

Southwest Pulmonary Specialists

Pulmonary Reports

Southwest Pulmonary Specialists

Specialists in Adult Pulmonary, Critical Care Medicine, and Sleep Disorders

Dear Douglas Copp

Attached are the medical records of Self, which are being provided to you in response to the authorization for release of medical records from Dr. Miller, dated 10/25/02.

If these records contain information that is protected by law, they are being released to you in accord with section 24-2B-7 NMA and are subject to the following statement.

This information has been disclosed to you from records whose confidentiality is protected by law. A State law prohibits you from making further disclosure of such information without specific written consent of the person to whom the information pertains or is otherwise permitted by state law.

Sincerely,

Eleanor
Medical Records

c:\forms release
9/02

Ronald W. Bronitsky, M.D., F.C.C.P.
W. Gerald Brown, M.D., F.C.C.P.
Ann L. DeHart, M.D. F.C.C.P.

Bruce A. Miller, M.D., F.C.C.P.
Matthew R. Montoya, M.D., F.C.C.P.
Thomas E. Parzyck, M.D., F.C.C.P.

Donald K. Porter, M.D., F.C.C.P.
Richard H. Seligman, M.D., F.C.C.P.
Archie J. Sanchez, M.D., F.C.C.P.

PROGRESS NOTES*Southwest Pulmonary Specialists*

1101 Medical Arts Ave. NE, Bldg. 4 • Albuquerque, New Mexico 87102 • (505) 842-5105 • FAX (505) 766-6938

10/09/02

DOB: 08/03/51

CC: Follow-up visit.

HPI: A 51-year-old gentleman who was in rescue operations September 11 at the World Trade Center. The patient was exposed to toxins. After he was crawling in the underspaces, he became short of breathing, coughing, and has not felt well since then. The patient had a CAT scan performed and this basically showed no significant abnormality except for one minimal area of possible bronchiectasis. The CAT scan of the sinuses just showed mucoperiosteal thickening of the right maxillary sinus and no acute sinusitis. He is seeing a Dr. Smith in San Francisco who is evidently very well versed in toxic exposures and uses antioxidants. He is using other herbs from this company for him to sponsor them if he does well. At any rate, he is using about 105 different herbs for the past three days. His medications at this time consist of prednisone 5 mg a day and we will have him take it for another two weeks and then stop it; Advair 500/50 one puff twice a day, Synthroid 0.25 mg a day, Tiazac 180 mg for his hypertension. He was placed on Azmacort by Dr. Smith, but as he is on Advair, the 500 mcg size, we will stop the Azmacort and he can continue with the Intal at two puffs q.i.d. plus his herbs.

He overall is feeling much better. He is less short of breath and able to do more and less chest pain. Also, he has received a second injection for his lower back pain and this seems to have worked.

PMH:**Current Medications:** As mentioned.**PHYSICAL EXAMINATION:**

Vital Signs: Temperature 96.9, pulse 88, respiration 20, blood pressure 172/100, weight 247, at 95% on room air.

Lungs: No inspiratory crackles, wheezes nor rhonchi.

Heart: Regular rhythm. No murmur.

Extremities: Ankle: No edema.

DIAGNOSTICS:

Spirometry: Pulmonary function studies performed yesterday show on spirometry a minimal restrictive defect; however, the TLC is normal at 5.85 liters, 87% of normal, and diffusion is borderline abnormal and correct for the alveolar volume.

ASSESSMENT: Hypertension.

PLAN: We will have him increase his Tiazac to 280 mg as he has 180 plus 100 mg tablets. We will have him wean off the prednisone over the next two weeks and continue with the Advair, Intal and albuterol p.r.n.

The patient appears to be doing well. I would like to see him in four to eight weeks for reevaluation. He is to call if there are any problems.

Bruce A. Miller, M.D.

dictated but not read unless signed
BAM:gs

cc: Dr. Henry Garcia

COPP, DOUG

PROGRESS NOTES

Southwest Pulmonary Specialists

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09/19/02

DOB: 08/03/51

CC:

HPI: A 51-year-old gentleman who is involved with international rescues. He has set up a not-for-profit organization that flies throughout the world when there is a catastrophe.

The patient was flown into the World Trade Center the day after the collapse. He was crawling under about the fourth level underground. His face was dirty, and as he said, his partner that he was with felt that he looked like Al Jolson.

He did fall once almost falling three feet into a hole, but it was able to grab hold of something and swung in and hit against a concrete beam.

At the level they were working, there were no fires, but rather smoldering. He was coughing right after crawling there for the next two days. He did notice increasing shortness of breath and noticed a change in his voice. He then left, came back to Albuquerque and was here for seven days, and then returned, but did not crawl back into the World Trade Center per se, but was showing them how to use some of his rescue equipment which was used outside. He did not feel any worse nor any better outside. On September 30, he developed an episode of acute shortness of breath and difficulty in breathing.

Prior to the World Trade Center, the patient was active. He was actually hiking the Inca trail in Peru and was able to respond to international problems where there was a fire, collapsed building, etc. and never had shortness of breath or any respiratory problem.

The patient smoked for about five years, but stopped

about 15 years ago.

This past May, he went to Mexico City and because of the pollution had a sensation of burning in his chest. After Mexico City, he tried to perform spirometry studies, but just could not do it; it was just too difficult to take a breath in and blow it out.

He has been placed on Singulair, but found that this was not helpful and caused a headache, earache and even affected his vision to be blurry. Most of his symptoms started since December 2001 and have been progressive.

PMH:

Surgeries: 1. Sinus cauterization. 2. Had an injection into the spine secondary to pain.

Medical Illnesses: 1. Increasing episodes of shortness of breath. 2. CAT scan has shown a fragmented lower vertebra. 3. Hypertension. 4. Hypothyroid. All diagnosed around December 2001.

TB History: Has had a TB skin test and it is negative.

