later and another doctor's visit with 4 shots and more steroids: I now officially have double pneumonia. They were going to put me in the hospital Monday, however I promised to do my breathing treatments every 4 hours and go back to the doctor if I am not a LOT better by Friday. I am still running a fever and when I take my oxygen off my O2 level drops to 81% to 87%. I know that this is just one big whine...Don't know why, but misery really does love company...LOL THANKS in advance for the prayers!! and God bless!

Like · Comment · Share

21 people like this.



Beth Waddell Ragsdale Bless Your heart Sandy!...Praying for you girl!!

August 16, 2012 at 12:45am · Like · 1



Crystal DeRosa Osment I am so sorry to hear that. Please let me know if I can help in any way. Love you and always praying!!!

August 16, 2012 at 12:47am · Like · 1



Korey N Katie PRAYING!!! sending lots of prayers and hugs and love your way!!!

August 16, 2012 at 12:51am · Like · 1



Tiffany Wright hope you feel better soon

I have chest congestion/cough ... wonder if it's going around... hope you get lots of rest & it goes away SOON!! we you

August 16, 2012 at 12:57am · Like · 1



Holly Elyse praying!!! brayden has pneumonia too ive been at kids care all day long. ... i hope u get better we luv u

August 16, 2012 at 1:04am · Like · 1



Phil G Marett Jr. ALRIGHT GIRL THATS ABOUT ENOUGH OF THAT STUFF! Am I gonna have to stop next time I drive through that wonderful country they call "Chamblee Town" and treat you like an almost brother should??? We are truley praying for you darling and if there is ANYTHING we can do you had BETTER let us know.....now get better. Love ya, mean it.

August 16, 2012 at 1:05am · Like · 2



Leah Spruell Praying for you sandy I love u hope u get soon

August 16, 2012 at 1:15am · Like · 1



Mary Wentzky Jahn Praying for you, Sandy!

August 16, 2012 at 1:16am · Like · 1

Renee Collins Praying for you my dear sweet friens! Love you! (HUGS)

August 16, 2012 at 2:53am · Like · 1

Sherry Brown Mckellar DANG GIRL YOU SURE ARE HAVING A RUN OF BAD LUCK. I LOVE YOU AND ARE PRAYING THAT YOU ARE MUCH BETTER REAL SOON. LET ME KNOW IF YOU NEED ANYTHING I CANT DO MUCH BUT I WILL DO WHAT I CAN TO HELP YOU JUST CALL ME AND MY FF T-FRE. I LOVE YOU
Chat (42)

August 16, 2012 at 3:06am · Like · 1

Melissa Tilley Lockaby prayers sent your way

August 16, 2012 at 3:13am · Like · 1

Wendy Todd praying for you, sissy,,hope u feel better soon.

August 16, 2012 at 3:51am · Like · 1

Terry Cole this a in't nuthn to play with--love and prayers

August 16, 2012 at 5:30am · Like · 1

Amanda Dove Cochran Praying for you Sandy!!! Hope you get to feeling better soon!!!!

August 16, 2012 at 5:51am · Like · 1

Suzanne Brown Easterling Oh no!! Praying for you to feel better son!!

August 16, 2012 at 5:56am · Like · 1

Sandia Kinley Brady Praying for you.

August 16, 2012 at 7:21am · Like · 1

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CS



Sallie Acker Hays Sandy Chamblee, I'm praying you up somethin' fierce, girl. We love you and miss you. Get better quick, chickadee!

August 16, 2012 at 7:48am · Like · 1



Kathe Long I'm sorry to hear you aren't feeling well....my thoughts & prayers are with you....here's hoping you feel better soon

August 16, 2012 at 8:18am · Like · 1



Tony Howell Praying for you!

August 16, 2012 at 8:19am · Like · 1



Joyce Marie Bley Thompson Hope you feel better soon. It is easy to think we can cure ourselves by doing what makes sense. I know God will bring you through. Please pray for some concerns I have about friends of mine in my (other) church and a work situation. Thanks so much.

August 16, 2012 at 8:21am · Like · 1



Vernon Brown Sandy, you are in my prayers<3

August 16, 2012 at 8:27am · Like · 1



Janene Tucker Rainey Hope you get to feeling better soon...

August 16, 2012 at 8:37am · Like · 1



Susan Lee Praying for u Sandy.

August 16, 2012 at 9:22am · Like · 1



Jill Dove Dunn Praying for you Sandy!

August 16, 2012 at 9:33am · Like · 1



Elsie Parker Praying you will feel better soon!

August 16, 2012 at 9:49am · Like · 1



Tina Pace Putting you on my list ~ you know you're always in my heart!

