

**SEROQUEL QUESTIONNAIRE**

Simply fill out as much information as you can from memory.

**Print Your Full Legal Name:** \_\_\_\_\_

**Are you the injured person?** \_\_\_ Yes \_\_\_ No

**If not, please state the name of the injured person and their relationship to you.**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**If the injured person is deceased, please answer the following:**

Cause of death: \_\_\_\_\_

Date of death: \_\_\_\_\_

**Date of Birth of the Injured Person:** \_\_\_\_\_

**Which of the following psychotropic medications has injured taken? (complete all that apply)**

\_\_\_ Zyprexa (Olanzapine) When? \_\_\_\_\_ Pharmacy: \_\_\_\_\_

\_\_\_ Seroquel (Quetiapine) When? \_\_\_\_\_ Pharmacy: \_\_\_\_\_

\_\_\_ Risperdal (Risperidone) When? \_\_\_\_\_ Pharmacy: \_\_\_\_\_

\_\_\_ Other

If other, list the other psychotropic medications, when taken, and pharmacy used:

Drug: \_\_\_\_\_ When? \_\_\_\_\_ Pharmacy: \_\_\_\_\_

Drug: \_\_\_\_\_ When? \_\_\_\_\_ Pharmacy: \_\_\_\_\_

*For additional drugs, continue on the last page of this questionnaire.*

**Name of physician/facility from which Zyprexa/Seroquel prescriptions were written (please provide as much contact information as you know):** \_\_\_\_\_

**In what city & state did injured live when taking Zyprexa, Seroquel, and/or Risperdal?**

(Ex. Zyprexa - Detroit, MI; Seroquel - Houston, TX) \_\_\_\_\_

**If applicable, why did you stop using Zyprexa, Seroquel, and/or Risperdal (explain for EACH drug)?** \_\_\_\_\_

**What was the medication prescribed for (check all that apply)?**

\_\_\_ Schizophrenia

\_\_\_ Bipolar Disorder

\_\_\_ Dementia

\_\_\_ Schizoaffective Disorder

\_\_\_ Major Depression

\_\_\_ Other. Briefly explain: \_\_\_\_\_

\_\_\_ Not sure

**Which of the following has injured experienced or been diagnosed with AFTER taking Zyprexa, Seroquel? (complete all that apply)**

\_\_\_ Weight gain of \_\_\_\_\_ lbs. in \_\_\_\_\_ months, starting on \_\_\_\_\_ (date)  
Weight gain documented by records from Dr. \_\_\_\_\_  
(first name) (last name)

\_\_\_ Excessive thirst Since when? \_\_\_\_\_  
\_\_\_ Excessive hunger Since when? \_\_\_\_\_  
\_\_\_ Frequent urination Since when? \_\_\_\_\_  
\_\_\_ Weakness Since when? \_\_\_\_\_  
\_\_\_ Heart problems Since when? \_\_\_\_\_

\_\_\_ Diabetes Type: \_\_\_ Date of Diagnosis: \_\_\_\_\_ Dr: \_\_\_\_\_  
(first & last name)

\_\_\_ diabetes controlled with diet & exercise  
\_\_\_ diabetes controlled with diabetes pills since \_\_\_\_\_ (date)  
Pharmacy: \_\_\_\_\_  
\_\_\_ diabetes controlled with insulin since \_\_\_\_\_ (date)  
Pharmacy: \_\_\_\_\_

\_\_\_ Hyperglycemia Date of Diagnosis: \_\_\_\_\_ Dr: \_\_\_\_\_  
(first & last name)

\_\_\_ Ketoacidosis Date of Diagnosis: \_\_\_\_\_ Hospital: \_\_\_\_\_  
\_\_\_ Pancreatitis Date of Diagnosis: \_\_\_\_\_ Hospital: \_\_\_\_\_  
\_\_\_ Tardive Dyskinesia Date: \_\_\_\_\_ Dr.: \_\_\_\_\_  
(first & last name)

**For any condition checked above, how and when did you find out that it was or could have been related to your Zyprexa/Seroquel? (Name the doctor, if applicable):**

**Did injured have a history of any of the following BEFORE taking Zyprexa/ Seroquel? (check all that apply)**

\_\_\_ Diabetes (including Type I/II/Gestational Diabetes)  
\_\_\_ Pancreas problems, i.e. pancreatitis (inflamed pancreas)  
\_\_\_ Hyperglycemia (high blood sugar)  
\_\_\_ Weight gain

**Does injured have a family history of diabetes? Yes / No**

If yes, what family members? \_\_\_\_\_

**Injured=s Current Height:** \_\_\_\_\_ **Current Weight:** \_\_\_\_\_

**Injured=s Weight BEFORE taking Zyprexa/Seroquel:** \_\_\_\_\_

**If no longer on Zyprexa/Seroquel, weight when Zyprexa/Seroquel stopped:** \_\_\_\_\_

**Additional Details Related to Your Case:**

**Once complete, please immediately return to our office for further evaluation of your potential suit.**

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