Current Medications: Prednisone 15 mg a day, Advair 250 one puff twice a day, albuterol p.r.n. depending on the conditions, Synthroid 0.025 mg a day, Tiazac 180 mg a day; stopped the Singulair; oxycodone as needed for his lower back pain.

Medication Allergies: PENICILLIN and SODIUM BENZOATE preservative.

FAMILY HISTORY: Mother is living and well. Father died of cancer of the sinus when the patient was only 2 years of age. Has one brother living and well. Has one daughter who is 27 and she is living and well. His wife is a nonsmoker.

SOCIAL HISTORY: The patient is from Canada, completed college, and is presently married for ten years. Occupation: The patient has traveled to as many as 19 countries a year secondary to different catastrophes. He does have a dog at home. He was

10-8

PROGRESS NOTES

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9/19/02 continued

the rescue chief for the American rescue team in Nashville for 17 years, an organization that I believe he started. He is a fire captain in the Peru fire department and was a police officer in Canada, a demolitions specialist.

The patient has from one to three drinks of either bourbon or wine a day. Smoked for five years, half a pack from the age of 37 to 42.

ROS:

General: Since the patient has been on prednisone, he has gained about 40 pounds. Appetite is good.

HEENT: The patient does not wear glasses. He has had some blurriness of his vision, and fullness discomfort in the right ear and feels as if it is blocked. Has had sinus surgery in the past.

No history of seizures, strokes, blackout spells. At this time has intermittent headaches and feels unsteady when he is walking.

Cardiovascular: History of hypertension. Does have pain in his chest; either it is a fullness and a mild pain or it can be as if someone is grabbing his chest. It is midline and bilateral anteriorly with a fullness of the chest. The patient did not have symptoms like this prior to the World Trade Center.

Pulmonary: See present illness. Basically has acute episodes of shortness of breath with any type of irritant or smoke and even heat will bother him. Has an air conditioner in the house now and evaporative coolers and fans, and just has to have the sensation of air moving and it being cold. Warm to hot air will cause him to have difficulty with his breathing. He is not coughing up any black or colored secretions. He develops a tightness of the chest and has difficulty moving air in and out.

GI: Since December since he has been on prednisone, he has noticed heartburn occurring almost everyday at this point, where it was about every other

day. He has not taken anything for this. No history of hemoptysis, hematemesis, melena, or bloody stools.

~~**GU:** No hematuria. No history of renal stones.~~
Notices that he is urinating more, but also drinking more fluids. Does not have to urinate at night.

Extremities: Has the spine problem in which one of the lumbar spine is fragmented and he has been told that he needs surgery.

PHYSICAL EXAMINATION:

Vital Signs: Temperature 96, pulse 90, respiration 20, blood pressure 136/64, weight 247, sat 95% on room air.

General: A well-developed, well-nourished, overweight, 51-year-old gentleman.

HEENT: Eyes: Pupils equal, round and regular, react to light. EOM intact. Sclerae are white. Ears: Canals clear. Normal tympanic membranes. Nose: No congestion or erythema. Mouth: Teeth in good repair. Throat nonerythematous.

Neck: Carotids 2+ and equal.

Lungs: Normal resonance and normal breath sounds. There were no inspiratory crackles, wheezes nor rhonchi.

Heart: Regular rhythm. No murmur, rub nor gallop.

Abdomen: No hepatosplenomegaly, masses, or tenderness.

Extremities: No clubbing, cyanosis or edema.

DIAGNOSTICS:

Spirometry: Studies show an FVC of 2.78, FEV1 2.17, and FEV1 percent 78. Impression: This shows a moderate restrictive and mild obstructive ventilatory defect.

PLAN: I would like to reduce the prednisone. He is on 15 now and he has been on it for a week. We will have him take 10 mg for a week and then 5 mg for a week and stop the prednisone as he is gaining weight and becoming cushingoid. I have increased the Advair from the 250 to 500 mcg to take the Advair one

COPP, DOUG

PROGRESS NOTES

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9/19/02 continued

puff twice a day. We will obtain a high resolution CAT scan of the chest, ~~CAT scan of the sinuses,~~ and complete pulmonary function studies. As he is leaving for San Francisco, we will obtain this in early October when he gets back.

ASSESSMENT: 1. Irritable airway secondary to toxic exposure from the World Trade Center.

2. GERD
3. Hypertension
4. Hypothyroid
5. Penicillin allergy.


Bruce A. Miller, M.D.

dictated but not read unless signed

AM:gs

cc: Dr. Henry Garcia

ALBUQUERQUE REGIONAL MED CTR
601 DR MARTIN LUTHER KING JR
ALBUQUERQUE, NM 87102
(505) 727-8172

RADIOLOGY REPORT

Pt. Name: COPP, DOUGLAS

Referring Physician:

Jacket #: 10643362 DOB: 08/03/51 51

BRUCE A MILLER, MD

Pt Type: 0 Rm #:

Sex: M

1101 MEDICAL ARTS AVE NE #4

Exam Dt: 10/04/02

ALBUQUERQUE, NM 87102

(505) 842-5105

PROCEDURE: CT SINUSES 10/04/02

INDICATION: Dyspnea.

FINDINGS: CT of the sinuses was performed in 3 mm coronal sections. No IV contrast was utilized.

There is mucoperiosteal thickening in the right maxillary sinus along the medial inferior aspect. There is mild mucoperiosteal thickening seen along the right maxillary infundibula. There is evidence of a small left Haller's air cell. There is a very prominent somewhat enlarged inferolateral ethmoid air cell which does appear to be slightly deforming in the infundibulum of the right maxillary sinus. This does not appear to represent a true Haller's air cell. The frontal sinuses appear well aerated. Sphenoid sinuses are likewise well aerated.

CONCLUSION:

MUCOPERIOSTEAL THICKENING INVOLVING THE RIGHT MAXILLARY SINUS SUGGESTING CHRONIC REACTIVE SINUS CHANGES. AGAIN, THE RIGHT MAXILLARY INFUNDIBULUM IS MILDLY DEFORMED BY A FAIRLY PROMINENT AND ENLARGED INFEROLATERAL ETHMOID AIR CELL.

