

# Elmiron Intake Questionnaire

Potential clients (injured person) name: \_\_\_\_\_

DOB: \_\_\_\_\_

Inquirer Name (if different): \_\_\_\_\_

Inquirer's relationship to injured person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Injured Person spouse name: \_\_\_\_\_

## **(If Injured Person Is Deceased)**

Date of Death: \_\_\_\_\_

State of Death: \_\_\_\_\_

State of Ingestion: \_\_\_\_\_

Cause(s) of Death: \_\_\_\_\_

Residency at time of Death: City & State: \_\_\_\_\_

Has an Estate been opened: \_\_\_\_\_

If yes, who has been appointed Personal Representative:

\_\_\_\_\_

When were you first prescribed Elmiron? \_\_\_\_\_

Are you still taking the drug? \_\_\_\_\_

If not, when did you stop taking the drug (if not taking for 3+ months, decline)?

\_\_\_\_\_

Did you stop taking the drug after you learned the link to macular degeneration? \_\_\_\_\_

Were you diagnosed with interstitial cystitis? \_\_\_\_\_

If not, what condition was the drug prescribed for? \_\_\_\_\_

Were you diagnosed with macular degeneration (mm/yr)? \_\_\_\_\_

If not, what condition have you been diagnosed, or what symptoms did you start having?

\_\_\_\_\_

Which state were you living in when:

The drug was prescribed? \_\_\_\_\_

While you were taking the medication (if more than one, list all)? \_\_\_\_\_

When you were diagnosed with your condition, or when did you start experiencing symptoms?

\_\_\_\_\_

Has a doctor told you Elmiron caused your macular degeneration? \_\_\_\_\_

If so, when (mm/yr)? \_\_\_\_\_

Dr. name (include city & state): \_\_\_\_\_

OR

Has a doctor told you your condition or symptoms are related to Elirmon? \_\_\_\_\_

If so, when (mm/yr)? \_\_\_\_\_

Dr. name (include city & state): \_\_\_\_\_

When did you first hear about potential lawsuits related to Elmiron? \_\_\_\_\_

Have you ever called another attorney on this matter? \_\_\_\_\_

If so, when and what was the outcome?

\_\_\_\_\_

**\*\*\*\* Please be sure to save all evidence of Elmiron, including any proof of purchase, receipts, packaging, boxes, etc. \*\*\*\***