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DUI DEFENSE

The proper Defense of a DUI charge requires a complete medical history to completely and properly evaluate your case. Most of the scientific and pseudo-scientific evidence in your case rests on assumptions that you are an “**Average Normal Person**” and that you are in “**Good Health**”.

A complete medical history is also important to help us evaluate your performance on the so called “Field Sobriety Test” and to help us present alternative explanations for what may appear to be objective signs of intoxication.

1. Age: _____
2. Weight: _____
3. Height: _____
4. List all Medication you take:
5. List all Medications including over-the-counter drugs taken within 24 hours of your arrest:

6. **EYES/HGN (Check all that apply).**

- 6.1 Do you wear glasses? _____
- 6.2 Do you wear contact lenses? _____
- 6.3 On the day of your arrest, did you do anything which would cause eye strain?
- 6.4 Have you been diagnosed as having Eye Muscle Fatigue? _____
- 6.5 Have you been diagnosed with dry eyes? _____
- 6.6 Have you been diagnosed with conjunctivitis? _____
- 6.7 Have you been diagnosed or treated for Glaucoma? _____
- 6.8 Within 24 hours of your arrest, did you have a fever? _____
- 6.9 Did you have your period or where you pre-menstrual at the time of your arrest?

7. **LUNGS AND RESPIRATORY SYSTEM (Check all that apply).**

- 7.1 Do you have Asthma? _____ Do you have Pulmonary Obstructive Disease? _____
- 7.2 Do you smoke? _____ How much per day? _____
- 7.3 Do you have lung cancer? _____ Lymphoma? _____ Hodgkin’s Disease? _____
Throat cancer? _____
- 7.4 Do you have any other diagnosed ailment of the respiratory system?

8. **ENDOCRINE SYSTEM (Check all that apply).**

- 8.1 Are you diabetic? Type I or Type II Do you take insulin? Oral medication?
- 8.2 On the day of your arrest were you hypoglycemic? _____ Hyperglycemic? _____
- 8.3 Have you ever had a yeast infection? _____
- 8.4 Were you taking antibiotics on the day of your arrest? _____

9. GASTROINTESTINAL SYSTEM (Check all that apply).

- 9.1 Gastric Reflux Disease: _____ Esophageal Hernia: _____ Heartburn: _____
9.2 Do you use Tagamet, Zantac or other anti-heart burn medication? What?
9.3 Do you suffer from any urinary tract infections? _____
9.4 Do you suffer from bladder infections? _____

10. SKELETAL SYSTEM (Check all that apply).

Have you suffered injuries to or have deformities in your:

Feet: _____ Ankles: _____ Knees: _____ Legs: _____ Back: _____

11. THE MOUTH (Check all that apply).

- 11.1 Do you have periodontal disease? _____
11.2 Do you have dentures? _____
11.3 Do you have any extensive Bridge work? _____
11.4 Do you have any caps or crowns which are loose? _____
11.5 Do you have any condition which introduces blood into your mouth? _____
11.6 Were you on antihistamines on the day of your arrest? _____

12. GENERAL INFORMATION

- 12.1 Do you have any condition that would affect your ability to perform field sobriety tests? _____
What? _____
12.2 Do you have any condition that would make you appear to be intoxicated?
12.3 Were you pepper sprayed or sprayed with mace? _____