PROCEDURE: HIGH RESOLUTION CT CHEST WITHOUT CONTRAST

INDICATION: Dyspnea.

TECHNIQUE: Eight 1 mm slices were performed with the patient dependent and prone and seven 1 mm slices were obtained with the patient supine.

FINDINGS: On image #3, there is mild dilatation of two bronchi extending up to the periphery involving the medial aspect of the right upper lobe. No other areas of bronchiectasis are identified. In the

lingula, there are minimal increased several densities suggesting very minimal fibrotic changes.

CONCLUSION:

ONLY ONE MINIMAL AREA OF BRONCHIECTASIS WAS IDENTIFIED INVOLVING THE RIGHT LUNG AS DESCRIBED ABOVE. NO OTHER SIGNIFICANT ABNORMALITY IS SEEN.

INTERPRETED and ELECTRONICALLY SIGNED BY: THOMAS P MARTIN MD
REPORT RELEASED BY: WILLIAM D. ZIMMER MD
Dictated Date: 10/04/02
Transcribed By: DG 10/04/02

RADIOLOGY REPORT


PATIENT'S NAME: COPP, DOUG

DATE: 09/19/02

COMMENTS: PA & Lateral chest x-ray

REPORT: Chest x-ray of September 19, 2002 shows minimal blunting of the left costophrenic angle. There is no pleural thickening. Apices are clear. Hilum appears normal. This is not a full inspiratory effort. Heart size is within normal limits. There are no acute infiltrates.

IMPRESSION: A chest x-ray that is not a full inspiratory effort and showing decrease in lung volume. No acute infiltrates.



Bruce A. Miller, M.D.

BAM:gs

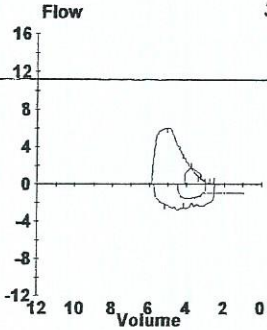
SOUTHWEST PULMONARY SPECIALISTS

1101 Medical Arts Ave NE
Building 4
Albuquerque, NM 87102
(505) 842-5105

Age: 51 Gender: Male Height(in): 69 Weight(lb): 247 Race: Caucasian PBar: 629

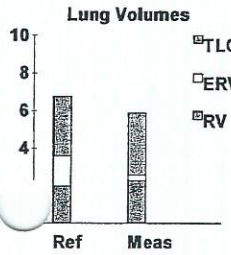
PULMONARY FUNCTION ANALYSIS

SPIROMETRY



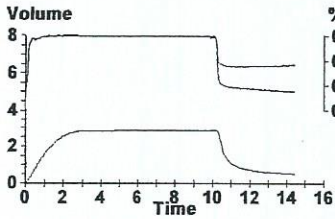
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FVC	Liters	3.37	4.76	71		
FEV1	Liters	2.66	3.81	70		
FEV1/FVC	%	79	80			
FEF25-75%	L/sec	2.40	3.77	64		
PEF	L/sec	6.72				
FET100%	Sec	9.33				
FIVC	Liters	3.26	4.76	68		
FIF50%	L/sec	2.61				
PIF	L/sec	2.86				

LUNG VOLUMES: Plethysmograph



		Pre Meas	Ref	Pre % Ref
VC	Liters	3.60	4.76	76
TLC	Liters	5.85	6.74	87
RV	Liters	2.25	2.00	113
RV/TLC	%	38	30	
ERV	Liters	0.32	1.57	21
IC	Liters	3.43	3.14	109
Vtg	Liters	3.08		

DIFFUSION



		Pre Meas	Ref	Pre % Ref
DLCO	% Gas	28.0	35.3	79
DL Adj	% Gas	25.6	35.3	72
DLCO/VA	% Gas	5.36	5.35	100
VA	% Gas	5.22		
IVC	% Gas	2.96		

COMMENTS

Spirometry data is ACCEPTABLE and REPRODUCIBLE. Patient effort and cooperation were good.

