

GOOBERMAN'S MEDICAL LEGAL QUESTIONNAIRE

Date: _____

Name: _____ Age: _____ Wt. _____ Ht. _____ DOB: _____

Address: _____

Phone Numbers: Cell: _____ Occupation: _____

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?

Please Check

Explanation of Injuries

➤ Ankles _____

➤ Feet _____

➤ Legs _____

➤ Back _____

➤ Knee _____

➤ Hips _____

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

Please Check

Please Explain

➤ 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?

Please Check

- 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:

Please check

- Hiatal hernia _____
- 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? _____
 - Poor dentition Yes No

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

Please Check

- Dental apparatus _____
- 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

Please Check

- Hearing aids _____
- Pacemaker _____
- Defibrillator _____
- Medication pump _____
- Glucose monitor _____
- Cell phone _____
- Radio _____
- Apple Watch _____
- Any other phone that sends or receives calls, texts or emails _____

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

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> <u>Feet-Inches</u>	<u>SMALL</u> <u>FRAME</u>	<u>MEDIUM</u> <u>FRAME</u>	<u>LARGE</u> <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> <u>Feet-Inches</u>	<u>SMALL</u> <u>FRAME</u>	<u>MEDIUM</u> <u>FRAME</u>	<u>LARGE</u> <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