

## **Petroff & Associates**

3838 Oak Lawn Ave. Suite 1620, Dallas, TX 75219

Phone: 214-526-5300 / 1-888-710-1366

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[www.petroffassociates.com](http://www.petroffassociates.com)

# **Fen Phen Questionnaire**

## **PART ONE: INSTRUCTIONS**

The following questions are designed to allow us to determine if you, or your loved one, has a potential diet drug Seventh Amendment High Level Claim (Seventh Amendment Claim). All of these questions are important. We realize that you may not know the answers to all questions. Please answer all questions to the best of your ability.

You may submit this Questionnaire in one of two ways:

1. Online: Go to [www.petroffassociates.com](http://www.petroffassociates.com) and click on the "Fen Phen Questionnaire" on the right-hand side of the homepage. Complete the Questionnaire and hit the "Send" button at the bottom at the bottom of the page.
2. By Mail: If you prefer, you may print and then mail this Questionnaire. After completing please mail your Questionnaire to: Petroff & Associates 3838 Oak Lawn Ave. Suite 1620, Dallas, TX 75219.

Our Response Time: We try to respond promptly to all Questionnaires from prospective clients, but we sometimes cannot meet that goal. Please make sure to follow up with us if you haven't heard back from us within three business days of submitting this Questionnaire online, or within one week of submitting this Questionnaire by postal mail.

## **PART TWO: BACKGROUND INFORMATION**

First Name (Required): \_\_\_\_\_

Last Name (Required): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address (Required): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

How would you prefer that we contact you?

- E-mail
- Phone
- Mail
- Any of the above

### **PART THREE: CLAIMS INFORMATION**

1. Did you register with the AHP Settlement Trust by filing a "Blue" Form or a "Green" Form on or before May 3, 2003?

- Yes
- No
- I Don't Know

2. Did you have an echocardiogram performed before January 3, 2003 (or by July 3, 2003 if echocardiogram performed by AHP Trust)?

- Yes
- No
- I Don't Know

3. Did you take either Pondimin or Redux?

- Yes
- No
- I Don't Know

3a. If you took either Pondimin or Redux, do you have written proof or a written record that proves you took either one of these diet drugs?

- Yes
- No
- I Don't Know

4. Have you received any amount of money from either the AHP Settlement Trust or from the Seventh Amendment Fund Administrator?

- Yes
- No
- I Don't Know

5. Did the AHP Settlement Trust assign you a "Diet Drug Recipient Number" (DDR Number)?

- Yes
- No
- I Don't Know

If you answered "Yes" to the above question, enter your DDR# here: \_\_\_\_\_

6. If you are answering this questionnaire on behalf of a person who is deceased, did this person die suddenly as a result of a heart condition?

- Yes
- No
- I Don't Know

## PART FOUR: MEDICAL HISTORY QUESTIONS

7. Have you had any episodes of ventricular fibrillation or ventricular tachycardia?

- Yes
- No
- I Don't Know

8. Have you had surgery to repair or replace your mitral heart valve or your aortic heart valve?

- Yes
- No
- I Don't Know

8a.If you had surgery, what was the date of the surgery? \_\_\_\_\_

9. Has your cardiologist recommended that you undergo heart valve surgery?

- Yes
- No
- I Don't Know

(To list more information, please use the text box below).

## PART FIVE: CONCLUSION

COMMENTS/QUESTIONS:

We realize that you may want to tell us something about your claim that may not have been asked above. You can use the space below for that purpose. Thank you for your interest in our firm possibly representing you in your potential Seventh Amendment Claim.

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