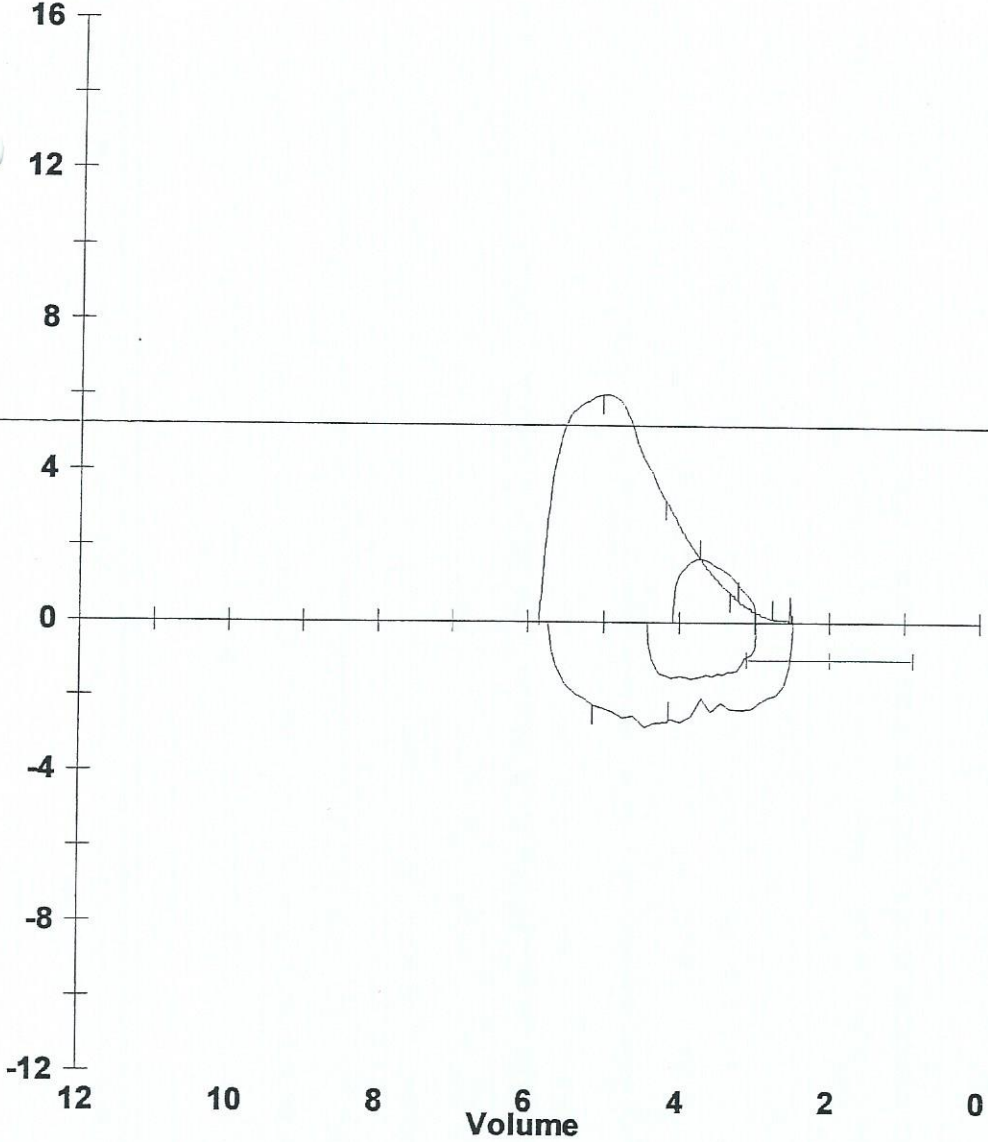
INTERPRETATION

The flow-volume loop suggests restriction. Spirometry indicates a restrictive defect of mild degree. Lung volumes are normal and do not show air-trapping. Diffusing capacity is mildly reduced and is reduced in proportion to alveolar volume.

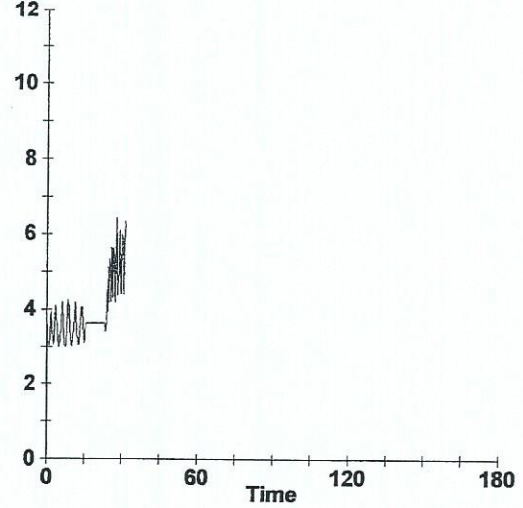
BAM/jkr

PF Reference: Crapo/Hsu

Flow



Volume



SOUTHWEST PULMONARY SPECIALISTS
 1101 Medical Arts Ave. #4
 Albuquerque, New Mexico 87102

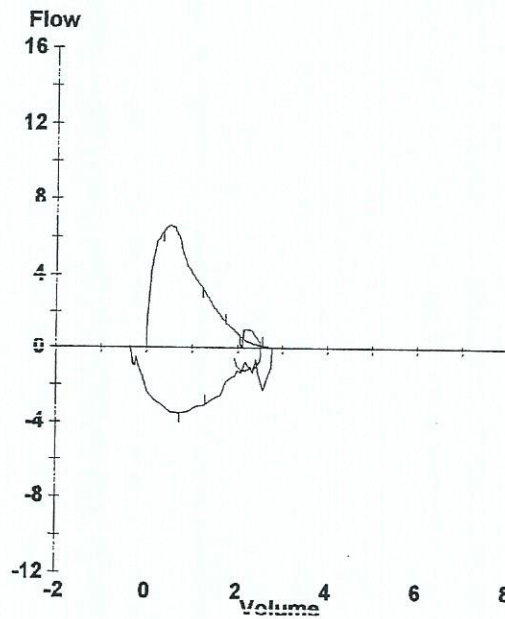
ID: 16459
 Name: Copp, Doug
 Physician: Bruce A Miller MD
 Technician: Bishop, Candy CMA
 Date: 09/19/02

Age: 51 Gender: Male Height(in): 69 Weight(lb): 247 Race: Caucasian PBar: 631

PULMONARY FUNCTION ANALYSIS

SPIROMETRY

		Pre Meas	Ref	Pre % Ref	Post Meas	Post % Chg
FVC	Liters	2.78	4.76	58		
FEV1	Liters	2.17	3.81	57		
FEV1/FVC	%	78	80			
FEF25-75%	L/sec	1.98	3.77	52		
PEF	L/sec	6.59				
FET100%	Sec	9.22				
FIVC	Liters	3.14	4.76	66		
FIF50%	L/sec	3.02				
PIF	L/sec	3.51				



COMMENTS
 Spirometry data is ACCEPTABLE and REPRODUCIBLE.

SOUTHWEST PULMONARY SPECIALISTS

MEDICATION LOG

DATE: 9/19/02 10.8.02 10.9.02 ..!...!.. ..!...!.. ..!...!.. ..!...!.. ..!...!..

