

Date: ____ / ____ / ____

LEVIN PAPANTONIO P.A.
TYLENOL/ACETAMINOPHEN CLIENT QUESTIONNAIRE

*****PLEASE PROVIDE ANY AND ALL EVIDENCE IN YOUR POSSESSION
WITH THIS QUESTIONNAIRE. SUCH EVIDENCE INCLUDES: RECEIPTS,
PILL PACKAGES, AND UNUSED TYLENOL PILLS*****

PLEASE answer every question as completely and thoroughly as possible. Failure to provide complete details will only delay our ability to review and process your case.

PLEASE either print clearly and neatly OR please type form.

PLEASE NOTE, if this questionnaire is being completed by someone other than the user, the information provided should pertain to the user of the drug in question.

I. PERSONAL INFORMATION

INJURED CLAIMANT INFORMATION:

FULL NAME: _____ HOME PHONE: () _____ - _____

HOME ADDRESS: _____ CELL PHONE: () _____ - _____

_____ WORK PHONE: () _____ - _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: ____ / ____ / ____ SOCIAL SECURITY NUMBER: ____ - ____ - ____

MARITAL STATUS: ____SINGLE ____MARRIED ____DIVORCED ____WIDOWED

SPOUSE FULL NAME: _____

NAME OF PERSON COMPLETING QUESTIONNAIRE IF NOT INJURED CLAIMANT:

FULL NAME: _____ HOME PHONE: () _____ - _____

HOME ADDRESS: _____ CELL PHONE: () _____ - _____

_____ WORK PHONE: () _____ - _____

E-MAIL ADDRESS: _____

RELATIONSHIP TO INJURED CLAIMANT: _____

NAME OF A CONTACT PERSON WHO WILL KNOW HOW TO REACH YOU IF WE ARE UNABLE:

NAME: _____

HOME NUMBER: _____ WORK NUMBER: _____

WRONGFUL DEATH INFORMATION, IF APPLICABLE:

DATE OF DEATH: _____ PLACE OF DEATH: _____

WHO IS THE REPRESENTATIVE OF THE DECEASED'S ESTATE?

NAME: _____

ADDRESS: _____

TELEPHONE: _____

DEATH CERTIFICATE: WHAT ARE CAUSES OF DEATH LISTED ON DEATH CERTIFICATE (PLEASE PROVIDE A COPY OF CERTIFICATE):

WAS AN AUTOPSY PERFORMED? _____ YES _____ NO

NAME AND ADDRESS OF AUTOPSY

SURGEON/FACILITY: _____

II. TYLENOL/ACETAMINOPHEN USAGE INFORMATION

DID YOU TAKE TYLENOL / ACETAMINOPHEN WITHIN ONE WEEK PRIOR TO LIVER INJURY DIAGNOSIS? (No) _____ (Yes) _____

IF YES, HOW OFTEN?

WHAT WAS THE BRAND NAME OF THE MEDICATION USED? _____

FOR WHAT REASON DID YOU TAKE THE MEDICATION? _____

WHAT WAS THE AVERAGE DAILY DOSE OF TYLENOL TAKEN IN THE WEEK LEADING UP TO THE INJURY AT ISSUE? _____

HOW LONG BEFORE THE INJURY WERE YOU CONSISTENTLY AND CONSECUTIVELY TAKING THE DRUG? _____

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▪ **WHO PRESCRIBED YOU THE MEDICATION (IF APPLICABLE)?**

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____

DID YOUR DOCTOR EVER GIVE YOU SAMPLE S? (No) _____ (Yes) _____ If yes, when and how frequently: _____

WHERE WAS YOUR PRESCRIPTION FILLED OR WHERE DID YOU PURCHASE THE TYLENOL / ACETAMINOPHEN PRODUCT?

