

Dr Ervin Hinds
Presbyterian
Kaseman
Hospital

Back Surgery

Dr Hinds Reports



PRESBYTERIAN HEALTHCARE SERVICES

COPP, DOUGLAS F

PROCEDURE NOTE/H&P

MRN: 01415142
DOS: 11/11/2002

DOB: 08/03/1951 51 M
SSN: 046-46-1692

1074456

Report of: Ervin Hinds, MD

FOLLOWUP NOTE:

DATE OF SERVICE:

11/11/02

REFERRING PHYSICIAN

Henry Garcia, MD

HISTORY:

The patient was in the pain center on 10/7/02 and had an interlaminar block at L5-S1 and a transforaminal epidural block on the left at L5-S1 and an interlaminar block at L5-S1. He states that he has left weakness but that he now has some numbness at the top of the foot. It is my understanding that there was a significant degree of numbness prior to the procedure. His symptoms seem to migrate. Now he is describing headaches almost on a daily basis and his pulmonary problems, reactive airway problems have been somewhat stable. He has clarified the fact that he has not been doing rescue work since 9/11. He continues to have a constellation of symptoms. While it appears that his leg pain is better he has seen one neurosurgeon. It is my suggestion that he have a second opinion neurosurgically. I have written a consult. He continues to see a pulmonary specialist in San Francisco. A toxicology screen is being done to determine if his reactive airway disease is not due to the 9/11 experience.

At this point in time I am not going to select to do another transforaminal before he has had a surgical evaluation.

Thank you for referring this patient to New Mexico Pain and Wellness Center. If I can be of further assistance, please call us at (505) 291-2770.

Electronically authenticated
Ervin Hinds, MD 11/17/2002 09:48
Ervin Hinds, MD

cc: Henry A Garcia, MD

11/11/2002 2:17 P
11/12/2002 10:57 A msb

8300 Constitution Ave., N.E., Albuquerque, NM 87110 (505) 291-2000

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NMPWC COPY



PRESBYTERIAN HEALTHCARE SERVICES

COPP, DOUGLAS F

PROCEDURE NOTE/H&P

MRN: 01415142
DOS: ~~10/08/2002~~ 10.07.02

DOB: 08/03/1951 51 M
SSN: 046-46-1692

1058264

Report of: Ervin Hinds, MD

DATE OF SERVICE:
~~10/8/02~~ 10.7.02 per pain & wellness

REFERRING PHYSICIAN
Henry Garcia, MD

DIAGNOSIS:
L5-S1 bilateral neural foraminal stenosis with disk fragment on the left, numbness of the left lower extremity, reactive airway disease.

PROCEDURE PERFORMED:
Transforaminal epidural block on the left at L5-S1 and an interlaminar block at L5-S1.

ASSESSMENT:
This was done under fluoroscopy with a transforaminal. While there was epidural flow and selective nerve root pattern he had some provocative pain. The needle was removed 1 mm. Then, 1 cc of 1% Xylocaine was placed in the foramen. The patient was counseled twice not to walk on the leg for the duration of the day for potential weakness in that leg and numbness.

PLAN
We will follow the patient in three to five days to determine if this has been helpful.

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Page 1

NMPWC COPY

CHIEF COMPLAINT:

Low back pain, left leg numbness.

HISTORY OF PRESENT ILLNESS:

This all began at ground zero in New York September 11th, [2001]. He was on a rescue team, he fell through several floors, landed on his back, and since then he has had numbness in the left leg and some pulmonary complications. He did have numbness in the groin, which has cleared with the first epidural which was done on 9/3/02. He also was complaining of some weakness. The weakness has waned as well. He will be evaluated further tomorrow by the pulmonologist. Also he has an appointment to see Dr. Erasmus, neurosurgeon.

He had a CT scan done on 7/30/02 which showed the disk fragment posteriorly at the L5-S1, foraminal stenosis bilaterally. He is the chief of the American rescue team. He describes still some weakness in the left leg. He was seen by Dr. Barrett, neurologist, who said he had clinical evidence of the left S1 radiculopathy.

The first epidural block did alleviate some of the pain and some of the numbness done on 9/3. Please refer to the past medical history and medicines and all of the 9/3/02.

PHYSICAL EXAMINATION:

Height 5 feet 11 inches. Weight 240 pounds. Blood pressure 160/90. Pulse 72. He has some decreased breath sounds in the base as he is antalgic off the left. There is left sciatic notch tenderness. Decreased sensation in S1 pattern as well. Deep tendon reflexes are right knee +2, left knee +1, right ankle +2, left ankle not present.

The plan today is to do a left transforaminal epidural block at the L5-S1 and an interlaminar block.

DESCRIPTION OF PROCEDURE:

Risks, procedures and benefits were discussed with the patient. He consented to the procedure.

A #20 Angiocath was started in the right upper extremity. He was taken to the C-arm room and placed prone. Non-invasive monitoring was used throughout. A sterile prep was done X6. The operator changed gloves and was gowned. The image intensifier was obliqued 30 degrees to the left identifying Scotty dog of L5. Just inferior to the chin local anesthetic was placed with a 30-gauge needle. Then, using a five-inch 22-gauge needle down the beam of the C-arm so the tip came to up in the upper outer aspect of the foramen. Injecting dye demonstrated epidural flow selective nerve root pattern and some provocative pain. The needle was withdrawn 1 mm. Again, dye was injected and 1 cc of 1% lidocaine was placed in the foramen. Again, no blood or cerebral spinal fluid was aspirated. Then, 4 cc of 0.25% Marcaine with 40 mg of Depo-Medrol was deposited at that location.