August 16, 2012 at 10:19am · Like · 1



Miriam Stansell Bratcher you CAN do this, with your strong will (hard head), well wishes from all your friends and the strength of the Lord!!! Now, let's do this!

August 16, 2012 at 1:25pm · Like · 1



Cindi Hall Hastings Will pray for you. Keep that oxygen on!!

August 16, 2012 at 1:34pm · Like · 1



Eddie Clamp Ok girl vacation is over u got to get well. And. Stay. Well. We are praying on this end. I know whwt u are going thur. Had. Two years ago. NOW. DO WHAT U ARE SUPPOSE TO DOING ARE WE PUT ETHAN ON U.

August 16, 2012 at 1:53pm · Like · 2



Sandy Chamblee I thank u ALL so much!! Today is better...fever is coming and going now and coughing hard, but that's all good thing!! Mama is taking Ethan to 4th grade reg. tonight (pout) I'll have to meet his teacher later. Please know that each 1 of u r on my prayer list, also. God is Good....all the time!

August 16, 2012 at 4:22pm · Like · 2



Sandy Chamblee God have truly blessed me.... time after time.... one of the best things He has given me are my dear, precious friends. I do love and MISS u!!

August 16, 2012 at 5:39pm · Like



Susan Parks I hope you get well really quick. You are the 2nd person I've heard of this week with pneumonia.

August 16, 2012 at 6:50pm · Like



Allyson Moore Bowen Praying?

August 16, 2012 at 9:01pm · Like · 1



Kaye Campbell Vaughn My prayers, Sandy!!

August 16, 2012 at 9:44pm · Like · 1



Janie Henderson praying you get better soon! It's no fun when you're not on here trying to cause all kinds of problems for us a!!! LOL Nowdo keep on your oxygen or Ethan can whip your butt

August 16, 2012 at 11:43pm · Like · 1



Anita Whitmire So sorry u r sick, but you know who loves you

August 17, 2012 at 3:14am · Like · 1



Connie M. Fowler Sandi, I'm so sorry you're so sick! Praying for healing...

August 18, 2012 at 6:49pm · Like · 1

Write a comment...



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Tag Photo

Sandy Chamblee Rob Burgess

Share · May 13

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Eddie Clamp Cute
May 13 at 7:58am



Leah Spruell Where have u been little lady? I've been worried to death about u. Love u miss u
May 13 at 8:00am

Kim Strickland Glad you're back. I missed you.
May 13 at 8:30am · 1

Tony Howell Awww the bliss of a happily married couple!
May 13 at 4:51 pm · 1

Sandy Chamblee Rob Burgess Tony Howell You "tied the knot" right for us and God put the safety in it. LOL Who would have thought with the wedding we had. blahahaha. We love you and Leah Clinkscales Howell!!!
May 14 at 12:45pm · 1

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Chat (37)



Sandy Chamblee Rob Burgess

July 18 at 3:18pm · 1

Jason McIntosh I was rear ended and in er what do I need to do for insurance reasons

Share

2 people like this.



Connie Duncan Nichols I'm not Jason. But are you ok?

July 18 at 3:37pm · 1



Tim Elgin Jus tell em to bill you!

July 18 at 3:45pm · 1



Jason McIntosh call me 314-5444

July 18 at 4:10pm · 1



Korey N Katie Are you ok

July 18 at 5:42pm · 1



Miriam Stansell Bratcher Hope you are ok~~~

July 18 at 5:47pm



Sandy Chamblee Rob Burgess This is Rob. Jason is our Insurance Broker. That's why I messaged him and I don't know alot about his facebook. Sandy is ok. She will be sore and bruised, but does npt have any broken bones or major injuries. The doctor said maybe whiplash and her back and head are hurting. We are home now. Hope all will be ok now. Thanks for caring.

July 18 at 8:42pm · 7



Miriam Stansell Bratcher Thank you Rob for letting us know. Holler if I can help, and I'll be praying for her !!!

July 18 at 8:44pm · 2



Rodney McMahon Call Joel bieber lol

July 18 at 9:00pm · 2



Karen L Beck Praying

July 18 at 9:30pm · 1



Connie Duncan Nichols Thanks for letting us know

July 18 at 9:30pm · 2



Jason McIntosh You go Rob... Now your face booking... Lol

July 18 at 10:35pm · 2



Elizabeth Hershberger so glad she is ok.

July 19 at 9:16pm · 1



Arleane Hayes Gales Neighbor, call if u need anything. Glad u r OK.

July 20 at 7:33am · 1



Vernon Brown Praying everything will be OK.

July 21 at 9:53am · 1

Chat (37)

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About

The Ethan Show can be seen most Saturday 6:30 pm at Mi Fiesta in Iva, SC. Ethan is available for church groups and parties. For more info, please inbox.

