

BAYCOL

MASTER FILE NO. 0247408

§§§§§ IN THE DISTRICT COURT OF

IN RE: TEXAS SECOND REGION
BAYCOL LITIGATION

HARRIS COUNTY, TEXAS

295TH JUDICIAL DISTRICT

SUPPLEMENTAL FACT SHEET FOR CLAIMS OF EMOTIONAL DISTRESS AND PSYCHOLOGICAL INJURIES AND HARM

I. Are you making a claim for mental, emotional, psychological or psychiatric injuries or illness from your use of Baycol? ____Yes ____No

II. If you are making a claim for mental, emotional, psychological or psychiatric injuries or illness from your use of Baycol, please provide the following information:

1. Nature of the injury or illness: _____

2. The date you first became aware of this injury or illness: _____

III. If you have seen a doctor, clinic or any other healthcare provider for treatment of this alleged mental, emotional, psychological or psychiatric injury or illness, please provide the following information:

1. Name: _____

2. Address: _____

3. Date of first consultation with that healthcare provider: _____

4. Date of last consultation: _____

5. Do you plan to continue to consult with that healthcare provider? Yes No

[Use another sheet of paper for additional providers, if necessary.]

IV. Have you had any discussions with any doctor or other healthcare provider about whether Baycol contributed to your alleged mental, emotional, psychological or psychiatric injuries or illness?

_____ Yes _____ No

If "yes," provide the doctor's or healthcare provider's name and address, and the date of that discussion.

V. If you have experienced or have been treated for any mental, emotional, psychological, or psychiatric condition or problem (including depression) prior to your use of Baycol, please complete the following:

Condition or problem for which treated	Dates of Treatment	Healthcare Provider who Treated You (name and address)

VI. Documents

Please provide a copy of all of your documents and things which fall into the categories listed below. This includes documents and things in your personal possession, as well as items being held for you by another person, including your lawyer or any relative.

1. A copy of all psychiatric or psychological medical records from any physician, hospital, clinic, healthcare provider that treated you in the last ten (10) years.

VII. Authorization

Complete and sign the attached Authorization for Release of Medical Records (Psychological Injuries Claimed), and attached Authorization for Release of Employment and Unemployment Records (Psychological Injuries Claimed).

VIII. Declaration

I declare under penalty of perjury that all of the information provided in this Plaintiff's Supplement Fact Sheet is true and correct to the best of my knowledge, information and belief, that I have supplied all the documents requested in Part VI of this Plaintiff's Supplemental Fact Sheet; as required above.

Further, I acknowledge that I have an obligation to supplement the above responses if I learn that they are in some material respects incomplete or incorrect.

Dated

Signature