Attention was then turned to an interlaminar block at L5-S1. Slightly to the left of midline local anesthetic was placed over it with a 30-gauge needle. Then, using an 18 Tuohy with the loss of resistance technique with sodium chloride without preservative the needle was advanced to the ligamentum flavum. There was a distinct loss of resistance. No blood or cerebral spinal fluid was aspirated. Dye demonstrated epidural flow. Then, 40 mg of Depo-Medrol diluted in 5 cc of sodium chloride without preservative was slowly injected. The patient tolerated the procedure well.

PLAN

Will follow the patient in three to four days.

Thank you for referring this patient to New Mexico Pain and Wellness Center. If I can be of further assistance, please call us at (505) 291-2770.

Electronically authenticated
Ervin Hinds, MD 10/10/2002 07:43

Ervin Hinds, MD

cc: Henry A Garcia, MD

10/08/2002 3:50 P
10/09/2002 12:43 P msb

COPP, DOUGLAS F

01415142

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NMPWC COPY

Presbyterian Kaseman Pain Prog

8300 Constitution Ave. NE
Albuquerque NM, 87110
(505) 291-2770

Monday, October 07, 2002

Douglas COPP
P.O. Box 534

Sandia Park, NM 87047

*Dr. Hinder
11/11 2:15 pm*

Date	Time	Resource	Appointment Type
Mon 11/11/02	01:45 pm	Hinds, Ervin	Follow Up- Post Procedure

-If this appointment date and/or time is not convenient for you, please call our office at 291-2770 option 1 to reschedule. Thank you for your cooperation.

DR Hinds appointment Carol

- * chart for Erasmus Neurosurgeon*
- * chart for Pulmonary Specialist in
Eisner SF. cat scan*
- * _____*



PRESBYTERIAN HEALTHCARE SERVICES

COPP, DOUGLAS F

PROCEDURE NOTE/H&P

MRN: 01415142
DOS:

DOB: 08/03/1951 51 M
SSN: 046-46-1692

1048583

Report of: Ervin Hinds, MD

FOLLOWUP NOTE

REFERRING PHYSICIAN

Henry Garcia, MD

HISTORY:

Patient has an L5-S1 neural foraminal stenosis bilaterally with a disk fragment at that level, and left radiculopathy with numbness in the left leg and some perineal numbness. He also has restrictive airway disease, apparently began with his rescue efforts at 911 in New York. He will be seeing Bruce Miller, pulmonologist, on September 19th, and Dr. Mark Erasmus, neurosurgeon, on the 3rd of October.

He did have a transforaminal epidural block at L5-S1 on 9/3/02, as well as an interlaminar block. He states half to the majority of his scrotal numbness is gone and the pain and numbness is decreased overall more than 25%. He still has some numbness of the left leg.

He is asking that we repeat the procedure, which I am happy to do, as he prepares to see Dr. Erasmus and Dr. Bruce Miller.

Thank you for referring this patient to New Mexico Pain and Wellness Center. If I can be of further assistance, please call us at (505) 291-2770.

Electronically authenticated
Ervin Hinds, MD 09/22/2002 16:08
Ervin Hinds, MD

cc: Henry A Garcia, MD

09/17/2002 2:07 P
09/18/2002 1:15 P msb

PAIN PROGRAM AT PRESBYTERIAN-KASEMAN HOSPITAL

COPP, DOUGLAS

PROGRESS NOTE

MRN: 00777777
DOS: 09/10/2002

DOB: 08/03/1951 51 M
SSN:

1045681

Report of: Ervin Hinds, MD

DATE OF SERVICE:
September 10, 2002

REFERRING PHYSICIAN:
Henry Garcia, MD

HISTORY:

This patient had the diagnosis of disk fragments, posteriorly, at L5, S1 with neural foraminal stenosis bilaterally and left radiculopathy. He had an interlaminar block and a transforaminal block on the left at L5, S1 one week ago. He also has some significant pulmonary complications from his World Trade rescue effort. He states that the numbness in the groin has somewhat decreased, and the back pain remains about the same. He will be seeing a pulmonary specialist, Dr. Bruce Miller, on the nineteenth.

He is currently having another episode of asthma, and I am suggesting that he go to the emergency room today for treatment. We will try to evaluate again whether he has had significant relief of his left radiculopathy from the transforaminal. It would seem that it was significantly helpful, alleviating some of his numbness and pain.

Thank you, Dr. Garcia, for referral of this patient to New Mexico Pain and Wellness.