Biography

Ethan was born a month early. He had to stay in the Neonatal Intensive Care Unit where the Doctors kept saying that there was no hope that he would live. Ethan actually 'died' 4 times while there. The doctors said that after all that trauma that if Ethan did live, he would be a vegetable. Well 19 days later Ethan came home and has been going full blast ever since. Ethan does have a heart condition called Supraventricular tachycardia (SVT) which is a condition that causes the heart to speed up faster and faster, for no reason, and won't slow down without help. It's very dangerous and we have to watch out for it all the time. Ethan love his LORD and Savior!! He plays the guitar and loves singing. He wants to be a Firearms Design Engineer when he grows up.

Description

Ethan has been singing since he could talk. He started singing for Church groups at age 4. Most folks says he sings better than some famous folks. Ethan loves The Lord and does not mind tells folks about it. You never know what will come out of Ethan mouth next...he is very comical and sometimes not very politically correct!!!! He plays the guitar and loves to sing!! Ethan is a very talented young man!!

Basic Info

Joined Facebook	11/23/2013
Genre	Country / Gospel / Rock / and very little Rap
Members	Ethan Chamblee Burgess
Hometown	Starr, SC
General Manager	Sandy Chamblee
Influences	Jesus

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Beth DeGarmo Sanderson likes this

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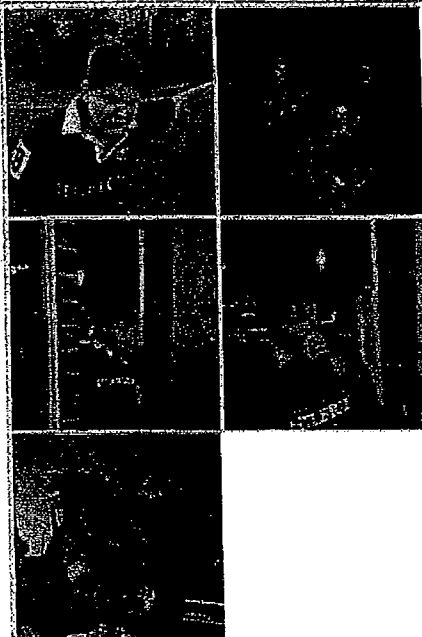
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ABOUT

- Members Ethan Chamblee Burgess
- Genre Country / Gospel / Rock / and very little Rap
- Hometown Starr, SC
- Suggest Edits

PHOTOS



POSTS TO PAGE

Post Photo / Video

Write something on this Page...

The Ethan Show
August 9

Ethan will be at Mi Fiesta in Iva tonight. He usually gets there around 6:30...ya'll come on out for a great time and good food!!

Like · Comment · Share

6 people like this.



Write a comment...



The Ethan Show Thanks Morgan and all for coming out tonight!! We sure have fun, hope you did too!!

Like · Reply · August 9 at 11:52pm

The Ethan Show
July 27 · Edited

Hey ya'll Exciting news...The Ethan Show is taking it to the road. Ethan will be performing in Dillard, GA Thursday (7/31) night 6-9 pm. The Mexican Place has requested his show, so you know we just HAVE to go!! LOL Who's up for a road trip? Ya'll come! It's just up the road from the famous Dillard House. Should prove to be a fun filled night!!

Like · Comment · Share

7 people like this.

Top Comments



Write a comment...



The Ethan Show Peggy Jones Smith You should grab Tony and family and yell ALL come!! It'll be a hoot!!

Like · Reply · 1 · July 27 at 1:18pm



Peggy Jones Smith Hope ya'll have a great time. Saw your PA at Church today.

Like · Reply · 1 · July 27 at 1:14pm

Chat (Off)



The Ethan Show
December 15, 2013

The Ethan Show was the BEST yet!!!! Ethan really went wild!!! He knocked it outa the ballpark with the Dirt Road Anthem...1994 had them running down the aisles. OMGosh...it was so much fun. Thanks to many many of our FANS coming out in this weather!!! A special thanks goes out to Jason, Kristen, Mason, Phillip & Cory Anderson; Jan Shaw; and Whit and Maureen Chamblee!! We love you all!! Gob bless you all. Hope to see you all next Saturday...

Like · Comment · Share

7



The Ethan Show
December 14, 2013

The Ethan Show will BE at the Mi Fiesta in Iva tomorrow night!!! Yall come!!

Like · Comment · Share

6



The Ethan Show
December 3, 2013

The Ethan Show will NOT be seen this coming Saturday (12/7)... he is scheduled to be in Greenville for a CHRISTmas party that night. Next show at Mi Fiesta TBA..

Like · Comment · Share

9 8

9 people like this.

Top Comments



Write a comment...



