



Paraquat Questionnaire No. 1 – MEDICAL INFORMATION

Injured Party's Information:

1. Injured Party's Name: Steven H Simpson
If other name used (e.g., maiden), please provide: _____
Date of Birth: 12/08/1951 Social Security Number: 520 60 7033

2. When were you (or your loved one) diagnosed with Parkinson's disease?

Date of diagnosis (month/year): 08/2014

(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. Christian Morgan, Dr. David Renner & Dr. Moretti

Date range treatment rendered (month/year):

Approximately 08/2014 - on-going...

Facility Name:

Neurological Clinic dba University of Utah Health

Specialty:

Neurology

Address:

175 Medical Dr. North, Salt Lake City, Ut 84132

Phone Number (if known):

801-585-7575

Fax Number (if known):

801-585-9151

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

<u>Diagnosis/Symptom</u>	<u>Date of Symptom Onset</u> <u>(best approximation, month/year)</u>
a. <input checked="" type="checkbox"/> Tremors (hand or other)	<u>2013</u>
b. <input checked="" type="checkbox"/> Prolonged or extreme stiffness	<u>2013</u>
c. <input checked="" type="checkbox"/> Difficulty with body movements	<u>2013</u>

- | | |
|--|-----------------------------|
| d. <input checked="" type="checkbox"/> Loss of balance | <u>2013</u> |
| e. <input checked="" type="checkbox"/> Difficulty walking (slow gait, shuffling) | <u>2013</u> |
| f. <input checked="" type="checkbox"/> Difficulty or soft speaking | <u>2013</u> |
| g. <input checked="" type="checkbox"/> Reduced facial expression, blank stare | <u>2014</u> |
| h. <input checked="" type="checkbox"/> Drooling | <u>2019</u> |
| i. <input checked="" type="checkbox"/> Small handwriting | <u>2019</u> |
| j. <input checked="" type="checkbox"/> Trembling | <u>2013</u> |
| k. <input checked="" type="checkbox"/> Whole body fatigue or dizziness | <u>2014</u> |
| l. <input checked="" type="checkbox"/> Amnesia or confusion in evening hours | <u>2014</u> |
| m. <input checked="" type="checkbox"/> Early awakenings or sleep disturbances | <u>2014</u> |
| n. <input type="checkbox"/> Anxiety or apathy | <u> </u> |
| o. <input type="checkbox"/> Hallucinations | <u> </u> |
| p. <input type="checkbox"/> Delusions | <u> </u> |

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):

Dr. Moretti

Date range treatment rendered (month/year):

08/2014

Facility Name:

University of Utah Health

Specialty:

Neurology

Address:

175 Medical Dr. North, Salt Lake City, Ut 84132

Phone Number (if known):

801-585-7575

Fax Number (if known):

801-585-9151

Other Physician Name:

Meghan Zorn

Date range treatment rendered (month/year):

02/2021

Facility Name:

Neurology Movement Disorders Clinic

Specialty:

Neurologist

Address:

729 Arapeen Dr. Salt Lake City, UT 84108

Phone Number (if known):

(801) 585-7575

Fax Number (if known):

unsure

Other Physician Name:

Dr. Christan Morgan

Date range treatment rendered (month/year):

2008

Facility Name:

Star Valley Health

Specialty:

unsure

Address:

901 Adams St, Afton, WY 83110

Phone Number (if known):

(307) 885-5800

Fax Number (if known):

unsure

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

Hospital/Medical Facility Name: Neurology Movement Disorders Clinic

Date range treatment rendered: 05/2020

Address: 729 Arapeen Dr. Salt Lake City, UT 84108

Phone Number (if known): (801) 585-7575

Fax Number (if known): unsure

Hospital/Medical Facility Name: Star Valley Health

Date range treatment rendered: 2008

Address: 901 Adams St, Afton, WY 83110

Phone Number (if known): (307) 885-5800

Fax Number (if known): unsure

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: Our Valley Pharmacy

Address: 118 Petersen Pkwy, Thayne, WY 83127

Phone Number (if known): (307) 883-6337

Fax Number (if known): unsure

Pharmacy Name: NA

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 1990 .to 2012

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

Wyoming

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.

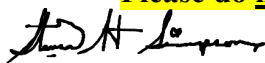
Sprayed weeds at work

Worked on Farm

If you have any medical records, please send in a copy to our office.

Please do not send originals.

Signature:



Date:

03 / 23 / 2022