Electronically authenticated
Ervin Hinds, MD 09/12/2002 09:07

Ervin Hinds, MD

cc: Henry A Garcia, MD
Presbyterian Medical Records*
09/10/2002 5:11 P
09/12/2002 7:18 A ma

Presbyterian Kaseman Hospital, 8300 Constitution Ave., NE, Albuquerque, NM 87110
Phone: (505) 291-2770 Fax: (505) 291-2706

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PRESBYTERIAN HEALTHCARE SERVICES

COPP, DOUGLAS F

PROCEDURE NOTE/H&P

MRN: 01415142
DOS: 09/03/2002

DOB: 08/03/1951 51 M
SSN: 046-48-1692

1041850

Report of: Ervin Hinds, MD

DATE OF SERVICE:
9/3/02

REFERRING PHYSICIAN
Henry Garcia, MD

DIAGNOSIS:

This patient has disk fragment posteriorly at the L5-S1 and neural foraminal stenoses bilaterally, and a left radiculopathy. He also has significant pulmonary complications and asthmatic type pulmonary complication from a recent rescue effort at World Trade Center.

PROCEDURE PERFORMED:

Interlaminar block at L5-S1 and transforaminal block at L5-S1 on the left.

ASSESSMENT:

This patient had this procedure under fluoroscopy. With the interlaminar procedure with the loss of resistance dye actually appeared to be into the disk. In taking the needle out very slowly there was absolutely no cerebral spinal fluid, and the lateral view demonstrated good positioning of the needle, so this would be indicative of the fact that there was a marked pressure from the disk posteriorly. A transforaminal was done without complications at the L5-S1 to the left of midline, dye demonstrating epidural flow selective nerve root pattern. Incidentally, a repeat interlaminar was done more to the midline, which dye demonstrated epidural flow.

CHIEF COMPLAINT:

Left low back pain, left leg numbness.

HISTORY OF PRESENT ILLNESS:

He was at ground zero in New York September 11th three floors down a rescue team working in the rubble, he fell several feet. Since that time he has had numbness in the left leg and some pulmonary complications, which he is being seen by his family physician, and he will be seeing a pulmonologist. He is describing some numbness in the groin, but that has been there for almost a year. He has some impotence associated with this. He is also describing numbness in the lateral foot, posterior lateral calf and thigh. While he does have some pain, the numbness is the most outstanding feature.

He had a CT scan done on 7/30/02 which showed disk fragment posteriorly at the L5-S1, neural foraminal stenosis bilaterally. He is a rescue chief for American Rescue Team. He describes weakness of the left foot. He has been seen by Dr. Barrett, neurologist, who describes clinical evidence of an S1 left radiculopathy, and an ulnar nerve entrapment bilaterally at the elbow.

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Page 1

ALLERGIES

Penicillin.

PAST MEDICAL HISTORY

He has some shortness of breath, high blood pressure and pulmonary problems.

MEDICATIONS:

1. Albuterol.
2. Synthroid.
3. Prednisone 20 a day.
4. Tiazac.
5. High blood pressure medication.

PAST SURGICAL HISTORY

Sinus surgery.

PHYSICAL EXAMINATION:

Height 5 feet 11 inches. Weight 230 pounds. Blood pressure 160/90. Pulse 72. He is alert and cooperative. He does have decreased breath sounds. He is antalgic off the left slightly. There is left sciatic notch tenderness. Some decreased sensation over the S1 pattern in the lateral foot compared to the right. Range of motion through the hips is within normal limits. Motor strength appears to be somewhat decreased in the extensor hallucis longus on the left compared to the right. Deep tendon reflexes on the right knee is +2, left knee +1, right ankle +2, left ankle not present.

The plan today is to do an interlaminar block and a transforaminal epidural block.

DESCRIPTION OF PROCEDURE:

Risks, procedures and benefits were discussed with the patient. He consented to the procedure.

A #20 Angiocath was started in the right upper extremity. He was taken to the C-arm room and prepped X3. Operator changed gloves and was gowned. A pointer was placed to the left of midline at the L5-S1. Local anesthetic was placed there with a 30-gauge needle. Then, using an 18 Tuohy with the loss of resistance technique with sodium chloride without preservative was advanced slowly, both from a PA and a lateral to what appeared to be loss of resistance. Injecting dye demonstrated some material intradiskal. Therefore, the needle was slowly withdrawn, never obtaining any CSF. It was placed more in the midline and advanced until there was a loss of resistance. Dye demonstrated epidural flow. Then, 5 cc of 0.125% Marcaine with 40 mg of Depo-Medrol was placed at that location. The image intensifier was obliqued 30 degrees to the left and 13 degrees caudad in order to identify the Scotty dog, and just inferior to the Scotty dog local anesthetic was placed with a 30-gauge needle. Then, using a five-inch 22-gauge needle down the beam of the C-arm so the tip came to lie in the upper outer aspect of the foramen. Injecting dye demonstrated epidural flow selective nerve root pattern. Then, 4 cc of 0.125% Marcaine with 40 mg of Depo-Medrol was injected at that location.

PLAN

Will call the patient in three to five days.

Thank you for referring this patient to New Mexico Pain and Wellness Center. If I can be of further assistance, please call us at (505) 291-2770.

