

CLIENT MEDICAL QUESTIONNAIRE

The proper defense of an OWI charge requires a complete medical history which enables your attorney to completely and properly evaluate your case. Most of the scientific and pseudo-scientific evidence in your case rests on assumptions that you are an "Average Normal Person" and that you are in "Good Health."

A complete medical history is also important to help us evaluate your performance on the so-called "Field Sobriety Test(s)" as it may help us present alternative explanations for what may appear to be objective signs of intoxication.

1. Name _____ Age _____

2. Weight _____ 3. Height _____

4. List all medications you take: _____

5. List all medications including over-the-counter drugs taken within 24 hours of your arrest: _____

6. Eyes/Hgn

6.1 Do you wear glasses? _____

6.2 Do you wear contact lenses? _____

6.3 On the day of your arrest, did you do anything which would cause eye strain? _____ If yes, what? _____

6.4 Have you been diagnosed as having Eye Muscle Fatigue? _____ If yes, when? _____

6.5 Have you been diagnosed with dry eye? _____ If yes, when? _____

6.6 Have you been diagnosed with conjunctivitis? _____ If yes, when? _____

6.7 Have you been diagnosed or treated for Glaucoma? _____ If yes, when? _____

6.8 Do you have a "Lazy Eye" or are you "Cross Eyed?" _____

6.9 Are you under the care of an Ophthalmologist? _____

- 6.9.1 Name of Doctor: _____
- 6.9.2 Address and Phone Number of Doctor: _____

- 6.9.3 Condition: _____

- 6.10 On the day of your arrest, had you ingested:
- 6.10.1 Caffeine _____ If yes, how many and in what form? _____
- 6.10.2 Nicotine _____ If yes, how much? _____
- 6.10.3 Aspirin _____ If yes, how much? _____
- 6.10.4 Antihistamines? _____ If yes, what and what dosage? _____
- 6.10.5 Other? _____
- 6.11 On the day of your arrest, did you have or, had you suffered from:
- 6.11.1 The flu or a cold? _____ If yes, which one _____
- 6.11.2 Hypertension? _____
- 6.11.3 Hypotension? _____
- 6.11.4 Arteriosclerosis? _____
- 6.11.5 Streptococcus Infection? _____
- 6.11.6 Measles? _____
- 6.11.7 Muscular Dystrophy? _____
- 6.11.8 Multiple Sclerosis? _____
- 6.11.9 Epilepsy? _____
- 6.11.10 Brain Hemorrhage? _____
- 6.11.11 Inner Eye Injuries? _____
- 6.11.12 Bilateral Amblyopia? _____
- 6.11.13 Unusual sleep pattern? _____

6.11.14 Vertigo? _____

6.11.15 Dyslexia? _____

6.11.16 Any other diagnosed eye problem? _____

6.11.17 Doctor's name, address, phone number, if different than above _____

7. Ears/Hearing

7.1 Do you wear a hearing aid? _____

7.2 Do you have any diagnosed hearing defects? _____

7.3 Do you have any diagnosed auditory processing defects? _____

7.4 Have you ever had any inner ear infections? _____ If yes, when? _____

7.5 Have you suffered any injury to your ears? _____ If yes, when? _____

7.6 Do you get swimmer's ear? _____

7.7 Name, address, phone number of doctor if different from above: _____

8. Body Temperature

8.1 What is your normal body temperature? _____

8.2 On the day of your arrest, was your body temperature higher than normal? _____
If yes, what was it _____

8.3 Within 24 hours of your arrest, did you have a fever? _____ If yes, what was it?

8.4 If female, did you have your period or were you pre-menstrual at the time of your arrest?
_____ If yes, which one? _____

8.5 Name, address and phone number of doctor if different than doctor stated above: _____

9. Lungs and Respiratory System

9.1 Do you have Asthma? _____

- 9.2 Do you have COPD (Chronic Pulmonary Obstructive Disease)? _____
- 9.3 Do you smoke? _____ If yes, how much per day _____
- 9.4 Do you have lung cancer? _____
- 9.5 Do you have Lymphoma? _____
- 9.6 Do you have Hodgkins Disease? _____
- 9.7 Do you have throat cancer? _____
- 9.8 Do you have any other diagnosed ailment of the respiratory system? _____
- 9.9 Name, address and phone number of doctor if different than above: _____

10. Endocrine System

- 10.1 Are you diabetic? _____
- 10.1.1 Type I or Type II? _____
- 10.1.2 Do you take insulin? _____
 If yes, dose A.M. _____ P.M. _____
- 10.1.3 Are you on oral medication? _____ If yes, what? _____

- 10.2 On the day of your arrest were you hypoglycemic? _____
 If yes, which one? _____ What time _____
- 10.3 Have you ever had yeast infections? _____ If yes, how often?

