

Client Medical Questionnaire

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Please complete the following questionnaire as best as possible. Most of the scientific and pseudo-scientific evidence in your case rests on the assumption that you are a ***Average Normal Person*** and that you are in ***Average Good Health***. Because no two people are alike, the scientific basis upon which the State rests may be flawed. A complete medical history is important to help our firm evaluate your performance on all of the “tests” conducted and to help us present alternative explanations for what may have appeared to be objective signs of intoxication. The questions on this form have been created with the help of experts. Although some questions may be repeated from other forms you have filled out, please remember to fill in every answer. The questions have been repeated here so that this questionnaire only can be presented to an expert for review, so that her own professional opinion is not biased by the narrative contained in other forms and to protect attorney-client privilege.

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Client Name _____

1. Age: _____
2. Sex: _____
3. Height: _____
4. Weight: _____
5. List All Medications you are Currently Taking: _____
6. List All Medications Taken in Last 6 Months: _____
7. List all Medications including Over the Counter drugs taken with 24 hours of arrest: _____

8. EYES:

- 8.1 Do You wear glasses _____
- 8.2 When was the last time your eyes were checked? _____
- 8.3 On the date of your arrest, did you do anything that would cause eye strain?

- 8.4 If So, What: _____
- 8.5 Have you ever been diagnosed with Eye Muscle Fatigue? _____
- 8.6 Have you been diagnosed with Dry Eyes? _____
- 8.7 Have you been diagnosed with conjunctivitis? _____
- 8.8 Have you been diagnosed or treated for Glaucoma? _____
- 8.9 Do you have a "Lazy Eye" or are you "Crossed Eyed?" _____
- 8.10 Are you under the care of an Ophthalmologist?
 - 8.10.1 Name of Doctor: _____
 - 8.10.2 Condition: _____
- 8.11 On the day of your arrest had you ingested
 - 8.11.1 Caffeine: _____
 - 8.11.2 Nicotine: _____
 - 8.11.3 Aspirin: _____
 - 8.11.4 Antihistamines: _____
 - 8.11.5 Other: _____
- 8.12 On the day of your arrest, did you have or had you had suffered from:
 - 8.12.1 The flu or cold
 - 8.12.2 Hypertension
 - 8.12.3 Hypotension
 - 8.12.4 Arteriosclerosis
 - 8.12.5 Streptococcus Infection
 - 8.12.6 Measles
 - 8.12.7 Muscular Dystrophy
 - 8.12.8 Multiple Sclerosis
 - 8.12.9 Epilepsy
 - 8.12.10 Brain Hemorrhage
 - 8.12.11 Inner Eye Injury
 - 8.12.12 Bilateral Amblyopia
 - 8.12.13 Unusual Sleep Pattern

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- 8.12.14 Vertigo
- 8.12.15 Dyslexia
- 8.12.16 Any other eye problem

9. Ears/Hearing

- 9.1 Do you wear a hearing aid?
- 9.2 Do you have any diagnosed hearing defects?
- 9.3 Do you have any diagnosed auditory processing defects?
- 9.4 Have you had an inner ear infections?
- 9.5 Have you suffered any injury to your ears?
- 9.6 Do you get swimmer's ear?

10. Body temperature

- 10.1 What is your normal body temperature?
- 10.2 On the day of your arrest what was your body temperature?
- 10.3 Within 24 hours of your arrest did you have a fever?
- 10.4 Did you have your period or were you premenstrual at the time of your arrest?

11. Lungs and Respiratory System

- 11.1 Do you have Asthma?
- 11.2 Do you have Pulmonary Obstructive Disease?
- 11.3 Do you smoke? How much per day?
- 11.4 Do you have lung cancer?
- 11.5 Do you have Lymphoma?
- 11.6 Do you have Hodgkins Disease?
- 11.7 Do you have throat cancer?
- 11.8 Do you have any other diagnosed ailment of the respiratory system?

12. Endocrine System

- 12.1 Are you diabetic?
 - 12.1.1 Type I?
 - 12.1.2 Type II?
 - 12.1.3 Do you take Insulin?
 - 12.1.4 Are you on oral medication? What:
- 12.2 On the day of your arrest were you hypoglycemic?
- 12.3 On the day of your arrest were you hyperglycemic?
- 12.4 Have you ever had yeast infections?
- 12.5 Where you taking antibiotics on the day of your arrest?

13. Gastronintestinal System

- 13.1 Gastric Reflux Disease:
- 13.2 Esophaghea Hernia:
- 13.3 Heartburn:

- 13.4 Do you use Tagament, Zantac or other anti-heart burn medication?
What:
- 13.5 Do you suffer from any urinary track infections?
- 13.6 Do you suffer from bladder infections?

14. Skeletal System

- 14.1 Have you ever suffered injuries to or have deformities in your:
 - 14.1.1 Feet
 - 14.1.2 Ankles
 - 14.1.3 Knees
 - 14.1.4 Legs
 - 14.1.5 Back
 - 14.1.6 Spine
 - 14.1.7 Hands or Fingers
 - 14.1.8 Neck
- 14.2 Do you suffer from Arthritis?
- 14.3 Are you “Pigeon Toed”?
- 14.4 Are you “Bow Legged”?

15. Muscular System

- 15.1 At the time of your arrest did you have any muscle:
 - 15.1.1 Strains
 - 15.1.2 Sprains
 - 15.1.3 Tears
 - 15.1.4 Atrophy
 - 15.1.5 Cramps
- 15.2 Have you ever suffered any disease of the muscles?
- 15.3 Do you have Ataxia?
- 15.4 Do you have any condition which you believe effects your balance and coordination? What:

16. Circulatory System

- 16.1 Do you have heart disease?
- 16.2 Do you take any blood thinners?

17. Neurological/Psychological/Psychiatric

- 17.1 Have you ever suffered a stroke?
- 17.2 Have you ever suffered an injury to the brain?
- 17.3 Have you ever seen a psychologist or a psychiatrist?
 - 17.3.1 What was diagnosis:

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- 17.3.2 When:
 - 17.3.3 Were you placed on medication? What:
 - 17.4 Have you been diagnosed with Attention Deficit Disorder?
 - 17.5 Do you suffer from Depression?
 - 17.6 Do you experience Anxiety Attacks?
 - 17.7 Do you get nervous easily?
18. Accident Cases
- 18.1 Did you hit your head?
 - 18.2 Were you injured in any way? How:
 - 18.3 Were you wearing a seatbelt?
 - 18.4 Did your air bag deploy?
 - 18.5 Were you taken to the 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 Did you ever lose consciousness?
19. The Mouth
- 19.1 Do you have periodontal disease?
 - 19.2 Do you have dentures?
 - 19.3 Do you have any extensive Bridge work?
 - 19.4 Do you have any caps or crowns which are loose?
 - 19.5 Do you have any condition which introduces blood into your mouth?
 - 19.5 Were you on antihistamines on the day of your arrest?
20. General Information
- 20.1 Do you have any condition that would effect your ability to perform field sobriety tests? What:
 - 20.2 Do you have any condition that would make you appear to be intoxicated? What:
 - 20.3 Were you pepper sprayed or sprayed with mace?