

**GOOBERMAN'S MEDICAL/LEGAL QUESTIONNAIRE**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Wt. \_\_\_\_\_ Ht. \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Lawyer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Town of Arrest: \_\_\_\_\_ Date & Time of Arrest: \_\_\_\_\_ at \_\_\_\_\_

Is English your first language?  Yes  No -- If not, what is your primary language? \_\_\_\_\_

Was this a DWI  or refusal

Alcohol  or drugs

Was there a breath test?  Yes  No What were the results of the breath test? \_\_\_\_\_

Where was the breath test conducted?  Roadside  Police Department  Both

Was a blood test or urinalysis performed?  Blood test  Urinalysis

Where were the toxicology tests performed?  Hospital  Police Laboratory

What were the substances and levels of those tests?  
\_\_\_\_\_

Was there a motor vehicle accident?  Yes  No Was there airbag deployment?  Yes  No

Did you lose consciousness?  Yes  No Did you suffer a head injury?  Yes  No

Were SFST's performed?  Yes  No Were any of the following of consequence in the performance:

- Flashing lights  Yes  No
- Headlights  Yes  No
- Uneven ground  Yes  No
- Debris  Yes  No
- Wet Surface  Yes  No
- Icy Surface  Yes  No

What time do you usually awake in the morning? \_\_\_\_\_ What time did you wake up that morning? \_\_\_\_\_

Were you bleeding at the time of the arrest?  Yes  No If so, where were you bleeding from?

- Cuts (lacerations) \_\_\_\_\_ Where/Location \_\_\_\_\_
- Scratches (abrasions) \_\_\_\_\_ \_\_\_\_\_
- Broken bones (fractures) \_\_\_\_\_ \_\_\_\_\_
- Bruises (hematomas) \_\_\_\_\_ \_\_\_\_\_

What medications were you taking at the time of the arrest?

Reason?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a diabetic  Yes  No Medications \_\_\_\_\_

Were you suffering from any injuries at the time of the arrest? If so, where?

| <u>Please Check</u> | <u>Explanation of Injuries</u> |
|---------------------|--------------------------------|
| ➤ Ankles _____      | _____                          |
| ➤ Feet _____        | _____                          |
| ➤ Legs _____        | _____                          |
| ➤ Back _____        | _____                          |
| ➤ Knee _____        | _____                          |
| ➤ Hips _____        | _____                          |

Were you receiving any treatment for any of the following neurological conditions at the time of the arrest?

| <u>Please Check</u>         | <u>Please Explain</u> |
|-----------------------------|-----------------------|
| ➤ Vertigo (Dizzy) _____     | _____                 |
| ➤ Seizure disorder _____    | _____                 |
| ➤ Head injury _____         | _____                 |
| ➤ Nerve damage _____        | _____                 |
| ➤ Learning disability _____ | _____                 |
| ➤ Stroke _____              | _____                 |
| ➤ Depression _____          | _____                 |
| ➤ Sleep Apnea _____         | _____                 |

Do you see a medical doctor regularly?  Yes  No

Do you see a chiropractor regularly?  Yes  No

Do you see a podiatrist?  Yes  No

Do you see a psychiatrist/therapist?  Yes  No

Do you have respiratory allergies?  Yes  No

Do you suffer from sinusitis?  Yes  No

Did you have a cold, flu or bronchitis at the time of the arrest?  Yes  No

Have you been hospitalized in the past?  Yes  No If so, was surgery performed?  Yes  No What surgeries?:

\_\_\_\_\_

Did you ever have bariatric surgery performed?  Yes  No

Do you suffer from ongoing problems with any of the following symptoms?

| <u>Please Check</u>                       |
|---|
| ➤ Post nasal drip _____                   |
| ➤ Hoarseness _____                        |
| ➤ Nasal congestion _____                  |
| ➤ Something caught in your throat _____   |
| ➤ Halitosis (bad breath) _____            |
| ➤ Rhinitis (runny nose) _____             |
| ➤ Sore throat _____                       |
| ➤ Choking spells _____                    |
| ➤ Excess salivation _____                 |
| ➤ Voice changes _____                     |
| ➤ Persistent cough _____                  |
| ➤ Ear pain (otalgia) _____                |
| ➤ Throat clearing _____                   |
| ➤ Neck pain – not related to trauma _____ |

Have you ever had sinus x-rays?  Yes  No If so, please obtain the report (if not already produced) and provide a copy to your attorney.

