

LAW OFFICES OF ROGER L. FALK, P.A.
CLIENT MEDICAL QUESTIONNAIRE

The proper defense of a DUI 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.

Thank you for your time and effort in completing this form. It will help us to help you.

1. Name: _____ Age: _____
2. Weight: _____ Height: _____
3. List **all** medications you take: _____

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

6. 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 had any inner ear infections? _____ If yes, when? _____

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

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 & 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 or hyperglycemic? _____
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 from 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? _____

13.2 Have you suffered any disease of the muscles? _____ If yes, what? _____

13.3 Do you have Ataxia? _____

13.4 Do you have any condition which you believe affects your balance and coordination? _____ If yes, what is it? _____

13.5 Name, address and phone number of doctor if different than above:

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? _____
If yes, what? _____ Please explain: _____

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

18. **ACCIDENT CASES** (to be filled out **only** if you were in an accident)

- 18.1.1 Did you hit your head? _____
- 18.1.2 Were you injured in any way? _____ If yes, how? _____
- 18.1.3 Were you wearing a seat belt? _____
- 18.1.4 Did your air bag deploy? _____
- 18.1.5 Were you taken to a hospital? _____ If yes, which one? _____
Location of hospital: _____
- 18.1.6 Were you put on an IV prior to having your blood withdrawn? _____

18.1.7 Do you remember talking with a police officer? _____

18.1.8 Were you ever unconscious? _____ If yes, when? _____

18.1.9 Were you admitted? _____

18.1.10 Name of attending physician: _____