

# Talcum Powder 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:

\_\_\_\_\_

1. Have you been diagnosed with Ovarian cancer, Fallopian cancer, or Mesothelioma?

Ovarian: Yes \_\_\_\_ No \_\_\_\_ Date of Diagnosis \_\_\_\_ Age at Diagnosis \_\_\_\_

Fallopian: Yes \_\_\_\_ No \_\_\_\_ Date of Diagnosis \_\_\_\_ Age at Diagnosis \_\_\_\_

Mesothelioma: Yes \_\_\_\_ No \_\_\_\_ Date of Diagnosis \_\_\_\_ Age at Diagnosis \_\_\_\_

**(If none, decline the case.)**

2. Have you been diagnosed with prior breast cancer or other gynecologic cancers?

Yes \_\_\_\_ No \_\_\_\_

3. Other than the cancers previously discussed, have you been diagnosed with any other form of cancer?

Yes \_\_\_\_ No \_\_\_\_

If yes, which cancer? \_\_\_\_\_

Diagnosis date? \_\_\_\_\_ Age \_\_\_\_\_

4. Do you have an immediate family history of Ovarian cancer or breast cancer?

Yes \_\_\_\_ No \_\_\_\_ If yes, which cancer? \_\_\_\_\_

5. Have you had a BRCA test? Yes \_\_\_\_ No \_\_\_\_

If yes, when? \_\_\_\_\_

What were the results? \_\_\_\_\_

**(If yes, and positive for genes 1 and 2, decline case.)** (If BRCA has not been taken or test if positive for other than genes 1 and 2, continue intake.)

6. Has the injured party suffered with infertility? Yes \_\_\_\_ No \_\_\_\_

Please describe. \_\_\_\_\_

7. Which powder product did you use?

Johnson's Baby Powder \_\_\_\_\_

Shower-to-Shower Body Powder \_\_\_\_\_

Other \_\_\_\_\_

If Other, which one?: \_\_\_\_\_

How was the product used? \_\_\_\_\_

8. How long did potential client use it?: \_\_\_\_\_

**(If usage was less than 5 years before diagnosis, decline.)**

9. Where was the talc purchased (Walgreens, CVS, etc): \_\_\_\_\_

What location (street, city, state & zip): \_\_\_\_\_

10. When did you use it?(Approximate month/year to approximate month/year is okay):

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11. How often do/did you use talc powder? (daily, weekly, monthly):

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12. What treatment have you received?:

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13. When did you receive treatment?:

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14. Has a Doctor told you that this powder is responsible for any of the above symptoms?: \_\_\_\_\_

If yes, Name of Doctor, city & state: \_\_\_\_\_

If yes, What exactly did the Doctor tell you?:

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15. Have you consulted with another Attorney before calling our firm?: \_\_\_\_\_

If yes, what did they tell you?:

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16. How did you hear about our law firm?

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17. When did you first learn talc may caused your cancer? How did you first learn Talc may caused your cancer?

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18. Any other details the Attorney needs to know? :

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