Electronically authenticated
Ervin Hinds, MD 09/05/2002 06:44

Ervin Hinds, MD

cc: Henry A Garcia, MD

09/03/2002 10:46 A
09/03/2002 5:06 P msb

COPP, DOUGLAS F

01415142

1041850
Page 3

NMPWC COPY

PAIN PROGRAM AT PRESBYTERIAN-KASEMAN HOSPITAL

COPP, DOUGLAS F

PROGRESS NOTE

MRN: 7777777
DOS: ~~07/29/2002~~ 8.13.02 DOB: 08/03/1951 51 M
SSN: 046-46-1692

1032434

Report of: Ervin Hinds, MD

DATE OF SERVICE: July 29, 2002

REFERRING PHYSICIAN

Dr. Henry Garcia

The patient came for a medical pain evaluation on July 29, 2002. He had a constellation of problems, pulmonary being one. He had been in New York City in the clean up of the 9/11 incident and developed significant pulmonary problems and had a fall while in the wreckage of the World Trade Center causing a great deal of discomfort in his low back and his legs. He had decreased sensory on the left L3 and S1, decreased motor extensor halicus longus. Deep tendon reflexes were also decreased on the left and ankles when compared to the right.

A CT scan has been done. He has a great deal of metal apparently so he could not have an MRI. The CT showed the following: Broad based disc bulge 4-5, L5-S1 with disc fragment noted posteriorly at the L5-S1. Neuroforaminal narrowing bilaterally at L5-S1.

I feel that this patient has been to a neurologist, Dr. Barrett. I have not received Dr. Barrett's note at this point. I think that diagnostically and, hopefully, therapeutically bilateral transforaminals at L5-S1 would be helpful.

Thank you very much for referring this patient to the Pain Center.

Electronically authenticated
Ervin Hinds, MD 08/15/2002 07:06
Ervin Hinds, MD

cc: Henry A Garcia, MD
NM Pain&Wellness

08/13/2002 4:51 P
08/15/2002 6:06 A ccs

Presbyterian Kaseman Hospital, 8300 Constitution Ave., NE, Albuquerque, NM 87110
Phone: (505) 291-2770 Fax: (505)291-2706

Presbyterian Kaseman Pain Prog

8300 Constitution Ave. NE
Albuquerque, NM 87110
(505) 291-2770

Monday, July 29, 2002

Douglas COPP
P.O. Box 534

Sandia Park, NM 87047

Date	Time	Resource	Appointment Type
Tue 8/13/02	04:00 pm	Hinds, Ervin	Follow Up Visit

-If you are unable to keep your appointment, please inform us at least 24 hours in advance. You will be charged \$40 if you fail to notify us at least 24 hours in advance. If you do not show up for your appointment three (3) times, you will be discharged as a patient from the center.

Neurologist
Dr Barrett
823-1010

Presbyterian Kaseman Hospital
Department of Radiology
(505)291-2462 Fax (505)291-2789

RADIOLOGY CONSULTATION REPORT

NAME: COPP, DOUGLAS F
MR #: 01415142
Ordering MD: ERVIN HINDS, MD
Admit Date: Jul 30, 2002

DOB: 08/03/1951 51
Sex: M
Room:
AR #: 014151428401

CT LUMBAR SPINE 07/30/02:

HISTORY: Radiculopathy, numbness in the groin and both lower legs and left foot for six months.

FINDINGS: CT of the lumbar spine was performed from L1 to S1 region. Thin sections were obtained through the intervertebral disc spaces between L2 and L3, L3-L4, L4-L5 and L5-S1 regions.

At L2-L3, no disc herniation or disc bulge is noted. There is no spinal stenosis. The neural tracts are unremarkable.

At L3-L4, there is mild disc bulge, however, no significant spinal stenosis is noted. The neural tracts are unremarkable.

At L4-L5, there is a broad-based disc bulge. The left sided neural tract appears slightly narrowed.

At L5-S1, there is a broad-based disc bulge. The disc fragment protrudes posteriorly. The neural foramina are narrowed bilaterally.

The facet joints show diffuse degenerative arthropathy bilaterally from L3 through S1 region.

IMPRESSION:

1. Broad-based disc bulge at L4-L5 and L5-S1. The disc fragment is noted posteriorly at the level of L5-S1. The neural tracts are narrowed bilaterally at L4-L5 and L5-S1.
2. Mild spinal stenosis at L4-L5 and L5-S1.
3. Facet joint degenerative arthropathy bilaterally from L3 through S1 region.

72131
729.2
724.5

Tech: RM
Exam Started: Jul 30, 2002 19:00:00
Exam Completed: Jul 30, 2002 19:32:00

Transcriber: DC
Exam #: E-02188603

Page 1

COPY

RADIOLOGY CONSULTATION REPORT (Cont)

NAME: COPP, DOUGLAS F

MR #: 01415142

Ordering MD: ERVIN HINDS, MD

Admit Date: Jul 30, 2002

DOB: 08/03/1951 51

Sex: M

Room:

AR #: 014151428401

D: 07/31/02 0841
T: 07/31/02 1133
dmc
3215

DICTATED BY:


FAROOQ AGHA, M.D.

WRITTEN TEXT REVIEWED BY:

FAROOQ AGHA, M.D.

Tech: RM
Exam Started: Jul 30, 2002 19:00:00
Exam Completed: Jul 30, 2002 19:32:00

Transcriber: DC
Exam #: E-02188603



PRESBYTERIAN HEALTHCARE SERVICES

COPP, DOUGLAS F

PROCEDURE NOTE/H&P

MRN: 77777777
DOS: 07/29/2002

DOB: 08/05/1951 50 M
SSN:

Report of: Ervin Hinds, MD

1025051

DATE OF SERVICE: July 29, 2002

REFERRING PHYSICIAN

Dr. Henry Garcia

CHIEF COMPLAINT:

Low back pain and left leg numbness.

