DK LAW GROUP

ECT INTAKE QUESTIONNAIRE

The purpose of this questionnaire is to seek information only and does not bind you to participate in any litigation.

CONFIDENTIALITY: The information provided on this form is attorney-client privilege and confidential.

TRUTHFULNESS: Please answer the questions honestly and to the best of your ability. If you do not know the answer, you may estimate or give approximations, but please do not guess.

(Month/Day/Year)

Phone: (xxx) xxx-xxxx 10

E-Mail: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Date of Last ECT: xxxxxxxxxxxxxxx18

Date of First ECT: xxxxxxxxxxxxxxxx18

In which state was your ECT administered: xx 2

Approximately the number of ECTs received: xxx 3

Was your ECT Treatment: Unilateral Bilateral Both (check box)

Name of Clinic/Hospital and City where ECT performed:

Reason for ECT Treatment: (check all that apply)

Bi-Polar Disorder Depression PTSD Other:

- Has your employment been affected by your post-ECT complaints? Yes No
 If YES,
- 2. What was your occupation and annual earnings prior to ECT?

4.	What is the highest level of education/any degrees you received?								
	Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx								
5. At the time of your ECT treatment(s), did you have private health i						h insurance?	Yes	No	
	If YES, which	carrier:							
	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx								
If NO, what insurance did you have at the time of your ECT treatment(s)?									
M	(edicare	Medicaid	Medi-Cal	None:	Other	·· xxxxxxxxxxxxxxx	xxxxxxxxxxx3(0	
6.	Provide all hea	alth insurance	you have had <u>si</u>	nce your last	ECT tr	reatment:			
Xx	xxxxxxxxxxx	xxxxxxxxxxx	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxxx	xxxxxx	xxxxxxxxxxxxxxxxx	xxxxxxxxxxx	xx95	
7.	Have you ever	experienced b	rain trauma/inj	jury prior to	ECT?	Yes	No		
	If YES, what d	lid you experie	nce? C	oncussion		Unconsciousness	Other		
	If checked, ple	ease Explain:							
	Xxxxxxxxxx	XXXXXXXXXXXXX	xxxxxxxxxx	xxxxxxxxx	xxxxxx	xxxxxxxxxxxxxx	XXXXXXXXXXXX	x188	
8.	Have you ever	had a brain tu	mor (whether o	or not benign)?	Yes	No		
9.	Have you ever	used illicit, mi	nd-altering /ha	llucinogenic (drugs?	Yes	No		
10.	Have you ever	been convicted	d of a felony?		Yes	No			
	If yes, please e	xplain:							
	Xxxxxxxx	xxxxxxxxxx	xxxxxxxxxxx	xxxxxxxxx	(XXXXXX)	xxxxxxxxxxxxxxx	xxxxxxxxxxx1	00	
11.	-	•	your post-ECT ter your last EC	_		oral complaints and d	uration that has	;	
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX XXXXXXXXXXXXX XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX XXXXXXX XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX XXXX XXXX	
12.	Did you ever h	nave any of thes	se complaints <u>p</u>	<u>rior</u> to ECT?		Yes	No (check box)		
	If YES, please	explain:							
	Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx						XXXX		

13.	Did you ever report these lingering complaints to a healthcare provider <u>at least a month after your last</u> <u>ECT treatment?</u> Yes No							
	If YES, what <u>date</u> did you <u>first report</u> any lingering complaints <u>after</u> ECT? Xxxxxxxxxxxxx15							
14.	Have you had any neuropsychology testing done <u>after</u> ECT to assess your lingering complaints?							
	□ Yes □ No							
15.	Have you had any type of evaluation done to assess your lingering complaints after ECT? Yes No							
	If YES to Questions 14 or 15:							
16.	6. What testing or evaluation has been done to assess your lingering complaints after ECT?							
	Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx							
17.	Who performed the testing?							
	Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx							
18.	What Date(s) were any Post- ECT tests performed? xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx							
19.	Has any healthcare provider ever advised you that your post-ECT lingering complaints may have been caused by ECT? Yes No							
	If YES,							
20.	Which Healthcare provider(s) advised you your lingering complaints were possibly attributed to ECT?							
	Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx							
21.	What <u>date</u> were you <u>first advised</u> that ECT may have caused your lingering complaints?							
	Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx							
22.	If no Healthcare provider has ever advised you that your post-ECT lingering complaints may be caused by ECT, on what <u>date</u> did you first believe your post-ECT complaints may be caused by ECT? Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx							
23.	Why do you believe that your post-ECT lingering complaints may be caused by ECT?							
	Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx							

24.	Were you ever advised by a heal lingering complaints?	thcare provide Yes	er that there were other reasons for your post-ECT				
	8. 8. I						
	If YES,						
25.	25. What <u>date</u> were you advised that there were other reasons for your post-ECT lingering complaints?						
	x41						
26.	What reasons were you told wer	e other potentia	al causes of your post-ECT lingering complaints?				
	Xxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxx	*************				
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	**************************************				
	Xxxxxxxxxxxxxxxxxxxxxxxxx	XXXXXXXXXXXXX	****************				
	xxxxxxxxxx 460	XXXXXXXXXXXXXXX	***************************************				
27.	Is there any other pertinent ECT	Γ related histor	ry you believe is important for us to know?				
XX	xxxxxxxxxxxxxxxxxxxxxxxx	XXXXXXXXXXXXX	**********				
XX	*****	XXXXXXXXXXXXXX	***********				
XX	*****	XXXXXXXXXXXXXX	************				
XX	xxxxxxxxxxxxxxxxxxxxxxxxx	XXXXXXXXXXXXXXX	*************				
XX	xxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxx	*************				
XX	xxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxx	************				
XX	xxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxx	***************************************				
DA	TE:						
(mo	nth/day/year)	Signa	ature				