▪ PHARMACY / STORE NAME:

ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____

▪ PHARMACY/STORE NAME:

ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____

III. INJURY DUE TO TAKING TYLENOL/ACETAMINOPHEN PRODUCT

WHAT WAS THE DATE OF THE INJURY? __ / __ / ____

WHAT WAS THE INJURY SUFFERED FROM USING TYLENOL / ACETAMINOPHEN PRODUCT? (CIRCLE ALL THAT APPLY)

- LIVER FAILURE REQUIRING HOSPITALIZATION
- LIVER FAILURE REQUIRING TRANSPLANT OR PLACEMENT ON A TRANPLANT LIST
- LIVER FAILURE LEAFING TO DEATH
- OTHER LIVER INJURY- PLEASE DECRIBE: _____

DID YOU HAVE A LIVER BIOPSY? (No) _____ (Yes) _____ IF YES, WHAT WERE THE BIOPSY RESULTS: _____

HAVE YOU HAD A BLOOD TEST TO MEASURE YOUR LIVER ENZYMES? (No) _____ (Yes) _____

IF YES, WERE THE RESULTS ABNORMALLY HIGH: (No) _____ (Yes) _____

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HAS ANY MEDICAL PROVIDER EVER TOLD YOU THAT THE INJURY WAS LINKED TO YOU TYLENOL/ACETAMINOPHEN USE? (No) _____(Yes) _____

IF YES WHO AND WHEN? _____

HAS ANY MEDICAL PROVIDER EVER TOLD YOU TO STOP TAKING TYLENOL / ACETAMINOPHEN BECAUSE OF THESE INJURIES? (No) _____(Yes) _____

IF YES WHO AND WHEN? _____

IV. TREATMENT FOR INJURY

DID YOU SEEK MEDICAL TREATMENT FOR YOUR INJURY? (No) _____(Yes) _____

- HOSPITAL
NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____
- DOCTOR/CLINIC NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____

V. DRUGS TAKEN BEFORE INJURY:

DID YOU TAKE ANY TYPE OF PRESCRIPTION AND/OR OVER-THE COUNTER MEDICATIONS WITHIN ONE WEEK PRIOR TO LIVER DIAGNOSIS? (No) ____ (Yes) _____

- NAME OF MEDICATION (1): _____
PRESCRIBER NAME (if applicable): _____
WHY WERE YOU TAKING THE MEDICATION? _____
- NAME OF MEDICATION (2): _____
PRESCRIBER NAME (if applicable): _____
WHY WERE YOU TAKING THE MEDICATION? _____
- NAME OF MEDICATION (3): _____
PRESCRIBER NAME (if applicable): _____
WHY WERE YOU TAKING THE MEDICATION? _____

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VI. WERE YOU DIAGNOSED WITH THE FOLLOWING BEFORE SUFFERING YOUR LIVER INJURIES RELATED TO TYLENOL/ ACETAMINOPHEN:

Condition	Date of Diagnosis	Name and Location of Diagnosing Physician/Hospital
BILE DUCT OBSTRUCTION		
CIRRHOSIS		
DRUG/ALCOHOL ABUSE		
FATTY LIVER		
HEPATITIS C		
LIVER DISEASE / LIVER DYSFUNCTION		
NON-ALCOHOLIC STEATOHEPATITIS (NASH)		

DO YOU HAVE A FAMILY HISTORY (I.E. PARENTS, GRANDPARENTS, SIBLINGS) OF LIVER DISEASE, LIVER FAILURE OR ANOTHER LIVER-RELATED CONDITION?

(NO) _____ (YES) _____ IF YES, PLEASE DESCRIBE: _____

VII. CURRENT MEDICAL CONDITION/MEDICATIONS

PLEASE LIST ALL OF THE INJURED'S CURRENT MEDICAL CONDITIONS:

- NAME OF MEDICAL CONDITION (1): _____
MEDICATION PRESCRIBED/TAKEN FOR THIS CONDITION: _____
- NAME OF MEDICAL CONDITION (2): _____
MEDICATION PRESCRIBED/TAKEN FOR THIS CONDITION: _____
- NAME OF MEDICAL CONDITION (3): _____
MEDICATION PRESCRIBED/TAKEN FOR THIS CONDITION: _____

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