HISTORY:

The patient was at ground zero in New York City on September 11th Rescue Team and underneath the rubble was working and fell several feet. Since that time he had pain and numbness in the low back and left leg. He has also had severe pulmonary problems, which he did not have before and is being treated with albuterol, prednisone and nebulizing treatments. He was trying to be treated in New York by some pulmonary specialists but that has not been arranged as yet. Currently, he is describing some numbness in the groin, which has been there for almost a year, and he is somewhat impotent as well. He is also describing numbness of the lateral foot and posterior calf and thigh. While he does have some pain, the numbness is the most outstanding feature. He has not had an MRI and cannot. It is my understanding that he somehow has a great deal of metal, it is unclear to me how since he does not have any joint replacements. He is a rescue chief for American Rescue Team. He also describes weakness of the left foot. There have been no bowel or bladder changes but he has been very anxious. He continues to have trips to Mexico and Peru in regards to his rescue efforts.

Today he is describing an impending respiratory problem and therefore is going to be going to Dr. Garcia's office. He is married and has one child. He does not smoke. He occasionally drinks.

PAST MEDICAL HISTORY:

He is allergic to penicillin.

He has shortness of breath, high blood pressure, and pulmonary problems.

He is on albuterol, Synthroid, prednisone 20 daily, Tiazac, high blood pressure medications.

PAST SURGICAL HISTORY:

He has had sinus surgery.

PHYSICAL EXAMINATION:

VITAL SIGNS: He is 5 feet 11 inches, 230 pounds. Blood pressure 145/84, pulse 72.

GENERAL: He appears somewhat anxious, almost hyperventilating. He says that this is due to his impending pulmonary problem although the lungs sound clear and the heart is normal sinus.

8300 Constitution Ave., N.E., Albuquerque, NM 87110 (505) 291-2000

MUSCULOSKELETAL: His gait is antalgic off the left. There is left sciatic notch tenderness. Sensory is somewhat decreased in what appears to be the L3 and S1 but not the L4 and 5 on the right compared to the right. Straight leg raising is negative. Range of motion of the hips is within normal limits. Motor strength appears to be somewhat decreased and extensor halicus longus and plantar flexors of the foot. Deep tendon reflexes of the right – the knee is +2, left +1, ankle +2 on the right, 0 on the left. He has no imaging studies. This has been going on for almost a year.

He is also now complaining of recent onset of numbness in the left hand.

Because of the neurologic symptoms, I am suggesting that a neurologist be involved as well. I am also suggesting that he have a CT scan of the lumbar area after which I am happy to review that and see what the pathology is and what the options are for treatment. We will try to facilitate that very soon and move along with treatment for this patient. Also, as an addendum, feel like today there is a significant amount of anxiety that is an ongoing basis. He denies that on an ongoing basis.

Thank you very much Dr. Garcia for referring this patient to the Pain Center.

Electronically authenticated
Ervin Hinds, MD 08/01/2002 06:41

Ervin Hinds, MD

cc: Henry A Garcia, MD
NM Pain&Wellness

07/29/2002 8:19 A
07/31/2002 10:13 A ccs

New Patient Questionnaire

MARCHANT & STIELDS

New Mexico Pain & Wellness Center

ALBUQUERQUE: Presbyterian Kaseman Hospital
8300 Constitution Ave. NE
Albuquerque, NM 87110

SANTA FE:

1500 Ross 3233
Santa Fe, NM 87505

Phone: (505) 291-2770 • Fax: (505) 291-2706

FOR: Opp Douglas DATE: 4/11/02

ADDRESS: _____

R

LABEL AS SUCH

Neurosurgical consult
L5-S1, bil transverse stenosis
disc fragment of L4

REPETATUR				
1	2	3	4	5

_____ M.D.

DEA NO. _____

Dispensing of another brand of drug identical in content & strength is authorized unless checked.

New Mexico Pain & Wellness

QUESTIONNAIRE TO BE FILLED IN BY ALL NEW PATIENTS

Age: 50 Sex: Male Female Date: March 28 2002
Marital Status: Single Married Divorced Widowed

Children: 1 How many children living at home? 0

Employment status: Working full time Working part time Unable to work Retired
 Disabled/Reason for disability: WTC Syndrome, pulmonary problems, partial

Occupation: Rescue Chief, American Rescue Team Int. Paralyse

Nature of your problem: lower disk is enlarged causing
numbness in groin, butt, back of left leg,
no neurological response in left ankle

How do you describe your pain (i.e., stabbing, pins and needles, etc.)? numbness

To the best of your understanding, what is the cause of your pain? enlarged disk
is pinching nerve.

Is your pain related to an injury? YES NO If Yes, please describe injury: Slipped on concrete rubble 3 levels below ground
zero at the World Trade Center.

How long have you had this problem? September 2001 / started as
extensive pain

What physician(s)/surgeon(s) have you seen for treatment of your pain? Dr. Garcia
General Practice, Orthopedic Surgeon During Jan 2002 numb.

What other treatment options have you tried? (physical therapy, acupuncture, hypnotherapy, etc.?)
Chiropractic

Were they effective? YES NO If Yes, which were effective? _____

What medication(s) do you currently take? albuterol for respiratory
problems.

What medication(s) have you tried that were not effective or may have caused side effects?
lots of pain killers - now none.

What things do you do (or can do) to bring on the pain? numbness is 24 HR
DAY X 7

What things do you do (or can do) to lessen the pain? nothing.

Do you engage in physical activity-daily/weekly? If so explain: NO, Severely limited,
can walk only 200 ft. because of
breathing problems and exhaustion.

Do you have numbness of your skin? YES NO If Yes, where is the numbness? groin, butt, back of leg

Do you have weakness of your muscles? YES NO If Yes, where is the weakness? left foot, left leg

How many times have you been to an ER or urgent care clinic in the past 6 months for the treatment of pain? three

What are your expectations of how NMPWC can help you? restore use of
my left leg, be able to walk without
severe limp and crivel.

Fill in the corresponding number (1-10) to show how far from normal toward the worst possible situation your pain has caused you to be. The left side of each line is the best or normal situation and the right side of the line is the worst it could be.

Severity of your pain (average):
None - after Jan ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ before Jan
Severe/Worst Possible Pain

To what extent do you need to use pain medications?
Never - ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ - More than Recommended/Prescribed

What is the effect of the pain on your work (please take into account absence from work or interfering with work abilities, etc.)?
None - ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ - Unable to Work

How does the pain affect your need for help with daily activities (household chores and personal care)?
No - ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ - Need total Assistance Needed

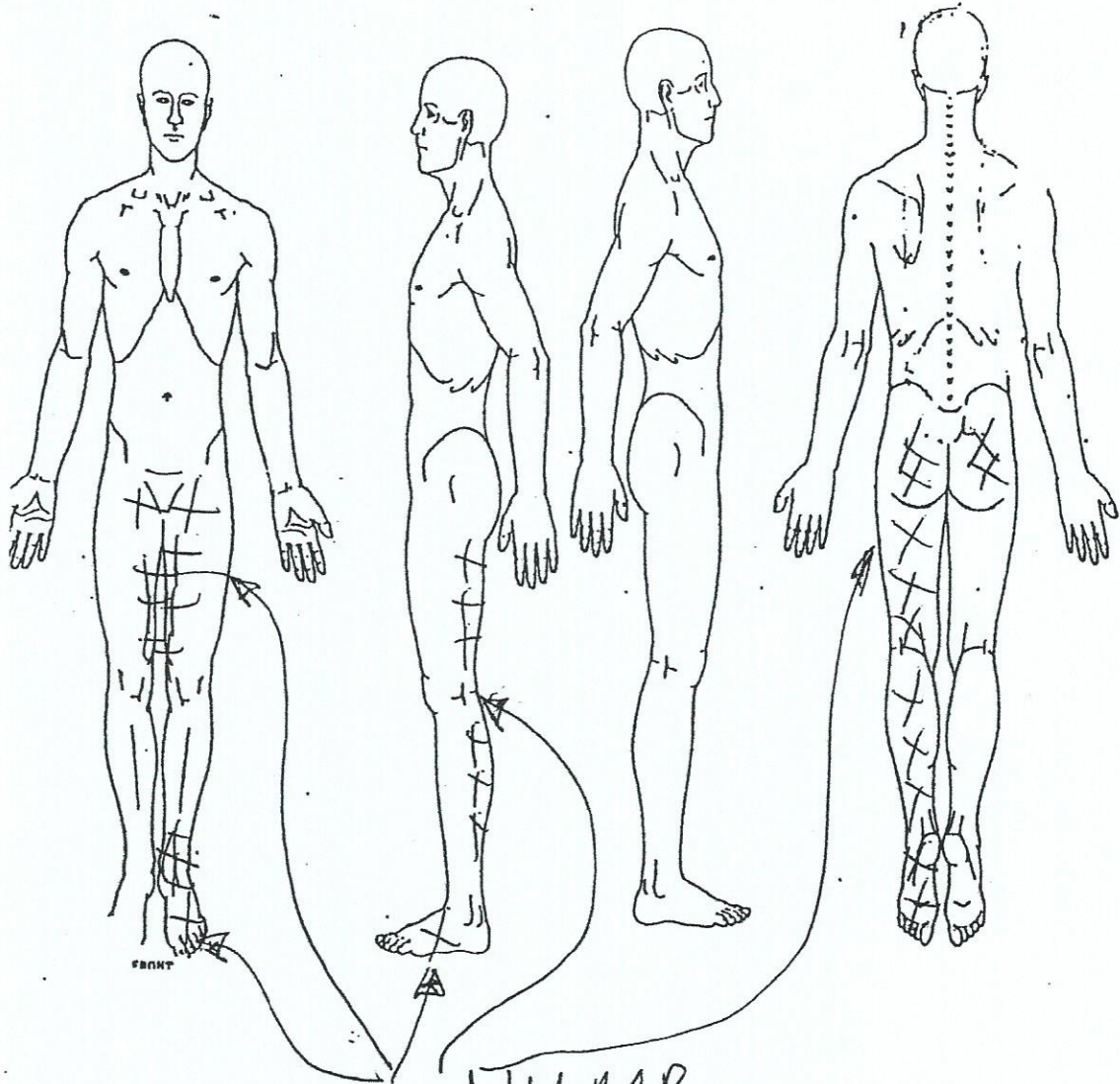
Effect of pain on your mood (depression/anxiety): No income for 7m out is main cause
None - ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ - Severe

How much does the pain interfere with your sleep? Cannot catch breath when I first
None - ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ - Cannot Sleep at all lay down.

