

CAMP LEJEUNE WATER CONTAMINATION QUESTIONNAIRE:

Name: _____

Address: _____

E-mail Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Social Security #: ____ - ____ - _____ Date of Birth: ____ - ____ - _____

Employer: _____ Job Title: _____

Marital Status: _____ Spouse's Name: _____

Spouse's Social Security #: ____ - ____ - _____ Date of Birth: ____ - ____ - _____

Children (names & ages): _____

Emergency Contact (name, address, phone number):

If you are completing this questionnaire on behalf of someone else, please provide your name, address, phone number, email address and relationship to the individual injured.

If this case is on behalf of a deceased individual, please include the below:

Decedent's Name: _____

State of Residence at Time of Death: _____

Date of Death: _____

INSURANCE

Health Ins. or Major Medical Carrier:

Identification No.: ; Group No.:

Medicare/Medicaid:

Public/State Assistance:

Other:

BANKRUPTCY

Have you ever filed for bankruptcy: _____ Yes _____ No

If yes, please list the year you filed for bankruptcy: _____

If yes, please list the state you filed for bankruptcy in: _____

CAMP LEJEUNE INFORMATION:

Did you serve, live or work at Camp LeJeune, North Carolina between August 1953 and December 1987? Yes or No: _____

If yes, please provide:

- The date you began serving, living or working at Camp LeJeune: _____
- The date you stopped serving, living or working at Camp LeJeune:

- In what capacity were you at Camp LeJeune: _____
- Please explain your exposure to contaminated water at Camp LeJeune (i.e., bathing, working, drinking, etc.):

INJURY INFORMATION:

Have you been diagnosed with any of the following:

- | | |
|--------------------------------|-----------------------------------|
| Bladder Cancer _____ | Date of Diagnosis: ____/____/____ |
| Breast Cancer _____ | Date of Diagnosis: ____/____/____ |
| Esophageal Cancer _____ | Date of Diagnosis: ____/____/____ |
| Female Infertility _____ | Date of Diagnosis: ____/____/____ |
| Hepatic Steatosis _____ | Date of Diagnosis: ____/____/____ |
| Kidney Cancer _____ | Date of Diagnosis: ____/____/____ |
| Leukemia _____ | Date of Diagnosis: ____/____/____ |
| Lung Cancer _____ | Date of Diagnosis: ____/____/____ |
| Miscarriage _____ | Date of Diagnosis: ____/____/____ |
| Multiple Myeloma _____ | Date of Diagnosis: ____/____/____ |
| Myelodysplastic Syndrome _____ | Date of Diagnosis: ____/____/____ |
| Neurobehavioral Effects _____ | Date of Diagnosis: ____/____/____ |
| Non-Hodgkin’s Lymphoma _____ | Date of Diagnosis: ____/____/____ |
| Renal Toxicity _____ | Date of Diagnosis: ____/____/____ |

Scleroderma _____

Date of Diagnosis: ____/____/____

Parkinson's Disease _____

Date of Diagnosis: ____/____/____

Other: _____

Date of Diagnosis: ____/____/____

If other, please specify: _____

Treatment(s): Check all that apply:

Chemotherapy _____

Radiation _____

Surgery _____ (please specify type of surgery) _____

Other _____ (please specify) _____

Name and address of all primary care physicians (PCP):

Name of facility/physician who diagnosed you with the above:

Name and address of all hospitals where you received care related to the above diagnosis(es):

Name and address of oncologist(s), oncology groups or specialists who treated you for the above diagnosis:

Do you have a family history of the above diagnosis(es)? If yes, please list family members:

Are you a current or former smoker? _____ Yes _____ No

If yes:

Date started smoking: _____

Date stopped smoking: _____

PRIOR MEDICAL HISTORY

Prior Hospitalizations:

Past Surgical History:

Previous Injuries/Illnesses:

Current Family Physician: (Address and Phone #):

SOCIAL NETWORKING INFORMATION

Do you have an account on any of the following websites?

Facebook _____ Yes _____ No

Twitter _____ Yes _____ No

Other: _____ Yes _____ No

*Please describe:

Do you have a blog? _____ Yes _____ No If yes, how many? _____

Please list the names and URL addresses of your blogs:

Do you post comments on the internet that identify you by your real name and/or an alias?

_____ Yes _____ No

If yes, please list the websites/webpages where you post comments and briefly describe:

Signature

Print Name

Date