

# LEVAQUIN INTAKE

## Phone Intake

Name:	Mr.		Mrs.		Ms.									
Street Address:														
City:					State:			Zip:						
Home #:				Work #:				Cell or alternate #:						
Email Address:														
Date of Birth:					Current Age:									
Marital Status:	Single				Married				Name of Spouse:					
Relationship to caller:		Self:				Other:								
Alternate contact:		Name/relationship:				Phone #:								
IS THIS A DEATH CASE?		Yes				No				Date of Death:			State:	
Reason for taking Levaquin:														
Was Levaquin the first antibiotic that you were prescribed for this condition?					Yes_____ No_____ If no, please list other antibiotics and explain why you discontinued taking them.									
Name and address of physician who prescribed Levaquin														
Dates taking Levaquin (start/end):														
Total length of use of Levaquin:														
Dosage (___mg/___days)														
Were you taking steroids at the time that you were taking Levaquin?					Yes_____ No_____									

**INJURIES**

Date and time after taking Levaquin that tendon problems first appeared and description of symptoms:							
Are you still experiencing these symptoms?				Please Describe Your Current Condition:			
Were you diagnosed with a tendon rupture?				Yes_____ No_____			
				If yes, please explain which tendon and what you were told.			
Have you been told your injury is permanent?				Yes_____ No_____			
				If yes, please explain.			
Were you hospitalized or treated by a doctor for tendon problems/symptoms:		Yes_____		No_____			
If yes, name of hospital or doctor and length of stay:			Prognosis of Current Injury:				
Have you consulted with another attorney regarding this matter?		Identify name, date contacted, outcome/status:					
How were you referred to our firm?		Internet _____ Newspaper _____ TV_____					
		Other_____					
Today's Date:				Staff			
Accept		Reject		Investigate?			