Paraquat

The Legal Leads

Intake Forms Are Fully Customizable To Your Firm's Need

Contact Information

Client Full Name:

Date Of Birth:

D D M M Y Y Y

Social Security Number:

Gender: M/F

Address:

Phone:

E-mail:

Name of Caller (If calling for someone else):

Relationship:

Deceased:

Date Deceased:

State Deceased:

Emergency Contact Name:

Emergency Contact:

Emergency Contact Relationship:

Lead Info

Have you ever been represented regarding Paraquat? Yes No

Have you mixed, sprayed, transferred, or worked in Paraquat manufacturing? Yes No

Paraquat Type:

Do you or a loved one have pesticide license? Yes No

Worked for someone with pesticide license? Yes No

Have you lived or worked on a farm where Paraquat was used? Yes No

Name of Farm:

Farm Address:

How were you exposed to Paraquat? Yes No

What was the purpose of Paraquat use/application?

How often were you exposed to Paraquat? Yes No

When 1st exposed: D D M M Y Y Y Y

When last exposed D D M M Y Y Y Y

Usage Type:

Symptom State Date:

Type of Injury/ Symptoms:

Type of disease diagnosed with?

Date Diagnosed: D M M Y Y Y Y

Where diagnosed name:

Where diagnosed address:

Where diagnosed phone:

Where treated name:

Where treated address:

Where treated phone:

Medication:

Treatment:

Treatment Date: D M M Y Y Y Y

Name of Treatment Facility:

Address of Treatment Facility:

Phone Number of Treatment Facility:

Exposure Causation Knowledge:

Have you ever had a DaTscan/MRI to help diagnose your Parkinson's Disease or symptoms? Yes No

Call Recording Link: