Paraquat Questionnaire No. 1 – MEDICAL INFORMATION

Injured Party's Information:

1. Injured Party's Name: GARRY F MORAN
   If other name used (e.g., maiden), please provide: _____
   Date of Birth: 04/17/1964 Social Security Number: 587176574

2. When were you (or your loved one) diagnosed with Parkinson's disease?
   Date of diagnosis (month/year): 11/2020
   (If not diagnosed with Parkinson's, skip to Question 4 below.)

3. Identity of doctor(s) who diagnosed you or your loved one with Parkinson's disease:

   Diagnosing Physician Name:
   DR. Jeubin Huang
   Date range treatment rendered (month/year):
   11/2015 to Preesent
   Facility Name:
   Sonny Montgomery VA Medical Center
   Specialty:
   Neurologist
   Address:
   1500 E. Woodrow Wilson Avenue Jackson MS 39216
   Phone Number (if known):
   6013624471
   Fax Number (if known):
   unknown

4. Have you or your loved one, suffered any of the following symptoms after exposure to Paraquat or Gramoxone? If so, please check box.

	Diagnosis/Symptom	Date of Symptom Onset *(best approximation, month/year)*
a.	☑ Tremors (hand or other)	06/2015
b.	☑ Prolonged or extreme stiffness	06/2015
c.	☑ Difficulty with body movements	06/2015

d. ☑ Loss of balance 06/2020
e. ☑ Difficulty walking (slow gait, shuffling) 06/2020
f. ☐ Difficulty or soft speaking
g. ☐ Reduced facial expression, blank stare
h. ☐ Drooling
i. ☑ Small handwriting 11/2020
j. ☑ Trembling 11/2020
k. ☑ Whole body fatigue or dizziness 11/2020
l. ☐ Amnesia or confusion in evening hours
m. ☑ Early awakenings or sleep disturbances 11/2020
n. ☑ Anxiety or apathy 11/2020
o. ☐ Hallucinations
p. ☐ Delusions

5. Identity of doctor(s) who treated you for Parkinson's Disease or treated/diagnosed any condition(s) marked "yes" above in Question No. 4 and indicate the condition:

Name of Neurologist or Movement Disorder Specialist (if applicable):
No Other
Date range treatment rendered (month/year):
na
Facility Name:
na
Specialty:
na
Address:
na
Phone Number (if known):
na
Fax Number (if known):
na

Other Physician Name:
na
Date range treatment rendered (month/year):
na
Facility Name:
na
Specialty:
na
Address:
na

Phone Number (if known):
na

Fax Number (if known):
na

Other Physician Name:
na

Date range treatment rendered (month/year):

Facility Name:

Specialty:

Address:

Phone Number (if known):

Fax Number (if known):

6. Identity of the hospital(s) or medical facilities that have rendered treatment for Parkinson's disease or symptoms:

Hospital/Medical Facility Name: Montgomery VA Medical Center
Date range treatment rendered: 2015
Address: 1500 E Woodrow Wilson Ave. Jackson Ms 39216
Phone Number (if known): 601-362-4471
Fax Number (if known): unknown

Hospital/Medical Facility Name: No Other
Date range treatment rendered: na
Address: na
Phone Number (if known): na
Fax Number (if known): na

7. Have you taken medication for Parkinson's or Parkinson's symptoms?

■ Yes ☐ No

8. Pharmacy that fills and/or has filled prescriptions for the injured person:

Pharmacy Name: Va Pharmacy
Address: same
Phone Number (if known): same
Fax Number (if known): same

Pharmacy Name: no other
Address: na
Phone Number (if known): na
Fax Number (if known): na

9. Was the injured party exposed to Paraquat/Gramoxone?
   ◉Yes ☐ No

10. During what years was the injured party exposed to Paraquat?
    From 1976 .to 1982

11. In what U.S. State(s) was the injured party exposed to Paraquat/Gramoxone?
    Mississippi

12. Was the injured party/is the injured party a licensed and certified pesticide applicator?
    ☐Yes ◉ No
    - If yes, during what years did the injured party carry such a license?
      From _____.to _____
    - If no, did the injured party work for/under a certified licensed applicator?
      ◉Yes ☐ No

13. Did the injured party spray or handle Paraquat/Gramoxone directly?
    ◉Yes ☐ No
    - If no, please explain the manner in which the injured party was exposed and/or used Paraquat/Gramoxone.

_____

If you have any medical records, please send in a copy to our office.
Please do not send originals.

Signature: Barry Mann **Date:** 03 / 08 / 2022