



Asbestos Exposure Questionnaire

Preliminary	
Name of Patient	
DOB	
DOD (where applicable) Please provide a copy of death certificate	
Address (last known)	
ID Number Please provide a copy of ID	
Telephone	
Email	
Estate Claims	
Name of Next of Kin	
Relationship to Patient	
DOB	
Address	

<p>ID Number</p> <p>Please provide a copy of ID</p>	
<p>Telephone</p>	
<p>Email</p>	
<p>Did the deceased leave a will?</p> <p>If so, please provide a copy</p>	
<p>Have Letters of Administration (executorship) been granted?</p> <p>If so, please provide a copy</p>	
<p>Was a Post Mortem performed?</p> <p>If so, please provide a copy of the report.</p>	

Diagnosis			
<p>Have you been or was the patient diagnosed with one of the following conditions?</p> <ul style="list-style-type: none"> - Mesothelioma - Lung Cancer - Asbestosis - Pleural Thickening <p>Please specify.</p> <p>Please provide copies of any medical records which confirm the diagnosis</p>			
Date of Diagnosis			
<p>Are you currently receiving or did the patient receive any treatment?</p> <p>If so, please provide details:</p> <ul style="list-style-type: none"> - Nature of treatment - Date(s) of treatment 			
Please provide details of all medical facilities attended in relation to the diagnosis and treatment.			
Name of Practice/ Hospital	Address/ contact details	Names of Doctor(s) seen	Dates of attendances

Exposure to Asbestos			
<p>How was the patient exposed to asbestos?</p> <p>(a) At work?</p> <p>(b) Via a family member who worked with asbestos at a mine or mill?</p> <p>(c) Environmental exposure from living or working in close proximity to an asbestos mine or mill?</p> <p>(d) Other?</p> <p>Please specify before completing the relevant section(s) below.</p>			
(a) Exposure to asbestos at Work			
Name of Employer	Name of asbestos mine/ mill	Years of employment	Job role/ title
<p>Details of/ source of exposure</p>			
Name of Employer	Name of asbestos mine/ mill	Years of employment	Job role/ title
<p>Details of/ source of exposure</p>			



Name of Employer		Name of asbestos mine/ mill	Years of employment	Job role/ title
Details of/ source of exposure				

(b) Exposure via a family member who worked with asbestos	
Name(s) of family member(s) who worked with asbestos	
Relationship(s) to patient	
Date(s) of Birth	
Dates(s) of Death (where applicable)	
Address(es) (last known)	
ID Number(s) Please provide a copy of ID	

Telephone(s)			
Email(s)			
Family member's work with asbestos at mine or mill			
Family member	Name of Mine/ Mill	Years of employment	Job role/ title
Details of/ source of exposure			
Family member	Name of Mine/ Mill	Years of employment	Job role/ title
Details of/ source of exposure			



Family member	Name of Mine/ Mill	Years of employment	Job role/ title
Details of/ source of exposure			

(c) Environmental exposure from living or working in close proximity to an asbestos mine or mill?

Name of Mine/ Mill	Location of Mine	Home/ Work Address at time of exposure	Distance between mine/ mill and home/ work address	Years of exposure from mine/ mill

Please provide details of how the patient was exposed to asbestos from living in close proximity to the asbestos mine or mill. Please include such information as: i) the source of asbestos dust ii) how the patient came into contact with asbestos dust iii) the regularity with which the patient was exposed iv) any other relevant information

(d) Exposure via another source

Please provide details of how the patient was exposed to asbestos from another source. Please include such information as: i) the source of asbestos dust ii) how the patient came into contact with asbestos dust iii) the regularity with which the patient was exposed iv) any other relevant information

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Application(s) for compensation

Has the patient made an application for compensation from a trust? If so, please specify which trust(s).	
What date was the application made?	
Was the application successful?	
Has the patient made an application for compensation under the Compensation for Occupational Injuries and Disease Act 1993 (or COIDA Scheme)?	
What date was the application made?	
Was the application successful?	
Has the patient made an application for compensation from any other source or taken any other legal advice? If so, please provide details	



Additional Information

Please let us know if there is anything else which you think we should know

A large, empty rectangular box with a black border, intended for providing additional information.

Signed: _____

Name: _____

Dated: _____