Have you ever been diagnosed with any of the following:

- Asthma  Yes  No
- Emphysema  Yes  No
- COPD  Yes  No

Do you use an inhaler?  Yes  No --  Pulmonary  Nasal

Do you have any of the following:

- Hiatal hernia Please check  
\_\_\_\_\_
- Problems with heartburn, belching or burping \_\_\_\_\_
- Difficulty swallowing \_\_\_\_\_
- Hoarseness in the morning \_\_\_\_\_
- Sore throat in the morning \_\_\_\_\_

Do you use antacids or other stomach medications regularly?  Yes  No

Over the counter medications  Yes  No Prescribed by a doctor Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have high blood pressure?  Yes  No What medications do you take? \_\_\_\_\_

Have you ever had an upper GI x-ray?  Yes  No If so, please obtain a report and provide a copy to your attorney.

Do you have:  Dental plates or bridges

Gum Disease (gingivitis, pyorrhea)

Dentures If so, do you use adhesives?  Yes  No If yes, what brand? \_\_\_\_\_

Did you use a mouth wash or breath spray at the time of the arrest?  Yes  No

Did you eat anything peppermint around the time of the arrest?  Yes  No If so, what? \_\_\_\_\_

Did you have anything in your mouth at the time of the breath test?  Yes  No

- Dental apparatus Please Check  
\_\_\_\_\_
- Gum \_\_\_\_\_
- Jewelry \_\_\_\_\_
- Tobacco \_\_\_\_\_
- Other substance, specifically \_\_\_\_\_

Did you have any portable electronic devices on your person at the time of the breath test?  Yes  No

- Hearing aids Please Check  
\_\_\_\_\_
- Pacemaker \_\_\_\_\_
- Defibrillator \_\_\_\_\_
- Medication pump \_\_\_\_\_
- Glucose monitor \_\_\_\_\_
- Cell phone \_\_\_\_\_
- Radio \_\_\_\_\_

Did you notice any electronic devices in the room when the breathalyzer was performed? Yes No If so, what?

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IDEAL BODY WEIGHTS (IBW)

WOMEN, AGES 25-59

(All weights include 3 pounds of clothing)

(All heights include 1 inch for shoes)

| <u>HEIGHT</u><br><u>Feet-Inches</u> | <u>SMALL</u><br><u>FRAME</u> | <u>MEDIUM</u><br><u>FRAME</u> | <u>LARGE</u><br><u>FRAME</u> |
|-------------------------------------|------------------------------|-------------------------------|------------------------------|
| 4-10                                | 102-111                      | 109-121                       | 118-131                      |
| 4-11                                | 103-113                      | 111-123                       | 120-134                      |
| 5-0                                 | 104-115                      | 113-126                       | 122-137                      |
| 5-1                                 | 106-118                      | 115-129                       | 125-140                      |
| 5-2                                 | 108-121                      | 118-132                       | 128-143                      |
| 5-3                                 | 111-124                      | 121-135                       | 131-147                      |
| 5-4                                 | 114-127                      | 124-138                       | 134-151                      |
| 5-5                                 | 117-130                      | 127-141                       | 137-155                      |
| 5-6                                 | 120-133                      | 130-144                       | 140-159                      |
| 5-7                                 | 123-136                      | 130-144                       | 143-163                      |
| 5-8                                 | 126-139                      | 136-150                       | 146-167                      |
| 5-9                                 | 129-142                      | 139-153                       | 149-170                      |
| 5-10                                | 132-145                      | 142-156                       | 152-173                      |
| 5-11                                | 135-148                      | 145-159                       | 155-176                      |
| 6-0                                 | 138-151                      | 148-162                       | 158-179                      |

MEN, AGES 25 - 59

(All weights include 5 pounds of clothing)

(All heights include 1 inch for shoes)

| <u>HEIGHT</u><br><u>Feet-Inches</u> | <u>SMALL</u><br><u>FRAME</u> | <u>MEDIUM</u><br><u>FRAME</u> | <u>LARGE</u><br><u>FRAME</u> |
|-------------------------------------|------------------------------|-------------------------------|------------------------------|
| 5-2                                 | 128-134                      | 131-141                       | 138-150                      |
| 5-3                                 | 130-136                      | 133-143                       | 140-153                      |
| 5-4                                 | 132-138                      | 135-145                       | 142-153                      |
| 5-5                                 | 134-140                      | 137-148                       | 144-160                      |
| 5-6                                 | 136-142                      | 139-151                       | 146-164                      |
| 5-7                                 | 138-145                      | 142-154                       | 149-168                      |
| 5-8                                 | 140-148                      | 145-157                       | 152-172                      |
| 5-9                                 | 142-151                      | 148-160                       | 155-176                      |
| 5-10                                | 144-154                      | 151-163                       | 158-180                      |
| 5-11                                | 146-157                      | 154-166                       | 161-184                      |
| 6-0                                 | 149-160                      | 157-170                       | 164-188                      |
| 6-1                                 | 152-164                      | 160-174                       | 155-168                      |
| 6-2                                 | 155-168                      | 164-178                       | 172-197                      |
| 6-3                                 | 158-172                      | 167-182                       | 176-202                      |
| 6-4                                 | 162-176                      | 171-187                       | 181-207                      |