

PPI 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: _____

Phone Home: _____ Cell: _____

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:

INGESTION INFORMATION:

____ Nexium

Ingestion Start: _____

Ingestion Stop: _____

___ Prilosec
Ingestion Start: _____
Ingestion Stop: _____

___ Prevacid
Ingestion Start: _____
Ingestion Stop: _____

___ Other
Ingestion Start: _____
Ingestion Stop: _____

Did you take brand name product or generic? _____
Dosage (mg): _____

Reason for taking the drug? _____

If you took OTC, did you ever take store brand; (i.e. Walgreens, Equate (Walmart) versions of Omeprazole (Prilosec), or Esomeprazole (Nexium)? _____
If yes, which ones? _____

If you took OTC, do you have any of the packaging, boxes, blister packs, or containers for the PPI drug you took? _____

Prescribing doctor, city & state: _____

Pharmacy, city & state where filled: _____

Were you advised by a doctor to stop taking the drug? _____

If yes, please explain: _____

Do you have proof of product use;(i.e. pharmacy recs, receipts, etc.)?

BACKGROUND INFORMATION:

Prior to your use/ingestion of drug, were you diagnosed with a Kidney Injury/Disease (Acute or Chronic)? _____

If yes, did you return to baseline before starting drug? _____

INJURY INFORMATION:

____ Renal or Kidney Failure?
If yes, date diagnosed: _____

____ Acute Kidney Injury?
If yes, date diagnosed: _____

____ Acute Interstitial Nephritis?
If yes, date diagnosed: _____

____ Chronic Kidney Disease?
If yes, date diagnosed: _____

____ Undergone a kidney biopsy?
If yes, provide date: _____

____ Dialysis Treatment?
If yes, date started: _____

____ Kidney Removal without Transplant?
If yes, date removed: _____

____ Kidney Transplant?
If yes, date of transplant: _____

Hospital, city & state where you are being treated for your injuries:

Has a doctor related your injuries to the drug?

What is the current state of your injuries after taking the drug?

When did you first become aware that a PPI may have been the cause of your kidney disease?

MISCELLANEOUS INFORMATION:

Have you contacted another attorney about this issue? _____
If yes, Who have you contacted? _____
What did they say about your claim? _____