Effect of pain on your lifestyle (i.e., social, sports, hobbies, etc.):
None - ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ - Severe

How much do you feel your pain has changed your relationships with others?
No change - ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ - Drastic Change
I have much less sensitivity regarding sex with my wife.

Denny Copp
Patient Name (Please Print)
March 28 / 2002
Date



Using the figures above, mark the locations of your pain. Also indicate if the pain radiates to any other part of your body, by placing arrows from where the pain originates to where it goes.

Review of Systems and Medical Illness

Check the box either yes or no:
yes no

yes no

Constitutional symptoms

- | | | |
|-------------------------------------|--------------------------|------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | weight changes |
| <input type="checkbox"/> | <input type="checkbox"/> | fever or chills |
| <input type="checkbox"/> | <input type="checkbox"/> | cancer or tumors |

gained weight

Genitourinary

- | | | |
|-------------------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | frequent urine infections |
| <input type="checkbox"/> | <input type="checkbox"/> | kidney disease |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | loss of urine control |
- how often do you get up at night to void? 1

partial

Eyes, ears, nose, mouth, throat

- | | | |
|--------------------------|--------------------------|----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | visual changes |
| <input type="checkbox"/> | <input type="checkbox"/> | hearing loss |

Musculoskeletal

- | | | |
|-------------------------------------|--------------------------|----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | joint pain |
| <input type="checkbox"/> | <input type="checkbox"/> | joint swelling |
| <input type="checkbox"/> | <input type="checkbox"/> | muscle wasting |
| <input type="checkbox"/> | <input type="checkbox"/> | osteoporosis |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | arthritis |

Cardiovascular

- | | | |
|--------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | heart disease |
| <input type="checkbox"/> | <input type="checkbox"/> | hypertension |
| <input type="checkbox"/> | <input type="checkbox"/> | rheumatic fever |
| <input type="checkbox"/> | <input type="checkbox"/> | chest pain (angina) |
| <input type="checkbox"/> | <input type="checkbox"/> | heart attack |
| <input type="checkbox"/> | <input type="checkbox"/> | shortness of breath |
| <input type="checkbox"/> | <input type="checkbox"/> | irregular heart |
| <input type="checkbox"/> | <input type="checkbox"/> | heart murmur |
| <input type="checkbox"/> | <input type="checkbox"/> | leg swelling |
| <input type="checkbox"/> | <input type="checkbox"/> | blood clots in legs |

Integument

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | skin lesions or rash |
| <input type="checkbox"/> | <input type="checkbox"/> | hair and/or nail changes |

Neurological

- | | | |
|-------------------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | seizures |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | loss of consciousness |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | paralysis <i>left side</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | tremors |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | gait disturbances |
| <input type="checkbox"/> | <input type="checkbox"/> | headache |
| <input type="checkbox"/> | <input type="checkbox"/> | stroke |

Passed out with pain prior to January

Respiratory

- | | | |
|-------------------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | pneumonia |
| <input type="checkbox"/> | <input type="checkbox"/> | emphysema |
| <input type="checkbox"/> | <input type="checkbox"/> | tuberculosis |
| <input type="checkbox"/> | <input type="checkbox"/> | chronic obstructive disease (COPD) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | pulmonary emboli |
| <input type="checkbox"/> | <input type="checkbox"/> | asthma |

WTC Syndrome

24 months of chemicals in my lungs

Psychiatric

- | | | |
|-------------------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | memory changes |
| <input type="checkbox"/> | <input type="checkbox"/> | difficulty with work |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | fatigue |
| <input type="checkbox"/> | <input type="checkbox"/> | loss of appetite |
| <input type="checkbox"/> | <input type="checkbox"/> | hallucinations |
| <input type="checkbox"/> | <input type="checkbox"/> | anxiety / nervousness |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | depression |
| <input type="checkbox"/> | <input type="checkbox"/> | panic attacks |

have yet to receive a single cent of compensation

Gastrointestinal

- | | | |
|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | frequent heart burn / reflux |
| <input type="checkbox"/> | <input type="checkbox"/> | nausea and vomiting |
| <input type="checkbox"/> | <input type="checkbox"/> | hepatitis or cirrhosis |
| <input type="checkbox"/> | <input type="checkbox"/> | constipation |
| <input type="checkbox"/> | <input type="checkbox"/> | ulcers |
| <input type="checkbox"/> | <input type="checkbox"/> | bloody bowel movements |
| <input type="checkbox"/> | <input type="checkbox"/> | change in bowel movements |

Hematological

- | | | |
|--------------------------|--------------------------|---------------|
| <input type="checkbox"/> | <input type="checkbox"/> | anemia |
| <input type="checkbox"/> | <input type="checkbox"/> | easy bleeding |

Endocrine

- | | | |
|--------------------------|--------------------------|-----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | thyroid disease |
| <input type="checkbox"/> | <input type="checkbox"/> | diabetes |

