



KOPFLER & HERMANN

306 Grinage St., Houma, LA 70360 • 985-851-3311 • 800-250-4436
www.kopflerhermann.com • joe@kopflerhermann.com

B) POTENTIAL CLIENT QUESTIONNAIRE (Full Intake) — Improved Spacing

Client

File #

Interviewer

Date

Section 1 — Personal Information

Full legal name

Former names

Date of Birth (MM/DD/YYYY)

SSN (optional)

Marital Status (check one) S M D W

Household members (names/ages)



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Primary residence address

City / Parish / ZIP

Years at address

Mailing address (if different)

Section 2 — Contact Preferences

Mobile

Home

Work

Email

Preferred contact (choose one):	Call	Text	Email
OK to text about appointments?	Yes	No	
OK to email documents?	Yes	No	

Section 3 — Employment & Wage Loss / Employment Relations

Current employer

Start date



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Job title & duties

Work schedule (hrs/week; shift)

Worksite address (on/near plume zone?)

Union membership: No Yes (Local # below)

Union Local # (if yes)

Were you working at time of incident? Yes No

At home at time of incident? Yes No

Employer Smitty's or contractor? No Yes (enter name below)

Name of Smitty's/contractor employer

Time missed from work (days)

Wage loss to date (\$)

Workers' Comp claim filed? No Yes (Claim # / Adjuster below)

WC Claim # / Adjuster



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Section 4 — Exposure Facts (Explosion/Fire)

First noticed event (date/time)

Locations during first 72 hours (addresses)

Evacuation: Mandatory Voluntary None

Evacuation dates/locations

Odors noticed (check all that apply):	Chemical	Fuel/oily	Smoke/soot	M
Soot/fallout observed (check all that apply):	Black powdery On vehicles	Oily droplets On home/yard		Sheen on
Saved items (check all that apply):	HVAC filters	Wipe rags	Gutter sludge	Del

Section 5 — Health Problems from Explosion

Sore throat	Hoarseness	Cough
Short breath/wheeze	Chest tightness	Burning/tearing eyes
Headache	Dizziness	Nausea/vomit
Diarrhea	Skin rash/irritation	Unusual/metallic taste
Fatigue	Anxiety/sleep disruption	

Onset (first symptom)

Frequency/duration

Triggers



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Medications used (OTC/Rx)

Medical visits related to this event (dates/providers/findings/treatment)

Section 6 — Previous Health Problems Aggravated

Pre-existing conditions

Baseline (before 8/22/25)

Change since event

Treating providers (last 3–5 yrs)



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Smoking/vape history: Never Former (quit date below) Current (PPD below)

If Former, quit date

If Current, packs per day (PPD)

Allergies/sensitivities

Section 7 — Property Damage from Explosion/Fire

Property type: Owner-occupied Rental Business Farm/Ranch

Property address (affected)

Exterior issues (check all that apply):

- Soot film Oily spots Paint etching
- Gutter sludge Roof staining Windows/doors

Interior issues (check all that apply):

- Odor infiltration HVAC contamination Soot on surfaces

Yard/Garden issues (check all that apply):

- Plant damage Soil contamination Pool impact

Vehicles (Yr/Make/Model & plates)

Photos/videos inventory? Yes No

Estimates/receipts to date: Yes (attach) No



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Insurance (home/renter/business/auto): carrier/policy/claim #s

Out-of-pocket expenses to date

Section 8 — Prior Claims/Lawsuits & Insurance

Prior injury/illness claims (last 10 yrs): None Yes (describe below)

Describe prior claims

Bankruptcy (last 10 yrs): No Yes (year below)

If Yes, year

Primary medical insurance: None Medicaid Medicare Private (enter below)

Carrier/Group (if Private)

Primary care physician

Section 9 — Witnesses & Community Impacts

Neighbors/others with similar issues



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Witnesses to soot/odor/evacuation

Workplace/school closures noted

Section 10 — Communications

Contact from Smitty's/insurers/government? No Yes → details below

Who/When/What (details)

Section 11 — Goals & Concerns

Top concerns today / Desired outcomes

Section 12 — Document Checklist (check all you have ready)

- Photo ID
- Proof of residence
- Photos/videos
- List of expenses/receipts
- Medical records/releases
- Insurance policies/dec pages
- Pay stubs/tax returns
- Saved items (filters/rags/debris) photographed/labeled