*MEDICATION/STRENGTH	SIG	SIG	SIG	SIG	SIG	SIG	SIG	SIG
5mg 20mg Prednisone	QD	5mg QD	qd					
Advair 500/50	1x2	1 BID	1x2					
Albuterol	prn	ti PRN	2prn					
0.25mg Levothyroid	QD	QD	qd					
Tiazac 180mg	QD	QD	qd					
Singular 10mg	/	/						
Oxycodone	prn	PRN	prn					
Azmacort		ti BID	2x2					
Titode ^{inhal}		ti QID	2x4					
Xopenex Neb		PRN	prn					
105 inhalers			QD					
INITIALS	MR	α	Ch					

*PLEASE DOCUMENT PATIENTS REPORT OF MEDICATION REGIME AT EACH OFFICE VISIT
 *HIGHLIGHT IN YELLOW MEDICATIONS THAT HAVE BEEN DISCONTINUED BY A PHYSICIAN

NAME: Copp, Doug

Allergic:
PCN

Southwest Pulmonary Specialist

Specialists in Adult Pulmonary, Critical Care Medicine, and Sleep Disorders



SPECIAL FAX DELIVERY

TO:

Copp, Doug

Fax number:

381-7877

Date:

Oct 22, 02

Number of pages including transmittal form:

2

Name of sender:

Eddie

Patient name:

MESSAGE:

Pulmonary reports

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the address below via the U.S. Postal Service.

Thank you.

Ronald W. Bronitsky, M.D., F.C.C.P.
W. Gerald Brown, M.D., F.C.C.P.
Ann L. DeHart, M.D., F.C.C.P.

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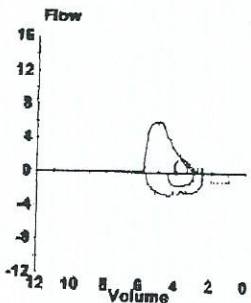
842-6209

Southwest Pulmonary Specialists
 1101 Medical Arts Ave. #4
 Albuquerque New Mexico 87102

16459
 Name: Copp, Douglas
 Physician: Miller, B.A. M.D.
 Technician: Jamie Roberts, LPN
 Date: 10/08/02

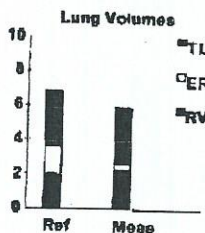
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PULMONARY FUNCTION ANALYSIS



SPIROMETRY

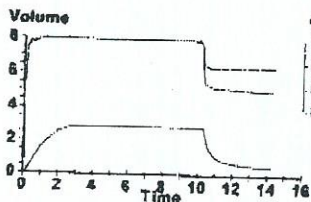
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LUNG VOLUMES: Plethysmograph

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COMMENTS

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INTERPRETATION

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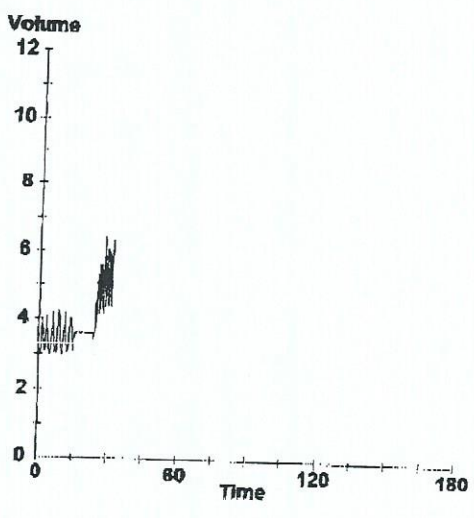
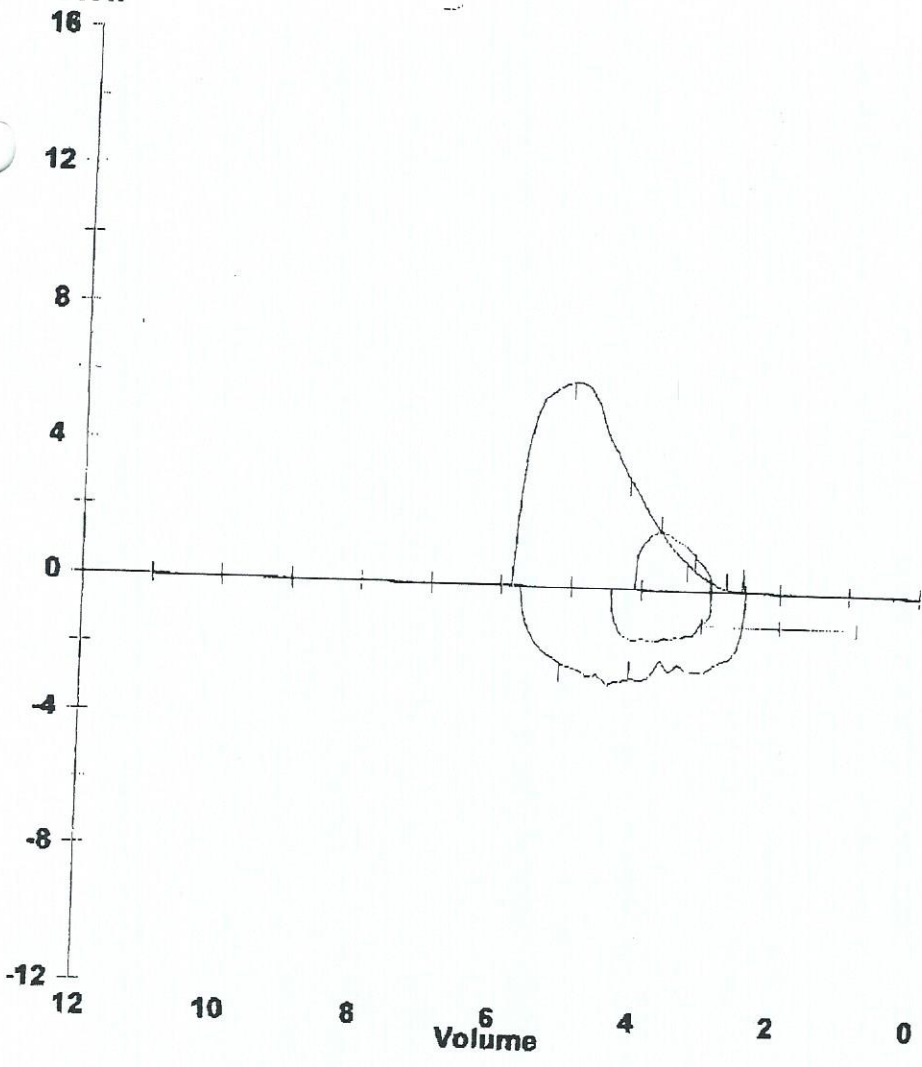
BAM/jkr