Female

- | | | |
|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | pregnant |
| | | last menstrual period _____ |

Other Illnesses

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Do you smoke cigarettes? How many packs per day? _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Do you consume alcoholic beverages? _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Do you use illicit drugs? _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Are you allergic to any medications? What are they and what are your reactions?
<i>Possibly Penicillin and Preservatives.</i> |

- | | | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have you had surgery in the past? List <u>Sinistrity,</u> |
|-------------------------------------|--------------------------|---|



- Presbyterian Hospital
- Presbyterian Kaseman Hospital
- Presbyterian Northside Hospital
- Española Hospital
- Lincoln County Medical Center

- Plains Regional Medical Center - Clovis
- Socorro General Hospital
- Dan C. Trigg Memorial Hospital
- Colfax General Hospital - Springer
- Other: _____

SERVICE: _____

ROOM NUMBER: _____

DAILY CHARGE: _____

Physicians including, without limitation, radiologists, anesthesiologists and pathologists provide services in our facilities. They may not be employees or agents of Presbyterian Healthcare Services or its hospitals.

CONSENT FOR HOSPITAL SERVICES: Consent is given to the Hospital, its contractors and its employees to provide Hospital services and administer physician orders. Certain procedures require a separate consent. The physician is responsible for explaining medical or surgical procedures. The undersigned authorizes observers to be present during treatment/surgery for purposes of their medical training and education.

POLICIES: All patients are subject to compliance with Hospital policies. The Hospital is not responsible for personal property that is not deposited in the Hospital safe. Consent is given to the Hospital to search the patient and the patient's personal property, if necessary.

AUTHORIZATION TO RELEASE INFORMATION: The undersigned authorizes the Hospital and any physician providing services, for example, anesthesiologists, radiologists and pathologists, to release medical or other information about the patient that may be necessary for the completion of insurance claims, review of services, or receipt of benefits. Such information may include current medical records. Medical or other information may be released to accreditation organizations, governmental agencies, third-party payors, including the third-party payor's agents and/or representatives. Medical or other information may also be released for purposes of continuity of the patient's care.

ASSIGNMENT OF BENEFITS: The undersigned authorizes payment of benefits, including insurance benefits, otherwise payable respect to the patient, to the Hospital or any physician providing services, for example anesthesiologists, radiologists and pathologists. The undersigned agrees to assist in the processing of claims for benefits.

MEDICARE AUTHORIZATION: The undersigned certifies that the information given in applying for payment under Title XVIII of the Social Security Act is correct. The undersigned authorizes any holder of medical or other information about the patient to release to the Social Security Administration and Healthcare Financing Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. The undersigned requests the payment of authorized benefits be made on the patient's behalf to the Hospital or any physician providing services during the patient's treatment.

FINANCIAL RESPONSIBILITY: The undersigned jointly and severally agree to pay for Hospital services and accommodations and physician services. It is understood and agreed Hospital charges not paid may be placed with an attorney or collection agency. It is understood and agreed that reasonable attorney fees and/or open account interest charges assessed are payable by the undersigned. To the extent not expressly prohibited by applicable law, the undersigned, jointly and severally, agrees to pay all Hospital charges not paid in full to the Hospital by a third-party payor.

The undersigned certifies the foregoing statements and consents have been read and understood. The undersigned is the patient or duly authorized as the patient's representative to execute and accept its terms.

B Horton

WITNESS

X Douglas F Conn

PATIENT (OR AUTHORIZED REPRESENTATIVE/RELATIONSHIP TO PATIENT)

PATIENT IDENTIFICATION

COPP, DOUGLAS F
 001415142-2273
 DOB: 08/03/1951 51Y/M
 HINDS, ERVIN A

GUARANTOR (OR AUTHORIZED REPRESENTATIVE/RELATIONSHIP TO PATIENT)

10/7/02 12:14 pm
 DATE TIME

SEE REVERSE SIDE FOR SPANISH VERSION



CONSENT FOR HOSPITAL / PHYSICIAN MEDICAL SERVICES



- Presbyterian Hospital
- Presbyterian Kaseman Hospital
- Presbyterian Northside Hospital
- Española Hospital
- Lincoln County Medical Center

- Plains Regional Medical Center - Clovis
- Socorro General Hospital
- Dan C. Trigg Memorial Hospital
- Colfax General Hospital - Springer
- Other: _____

SERVICE: _____

ROOM NUMBER: _____

DAILY CHARGE: _____

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The undersigned certifies the foregoing statements and consents have been read and understood. The undersigned is the patient or duly authorized as the patient's representative to execute and accept its terms.

Horton
WITNESS

PATIENT IDENTIFICATION

COPP, DOUGLAS F
001415142-2238
DOB: 08/03/1951 51Y/M
HINDS, ERVIN A

X
PATIENT (OR AUTHORIZED REPRESENTATIVE/RELATIONSHIP TO PATIENT)

GUARANTOR (OR AUTHORIZED REPRESENTATIVE/RELATIONSHIP TO PATIENT)

9/13/08 DATE 9:00 AM TIME

SEE REVERSE SIDE FOR SPANISH VERSION



CONSENT FOR HOSPITAL / PHYSICIAN MEDICAL SERVICES