The Ethan Show!! will let everyone know ASAP!!
Like · Reply · December 3, 2013 at 11:24pm



The Ethan Show!! I THINK He can be there the following week!!/think!!! gotta check his schedule.
Like · Reply · December 3, 2013 at 11:23pm



The Ethan Show!! Can yall come the nx week??
Like · Reply · December 3, 2013 at 11:21pm · Edited



The Ethan Show!! I told sissy Sunday to tell yall that I had forgot that we had that Christmas supper.
Like · Reply · December 3, 2013 at 11:20pm



Austin Burgess Have fun at the party
Like · Reply · December 4, 2013 at 6:51am



Eddie Clamp No we cant do with out it
Like · Reply · December 4, 2013 at 12:05am

Write a comment...



The Ethan Show changed their cover photo.
December 3, 2013



Like · Comment · Share

3 2

3 people like this.

Top Comments



Ghat (Off)



The Ethan Show
December 3, 2013

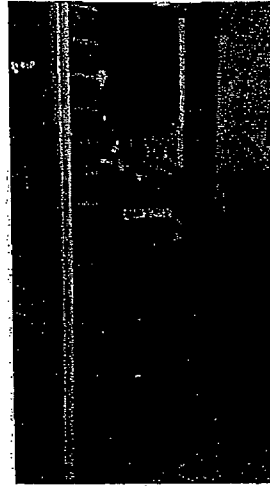
Ethan is trying SOOOO very hard to get 100 'LIKES'. Can you help? LOL The goals of 11 yr olds...lol

Like · Comment · Share

12



The Ethan Show
November 23, 2013



Like · Comment · Share

1



The Ethan Show
November 23, 2013 near Starr, SC

Sorry Folks! The Ethan Show has been canceled tonight due to illness. Ethan is still battling pneumonia!! We thought he was getting over it, but it has come back pretty bad. Prayers are appreciated!! Ethan says to tell yall that he really missed see all of you tonight!! and will try his best to be there next week wilder than ever!! LOL We love you all God bless you all!!

Like · Comment · Share

2

Top Comments



Write a comment...



Jennifer McCloskey What exactly is the Ethan show? Luv yall
Like · Reply · November 23, 2013 at 5:02pm



The Ethan Show Ethan started goin around to different church groups a while back singing for them...well we went to the Mexican Restaurant in Iva and they had karaoke. Ethan sang a song while we ate. The next week, we went back cause the food is 'delish! People started requesting E to sing different songs. The guy, Bobby, that runs the karaoke show tried to hire E to be the lead singer in his band on Fridays. However, the gig was about 1 hour about of town and I wouldn't take him. E swore I was ruining his career. LOL So, Bobby, lets Ethan sing a lot of songs on Saturday and when we walk in...Bobby Introduces E as ...Welcome to ...The Ethan Show. Now Ethan has fans. A lot of fans. LOL weird. LOL
Like · November 23, 2013 at 5:43pm



The Ethan Show go to my home page: there u can hear songs & his fans...LOL I think hes pretty good.
Like · November 23, 2013 at 5:48pm · Edited

View more replies



Write a reply...



Jennifer McCloskey Awesome! Looking forward to the next E performance
Like · Reply · 1 · November 23, 2013 at 5:45pm

Chat (Off)

10/27/2014

(2) The Ethan Show

Home 2

2

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The Ethan Show

November 23, 2013 · Edited ·

My family: My mama, Sandy Chamblee; My Daddy, Rob Burgess; and me, Ethan.

Like · Comment · Share



Write a comment...



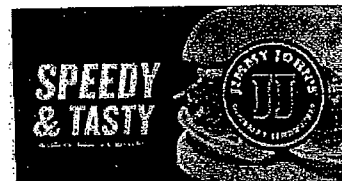
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2013

HIGHLIGHTS ▼



Joined Facebook

November 23, 2013

Chat (Off)



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Jun 2014

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Jul 2014

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Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2 School Spr...	3
4	5 Welcome to ...	6 PASS Test	7	8	9	10
	12 Elementary ...	13	14	15	16	17
18	19	20	21	22 4th and 5th Grade Overnight Fiel...	23	24 Crescent High Sc...
25	26 Holiday	27 Field Day K-2	28 Field Day 3-5	29 8:00am Kindergarte... 8:45am 1st/2nd Gra... 10:00am 3rd/4th Gra... 11:15am 5th Grade G...	30	31

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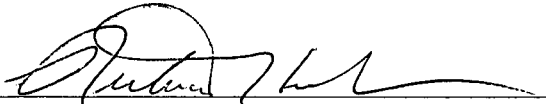
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CERTIFICATE OF COUNCIL

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

March 14, 2016

THOMPSON & KING LAW FIRM



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P.O. Box 14230

Anderson, SC 29624

864-222-0200

Attorney for Appellant

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