PF Reference: Crapo/Hsu

Name: Copp, Douglas

ID: 16459

Flow



SOUTHWEST PULMONARY SPECIALISTS

1101 Medical Arts Ave, #4
Albuquerque, New Mexico 87102

ID: 16459

Name: Copp, Doug

Physician: Bruce A Miller MD

Technician: Bishop, Candy CMA

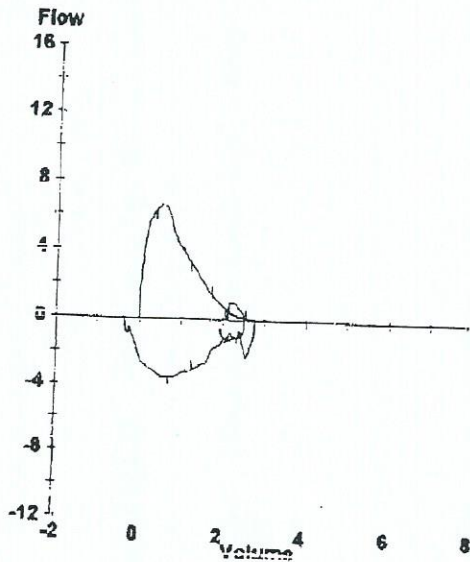
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PULMONARY FUNCTION ANALYSIS

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FIF50%	L/sec	3.02				
PIF	L/sec	3.51				



COMMENTS

Spirometry data is ACCEPTABLE and REPRODUCIBLE.

Crapa/Hsu

Patient Info & Medical History

Please Print

SWPS

Please Print

PATIENT INFORMATION SHEET

Name: Douglas Copp Address: P.O. Box 534
 City: Sandia Park State: NM Zip: 87047 Home Telephone: (505) 281-7977
 Date of Birth Aug 13 / 1951 Age: 51 Social Security Number: 046 / 46 11692
 Marital Status: Single Married Divorced Widowed Sex (circle one): M F e-mail amerrescue@201.com
 Patient's Employer: American Rescue Team Internatinal Telephone: 505 - 281 - 7977
 Spouse's Name: Paulina Spouse's Employer: New Mexico Quality Case Management Phone: 505 281 7877

EMERGENCY INFORMATION: (person not living with you)

Name: Paulina Copp Relationship: Spouse Daughter/Son Brother/Sister
 Address: P.O. Box 534, Sandia Park, NM 87047 Telephone Number: (505) 281-7877

You must provide proof of insurance, or payment will be required at time of service

INSURANCE INFORMATION

Workman's Compensation? Yes No If Yes, Date of Injury: / /
 If this is a W/C claim, I authorize a copy of my records to be given to my employer and the insurance company. [Initial]

PRIMARY INSURANCE CARRIER: Bluecross / Blueshield of NM

Certificate or ID #: Y1A560450095 Group #: 09030001 Plan Name: 8003
 Insured's Name: Paulina E Copp, Relationship to Patient: Self Spouse Child Other

SECONDARY INSURANCE CARRIER: _____

Certificate or ID #: _____ Group #: _____ Plan Name: _____
 Insured's Name: _____, Relationship to Patient: Self Spouse Child Other

A Current Copy of your Insurance Card is required for Claims Processing

I authorize Southwest Pulmonary Specialists to release medical information if it is required: (a) to process claims for me and or my dependents; (b) by my Primary Care and/or Referring Physician; (c) by DDU if this is a disability claim. By my signature below, I authorize payment directly to Southwest Pulmonary Specialists for my medical services. Should my insurance company deny payment for services not covered under my Plan, I accept full responsibility for payment of such services. A photocopy of this authorization may be honored. I understand that appointments must be canceled or rescheduled with 24-hour notice or I will be charged a No-Show fee.

(Patient Signature OR Insured's signature if patient is a minor)

Date Signed

PRIMARY CARE PHYSICIAN: Dr. Henry Garcia Phone: 505-255-3110
 Address: 5041 Indian School Rd, Suite 400 City: Albuquerque State: NM Zip: 87110

REFERRING PHYSICIAN (If different from above): _____

Southwest Pulmonary Specialists

Specialists in Adult Pulmonary, Critical Care Medicine, and Sleep Disorders

Welcome to Southwest Pulmonary Specialists

We look forward to having you as a patient. In order to better accommodate you, we ask that you complete the attached information and bring it with you on your first appointment. This will expedite the check in process and allow necessary time for any testing you may need prior to your appointment.

In addition to the paperwork, our Physician needs you to bring recent x-ray films, CT scans, lab results, progress notes from your referring physician and any other test results or information relevant to the condition for which you are being seen. You must also bring all your prescription medications, over the counter medications and any herbal supplements you are taking regularly to your appointment.

If, for any reason, you are unable to keep your appointment, it is important that you call to cancel your appointment no less than 24 hours prior to your scheduled time as our Physician blocks 45 minutes to one hour for your new patient appointment and we have patients in need of these times if you are unavailable to use them. If you fail to keep this appointment and you do not call to cancel at least 24 hours in advance, you will be charged a \$50 late cancellation/no show fee. This fee will not be billed to your insurance company, and will be considered your responsibility and must be paid prior to any future visits.

Please be prepared to pay your co-pays, coinsurance, or deductibles at the time of your visit. Our office also asks that you bring your insurance information with you, as it is needed to submit your charges to the correct insurance company. If your insurance requires a referral, you must have it with you at the time of your appointment or we will need to reschedule your visit.

Our office no longer files secondary insurances and this will be the responsibility of the patient. You will be asked to pay the secondary portion at the time of your visit and will be given everything you need to file to your insurance for reimbursement of this cost.

Our office accepts cash, checks, and Visa/Mastercard for your copayments. There is a \$25.00 returned check fee should your check be returned by the bank for any reason.

