GOOBERMAN’S DWI MEDICAL QUESTIONNAIRE

NAME: ________________________________ AGE: __________
DOB: ____________________________
ADDRESS: ______________________________________________________________________
PHONE #: HOME ___________________________ WORK _____________________________
Lawyer: ____________________________ Tel Number: ____________________________
Fax Number: __________________________

Town of Arrest: __________________________________________________________________
Date of arrest: ______________________ Time of Arrest: ______________
Do you speak English as your first language? _____yes _____no
If no, what is your primary language: ____________________________________________________________________

DWI: _____yes _____no REFUSAL: _____yes _____no
~~~~~~ ETOH
~~~~~~ Drugs
Breath test: _____yes _____no Result: _____________
Blood test: _____yes _____no Hosp? _____ Police lab? ______
Urine test: _____yes _____no Hosp? _____ Police lab? ______
Substances and Levels:

Was there an MVA? _____yes _____no
Was there air bag deployment? _____yes _____no
Was there LOC? _____yes _____no

Was there AOB? _____yes _____no
Pale _____yes _____no
SFST’s _____yes _____no

FIELD NOTES? _____yes _____no
FLASHING LIGHTS?  _____yes   _____no
SLEEP DEPRIVATION (TIREDNESS)?  _____yes   _____no

HGN – 3 CLUES
1. Follow moving objects smoothly.  _____yes   _____no
2. Nystagmus at maximum deviation.  _____yes   _____no
3. Angle onset prior to 45 degrees.  _____yes   _____no

WALK AND TURN TEST – 8 CLUES
1. Can’t keep balance.  _____yes   _____no
2. Starts early.  _____yes   _____no
3. Stops during.  _____yes   _____no
4. Doesn’t touch.  _____yes   _____no
5. Steps off line.  _____yes   _____no
6. Uses arms to balance.  _____yes   _____no
7. Improper turn.  _____yes   _____no
8. Incorrect number of steps.  _____yes   _____no

ONE LEG STAND (OLS) – 4 CLUES
1. Sways.  _____yes   _____no
2. Uses arms for balance.  _____yes   _____no
3. Hopping.  _____yes   _____no
4. Puts foot down early.  _____yes   _____no

ADDITIONAL TEST?  _____yes   _____no
Alphabet  _____yes   _____no
Other:  
________________________________________________

Age:_______  Height:_______  Ideal Body Weight (IBW)_______ – _________
Body Mass Index (BMI)_____
Weight:_______ lbs. / 2.2 = _______ kg or  Weight:_______ lbs X 454 = _______ g
Ideal body weight; ___________________________  BMI:  ____________
(Overweight/Obese/morbid obesity)

First Beverage
Beverage-- (circle one) beer (.05), wine (.15), whiskey (.4), rum (.2), other _______
GOOBERMAN’S DWI MEDICAL QUESTIONNAIRE  2
How many --__________Container (circle one) --bottle, can, glass, shot
Size (ounces) -- _________ X 30 = _________ml of beverage

__________ml Beverage X _________ % ETOH = _____________ml alcohol

__________ml Alcohol X 0.8 = _____________g Alcohol

Second Beverage
Beverage-- (circle one) beer (.05), wine (.15), whiskey (.4), rum (.2), other_________________________
How many --__________Container (circle one) --bottle, can, glass, shot
Size (ounces) -- _________ X 30 = _________ml of beverage

__________ml Beverage X _________ % ETOH = _____________ml alcohol

__________ml Alcohol X 0.8 = _____________g Alcohol

Wt in Grams ________________
Alcohol in Grams ________________
R value ________________ (.68 or .55)
Max BAL ________________
(________g Alcohol / (________g Body Weight X r)) X 100 = __________g%

Time of your first drink:________________________
Time of your last drink:________________________
Time of your breath test:________________________

Hrs ________________ (BAL decreases by about 0.02 per hour)
Range: ________________-______________

Did you drink with food (were you eating when you were drinking?)? _____yes _____no
Were you well rested at the time of the arrest?  _____yes  _____no

Were you crying at the time of the breath test?  _____yes  _____no

Was there any dieting with weight loss in the days prior to the breath test?  
   _____Yes  _____no

What medications were you taking at the time of the arrest?

Were you bleeding at the time of the arrest?  _____yes  _____no

   If yes, where were you bleeding?
   _____Cuts (lacerations)
   _____Scratches (abrasions)
   _____Broken bones (fractures)
   _____BRUISES (hematomas)

   Please explain:

Do you have diabetes?  _____yes  _____no—What medication do you take for the diabetes, if any?  

Medication:

Did you suffer from any injuries at the time of arrest to your:

   Knee?  _____  Hips?  _____

   Please explain:
Were you receiving treatment for the following neurologic conditions at the time of the arrest?

Vertigo (dizziness condition)?  _____yes   _____no
Seizure Disorder?   _____yes   _____no
Head Injury?        _____yes   _____no
Nerve Damage?       _____yes   _____no
A Learning disability?  _____yes   _____no
Stroke?             _____yes   _____no
DEPRESSION?         _____yes   _____no

Please explain:

PAST MEDICAL HISTORY:

Do you see a doctor regularly?     _____yes   _____no
Do you see a chiropractor regularly? _____yes   _____no
Do you have any respiratory allergies?  _____yes   _____no
Do you have chronic sinusitis?      _____yes   _____no
Did you have a cold/flu at the time of the arrest?    _____yes   _____no
Did you have bronchitis at the time of the arrest?     _____yes   _____no
Hospitalizations (please list)

Surgeries (please list)

Bariatric surgery? _____yes _____no

Do you suffer from an ongoing problem with any of the following?

_____Post Nasal Drip
_____Hoarseness
_____Nasal congestion
_____Something caught in throat
_____Halitosis (bad breath)
_____Rhinitis (runny nose)
_____Sore Throat
_____Choking spells
_____Excess Salivation
_____Voice changes
_____Persistent coughing
_____Ear pain (otalgia)
_____Throat clearing
_____Neck pain - not related to trauma

Have you ever had sinus x-rays?   _____yes   _____no---If yes, Please obtain the report.

Do you have asthma?   _____yes   _____no
Do you have bronchitis?   _____yes   _____no
Do you have emphysema?   _____yes   _____no
Do you have COPD?   _____yes   _____no
Do you use and inhaler?   _____yes   _____no

_____ Pulmonary inhaler
_____ Nasal inhaler
Do you have any of the following?

- A hiatal hernia
- Problems with indigestion (heart burn) and belching
- Difficulty swallowing
- Hoarseness in the morning
- Sore throat in the morning

Do you use antacids or other stomach medications regularly?  ____yes  ____no

- Over the counter medications?
- Prescribed by your doctor? Please obtain a report from him.

Have you ever have an upper GI x-ray?  ____yes  ____no---If yes, Please obtain the report.

Do you have?

- Dental Bridges
- Gum Disease (gingivitis, pyorrhea?)
- Dental plates
  - Do you use adhesive?  ____yes  ____no
    - If yes, what brand?  ______________________________

Did you use a mouth wash or breath spray at the time of the arrest?  ____yes  ____no

- Breath spray  ____Mouth wash

Did you eat anything peppermint around the time of the arrest?  ____yes  ____no

- If yes, what?
**IDEAL BODY WEIGHTS (IDW)**

**WOMEN, AGES 25 - 59**
(All weights include 3 pounds of clothing)
(All heights include 1 inch for shoes)

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**MEN, AGES 25 - 59**
(All weights include 5 pounds of clothing)
(All heights include 1 inch for shoes)

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