- 10.4 Were you taking antibiotics on the day of your arrest? _____ If yes,
 what kind? _____
- 10.5 Name, address and phone number of doctor, if different than above: _____

11. Gastrointestinal System

- 11.1 Gastric Reflux Disease? _____
- 11.2 Esophaghea Hernia? _____
- 11.3 Heartburn? _____

- 11.4 Do you use Tagament, Zantac or other anti-heart burn medication? If yes, what do you use? _____
- 11.5 Do you suffer from any urinary tract infections? _____
- 11.6 Do you suffer from bladder infections? _____
- 11.7 Name, address and phone number of doctor if different from above: _____

12. Skeletal System

- 12.1 Have you suffered injuries to, or have deformities in your:
- 12.1.1 Feet? _____ If yes, when and what? _____
- 12.1.2 Ankles? _____ If yes, when and what? _____
- 12.1.3 Knees? _____ If yes, when and what? _____
- 12.1.4 Legs? _____ If yes, when and what? _____
- 12.1.5 Back? _____ If yes, when and what? _____
- 12.1.6 Spine? _____ If yes, when and what? _____
- 12.1.7 Hands or fingers? _____ If yes, when and what? _____

- 12.1.8 Neck? _____ If yes, when and what? _____
- 12.2 Do you suffer from arthritis? _____ If yes, where _____
- 12.3 Are you "Pigeon Toed"? _____
- 12.4 Are you "Bow Legged"? _____
- 12.5 Name, address and phone number of doctor if different from above: _____

13. Muscular System

- 13.1 At the time of your arrest, did you have any muscle:
- 13.1.1 Strains? _____ If yes, where? _____
- 13.1.2 Sprains? _____ If yes, where? _____

13.1.3 Tears? _____ If yes, where? _____

13.1.4 Atrophy? _____ If yes, where? _____

13.1.5 Cramps? _____ If yes, where? _____

14. Circulatory System

14.1 Do you have heart disease? _____

14.2 Do you have circulatory problems? _____ If so, where? _____

14.3 Do you take any blood thinners? _____ If so, what? _____

14.4 Name, address and phone number of doctor if different from above: _____

15. Neurological/Psychological/Psychiatric

15.1 Have you ever suffered a stroke? _____ If yes, when? _____

15.1.1 Do you have any partial paralysis? _____ If yes, where? _____

15.2 Have you ever suffered any injury to the brain? _____ If yes, when? _____

15.2.1 Any lasting effects? _____

15.3 Have you ever seen a psychologist or psychiatrist? _____ If yes, when?

15.3.1 What was the diagnosis? _____

15.3.2 Were you placed on medication? _____ If yes, what? _____

15.3.3 Have you been diagnosed with Attention Deficit Disorder? _____ If yes, when? _____

15.3.4 Do you suffer from headaches _____ Migraines _____?
If so, how often? _____

15.3.5 Do you suffer from Depression? _____

15.3.6 Do you experience Anxiety Attacks? _____

15.3.7 Do you get nervous easily? _____

15.3.8 Name, address and phone number of doctor if different from above: _____

16. The Mouth

- 16.1 Do you have periodontal disease? _____
- 16.2 Do you wear a partial plate or dentures? _____
- 16.3 Do you have any extensive Bridge work? _____
- 16.4 Do you have any loose caps or crowns? _____
- 16.5 Do you have any condition which introduces blood into your mouth? _____ If yes, what? _____ How? _____
- 16.6 Were you taking antihistamines on the date of your arrest? _____ If yes, what kind? _____ How often? _____
- 16.7 Name, address and phone number of doctor if different from above: _____

17. General Information

- 17.1 Do you have any condition which would affect your ability to perform field sobriety tests? _____ If yes, what? _____ Please explain:

- 17.2 Do you have any condition which might make you appear to be intoxicated? _____

- 17.3 Were you pepper sprayed or sprayed with mace? _____

18. Accident Cases (to be filled out only if you were in an accident)

- 18.1 Did you hit your head? _____
- 18.2 Were you injured in anyway? _____ If yes, how? _____
- 18.3 Were you wearing a seat belt? _____
- 18.4 Did your airbag deploy? _____
- 18.5 Were you taken to a hospital? _____ If yes, which one? _____
Location of Hospital: _____

- 18.6 Were you put on an IV Prior to having your blood withdrawn? _____
- 18.7 Do you remember talking with a police officer? _____
- 18.8 Were you ever unconscious? _____ If yes, when? _____
- 18.9 Were you admitted? _____
- 18.10 Name of attending physician? _____