If you have any questions, please call our office and select the appointment option for assistance. Thank you for taking the time to complete this information *prior to your appointment.*

Sincerely,
The Physicians and Staff

YOUR APPOINTMENT IS SCHEDULED FOR:

Sept 19 @ 3:00

PLEASE ARRIVE 30 MINUTES BEFORE YOUR SCHEDULED APPOINTMENT. → 2:30

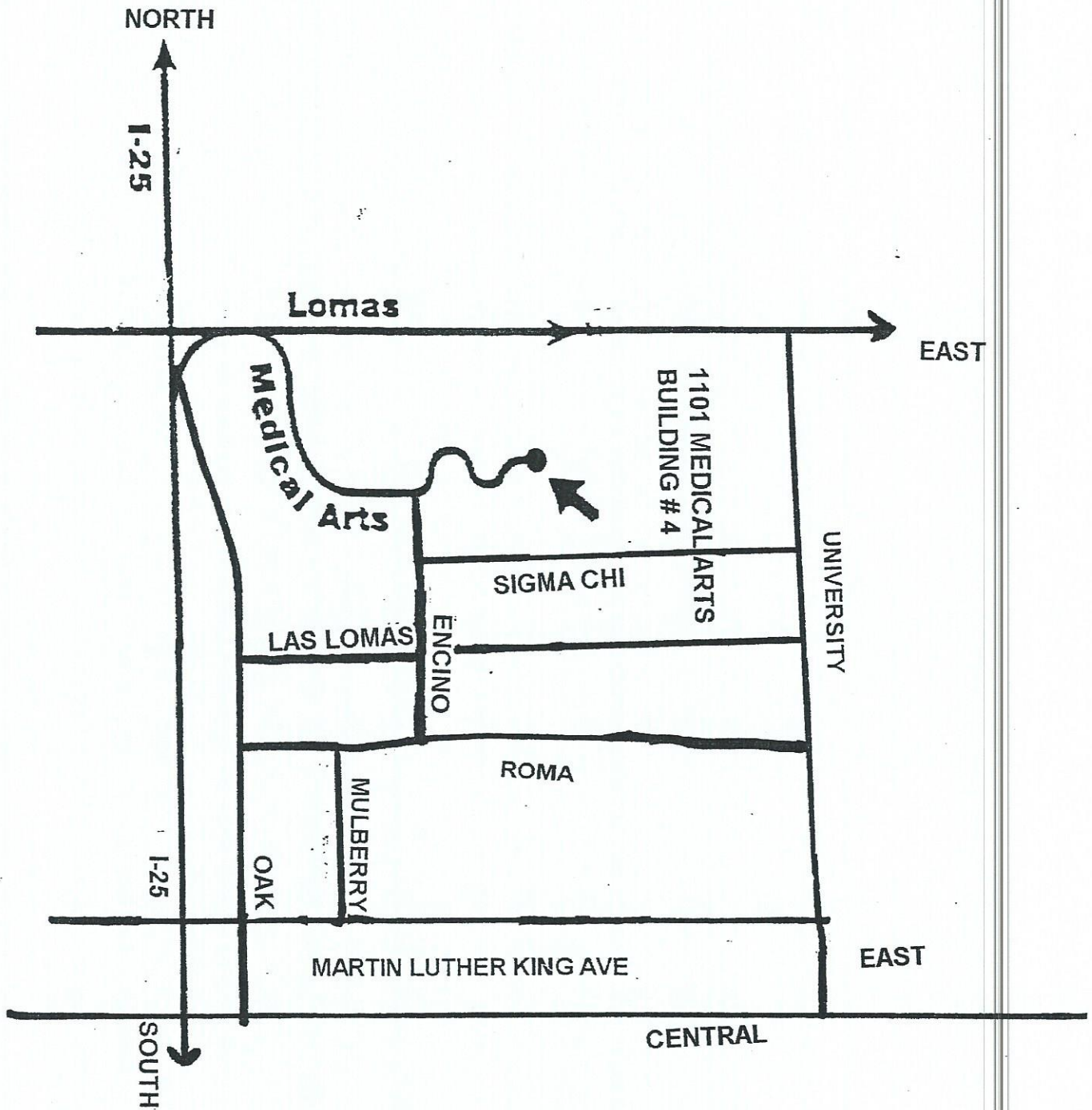
Ronald W. Bronitsky, M.D., F.C.C.P.
W. Gerald Brown, M.D., F.C.C.P.
Ann L. DeHart, M.D., F.C.C.P.

Vesta M. Mapel, M.D.
Bruce A. Miller, M.D., F.C.C.P.
Matthew R. Montoya, M.D.

Thomas E. Parzyck, M.D., F.C.C.P.
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AUTHORIZATION TO RELEASE MEDICAL RECORDS

Please print clearly

Name: Douglas Copp
Address: PO Box 534 Sandia Park, NM, 87047
Phone: (505) 281-7977 Date of Birth: Aug 3/51 SSN: 046 46-1692

I authorize _____ to release medical information from my
(Physician's name)

medical record to:

SOUTHWEST PULMONARY SPECIALISTS
1101 Medical Arts Ave., NE Bldg. 4
Albuquerque, NM 87102
(505)842-5105 Fax: (505)842-6209

for the purpose of review/examination/information. I further authorize you to provide copies thereof as may be requested. I am fully aware and give permission to release records which may indicate substance abuse; Psychiatric/Mental health information; or HIV Information/Testing Results and/or of Acquired Immunodeficiency Syndrome (AIDS). The foregoing is subject to such limitation as indicated below.

- Entire Record
- Specific information _____
- Old records from previous physician(s) _____

TO THOSE RECEIVING CONFIDENTIAL RECORDS, MATERIAL AND/OR INFORMATION PURSUANT TO THIS AUTHORIZATION:

This information is released subject to the terms of Section 24-2B-7 N.M.S.A. 1978 as amended and this Authorization to release records, documentary/tangible material and information is subject to the following statement:

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure to such information without specific written consent of the person to whom the information pertains or as otherwise permitted by law.

This authorization will automatically expire one year from the date signed. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance thereon.

Signed _____ Date _____
Patient (ID verified) OR Legal Guardian (ID verified)

NAME: Doug Corp

DATE: Sept 11/2002

Please answer the following questions about your medical history.

A: PAST MEDICAL HISTORY

1. Have you had any operations? If so, please list them including operations during childhood such as having tonsils out or your appendix removed, etc.

- a. Sinus COTARIZED
- b. SPINAL PROCEDURE (LAST WEEK)
- c. _____
- d. _____
- e. _____
- f. _____

2. Have you any medical illnesses that have required medication(s) or hospitalization such as hypertension, diabetes, heart disease, thyroid, etc.

- a. RESPIRATORY ATTACKS (6 in last 2 months)
- b. FRAGMENTED SPINE
- c. HIGH BLOOD PRESSURE
- d. THYROID
- e. _____
- f. _____

3. a. Have you ever lived or worked with someone who had TB? If yes, please explain:

NO

- b. Have you ever had a skin test for TB? YES
- c. Was it positive or negative? Negative
- d. Have you ever taken TB medicine every day (INH) for six months to a year? NO
- e. Have you ever been diagnosed with tuberculosis? NO

4. What medications are you on? What is the dose of the medication?

- | | |
|---|---|
| a. <u>PREDNISONE</u> dose <u>20mg</u> | e. <u>THIAZAC</u> dose <u>180 mg</u> |
| b. <u>ADVAIR</u> dose _____ | f. <u>SINGULAIR</u> dose <u>10 mg</u> |
| c. <u>ALBUTEROL</u> dose _____ | g. <u>OXYCODONE</u> dose <u>AS NEEDED</u> |
| d. <u>LEVOTHYROID</u> dose <u>.025 mg</u> | h. _____ dose _____ |

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5. Write down all the drugs that you are allergic to:

- a. PENNICILLIN
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

- a. Flu shot? NO If yes, when? _____
- b. Pneumovax? NO If yes, when? _____
- c. BCG vaccination? _____ If yes, when? _____

B. FAMILY HISTORY

1. Has any blood relative of yours had:

	<u>Yes</u>	<u>No</u>
Diabetes mellitus.	<u>✓</u>	_____
Hypertension.	_____	<u>✓</u>
Stroke.	_____	<u>✓</u>
Heart attack or heart disease.	_____	<u>✓</u>
Tuberculosis.	_____	<u>✓</u>
Emphysema.	_____	<u>✓</u>
Asthma.	_____	<u>✓</u>
Cystic fibrosis.	_____	<u>✓</u>
Allergy/Hay fever.	_____	<u>✓</u>
Cancer.	<u>✓</u>	_____
Bleeding disorder.	_____	<u>✓</u>
Anemia.	_____	<u>✓</u>
Kidney disorder.	_____	<u>✓</u>
Psychiatric disease.	_____	<u>✓</u>

2. a. How many children do you have? One
 b. Are they healthy? Yes

C. SOCIAL HISTORY

Where were you born? Nova Scotia, Canada
 Last grade completed in school? 3 University Diplomas
 Are you married? Yes How long? 10 years
 How is the health of you spouse? Worried
 Were you ever in the military? No
 Where have you lived, including while in the military? Traveled to as many as 19 countries per year / Prolonged time many countries
 Do you have pets at home? yes What kind? Dog How Many? One
 Do you have hobbies? I did.
 What jobs have you held? Now and in the past?
Rescue chief of American Rescue Team International 17 years.
Fire Capt. Peru, Police Officer Canada, Demolition Specialist
 Have you been exposed to asbestos or other chemicals or dusts? Yes, at WTC
 How many alcoholic drinks do you have per day? One / Two
 How old were you when you started smoking? 37 years
 How many packs of cigarettes do you (or did you) smoke per day? 1/2
 How old were you when you quit smoking? 42 years

D. SYMPTOM REVIEW

What follows are a series of simple questions about your current health. Answer with an x in the YES or NO column.

GENERAL:

	YES	NO
Have you lost 10 lbs in the last year?	_____	<u>✓</u>
Have you gained 10 lbs in the last year? <u>40 lbs</u>	<u>✓</u>	_____
Do you have night sweats more than once a week?	_____	<u>✓</u>
Do you have a normal appetite?	<u>✓</u>	_____
Are you limited by pain or other symptoms in routine daily activities?	<u>✓</u>	_____

HEENT:

	YES	NO
Do you wear glasses or contacts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have glaucoma?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you use eye drops?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you use or need a hearing aid?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you hear ringing in your ears?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have sinus pain?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is your nose usually blocked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NEUROLOGICAL

Do you get dizzy a lot?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you fainted unexpectedly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does one side of your body or face get numb or weak occasionally?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have you ever had a stroke?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you ever had a seizure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is your walk very unsteady?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you have new or unusual headaches?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Is numb spine fragmented respiratory attack

CARDIAC:

Do you have chest pain, especially when walking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have you ever had a heart attack?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do your legs and ankles swell?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you have lots of heart palpitations and skipped beats?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Always

PULMONARY:

Do you cough or wheeze at night?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you cough or raise phlegm in the morning?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you get out of breath with activities of daily living?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

All the Time

SLEEP:

Do you snore at night?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you stop breathing at night?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you tired in the morning or fall asleep during the day?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

wake up with pain, can't get breath

GASTROINTESTINAL:

Do you have difficulty swallowing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have heartburn or regurgitation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does food get caught in your chest when you swallow it?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have stomach pain?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have black tarry bowel movements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have blood in your stool?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Indigestion from pain

GENITOURINARY:

Do you have difficulty urinating?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have to urinate at night at lot?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there blood in the urine?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

EXTREMITIES:

Do you have any spots on your skin that are growing or bleed easily?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you have unusual bone or joint pain that is new and unusual for you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Rash on neck

Spine problems

Thank you for answering these questions.