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CONFIDENTIAL PRIVILEGED ATTORNEY CLIENT WORK PRODUCT

**MEDTRONIC SPRINT FIDELIS LEADS
 CLIENT QUESTIONNAIRE**

PLEASE provide medical & billing records associated with implant surgery.

Information of Injured Party:

Name:					
Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:			
Work Phone:		Email Address:			
Date of Birth:		Social Security No.		Sex: (M or F)	

If you are completing this form on behalf of a minor or decedent, please complete your information in this section:

Name:					
Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:			
Work Phone:		Email Address:			
Relationship to Claimant:					

DEFIBRILLATOR IMPLANT SURGERY INFORMATION

Hospital where defibrillator implant surgery was performed:	Name: _____ Address: _____ City: _____ State: ____ Zip: _____ Phone No.:(____) _____
Date defibrillator was implanted:	Month _____ Day _____ Year _____
Type of defibrillator:	<input type="checkbox"/> Medtronic Marquis <input type="checkbox"/> Medtronic Maximo <input type="checkbox"/> Medtronic InSync <input type="checkbox"/> Medtronic Micro Jewel <input type="checkbox"/> Medtronic Gem <input type="checkbox"/> Other _____
Is defibrillator still implanted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What medical condition prompted the use of the defibrillator?	_____ _____ _____ _____

Name of Surgeon:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone No.:(____) _____
Have you or a loved one experienced any of the following?	<input type="checkbox"/> Muultiple or Inappropriate Shocks <input type="checkbox"/> Palpitations <input type="checkbox"/> Lightheadedness <input type="checkbox"/> Fainting <input type="checkbox"/> Loss of Output of defibrillator
Please provide a list of your current medications:	_____ _____ _____ _____ _____
Do you have a “wallet card” regarding your implanted device? If yes, what are the numbers on the card?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Please return a copy of your wallet card with this questionnaire. Thank you.

By signing below, you hereby grant Frank J. D’Amico, Jr., APLC the authority to investigate your (loved one’s) potential claim arising from the possible use of Medtronic Sprint Fidelis Leads with your defibrillator.

Claimant Signature

Date