



Lightning Strike & Electric Shock
Survivors International, Inc.

“WHERE HOPE BEGINS”

LS&ESSI, Inc.
P.O. Box 1156
Jacksonville, NC 28541
Phone (910) 346-4708
Fax (910) 346-4708
info@lightning-strike.org

www.lightning-strike.org

New Membership Application Form
Lightning Strike and Electric Shock Survivors Only

To help us better understand and research the possible long term consequences of lightning strike and electric shock accidents, please complete and return this form to LS&ESSI, Inc. Headquarters address at the top of this application. Lightning Strike and Electric shock survivors have different areas to complete, please only complete the entire application.

Please Print or Type

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Street Address: _____ **PO Box:** _____

City: _____ **State:** _____ **8 Digit Zip:** _____ / _____

Home Telephone:(____)____ - _____ **Business Telephone:** (____)____ - _____

Pager: (____)____ - _____ **Cell Phone:** (____)____ - _____

Home Email: _____ **Business Email:** _____

Spouse or Significant Other (living with you): Name _____

Cell Phone: _____ **Alt. Number:** _____

Next of Kin (other than same household): Name: _____
Relationship _____

Mailing Address: _____

Home Phone: _____ **Alt. Phone:** _____

Statistical Data

(Please check appropriate boxes)

Male _____ **Female** _____ **Lightning Strike Survivor** _____ **Electric Shock Survivor** _____

Marital Status: **Married/** **Single/** **Divorced** **Name of Spouse:** _____

Date of Birth; **Month:** _____ **/Day** _____ **/Year** _____

Date Of Injury; **Month:** _____ **/ Day** _____ **/Year** _____

Number of Volts (If known): _____ **Number of Amps (If Known)** _____

Did you go to the emergency room or receive hospital treatment? **Yes** _____ **No** _____



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Length of hospital stay? _____ Diagnosis, in Hospital (If Known) _____
Did you experience a loss of consciousness? Yes _____ No _____ If Yes, How long were you out? _____
Did you experience post-traumatic amnesia? Yes _____ No _____
How long after the accident did it take before you recovered continuous memory of day to day events? _____

All Survivors please answer Questions 1 thru 19 below, use the back of this page if necessary.

1. Please describe all injuries related to the Accident/Injury:

2. Site of entry wound (if any): _____

3. Site of exit wound (if any): _____

4. Age at Injury: _____

5. Age Now: _____

6. Your occupation at time of injury: _____

7. Your occupation now: _____

8. Was there any change in your responsibilities as a result of this accident? _____

9. Problems in the first month as described by a family member? _____

10. Problems now? _____

11. Are you still being treated? If so, by what time of health professional and for what diagnosis? _____

12. Please describe your pre accident health in general? _____

13. Have you had any diagnosis of traumatic brain injury or closed head injury? Yes _____ No _____
If yes, how long after the accident was the diagnosis made and by whom? _____



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14. What treatment or therapy have you received for issues related to the brain injury? Yes ___ No ___
Did you feel the treatment was helpful? _____

15. Did you receive any post accident psychiatric care and treatment? Yes ___ No ___
If yes, Please describe? _____

16. Are you presently involved in litigation? Yes ___ No ___

17. Was your story in Print? Yes ___ No ___ (if yes, please send us a copy of the story)

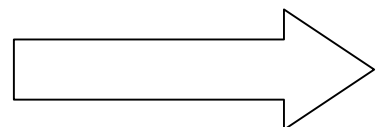
18. How did you hear about LS& ESSI? _____
Please check all that apply

Newspaper ___ Magazine ___ Television ___ Radio ___ Doctor ___ Hospital ___ Attorney ___ Friend ___
Family Member ___ Newsletter ___ Book ___ Chiropractor ___ Tape ___ Rehab Center ___ Internet ___
Other: _____

19: Please tell us your story, How were you injured? Please describe your lightning strike/electric shock in detail: _____

All Survivors please proceed to the next page
After Affects questionnaire(all survivors):

Please check the all that you have experienced since your injury:





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- Amputee.....Yes _____ No _____
- Arthritis.....Yes _____ No _____
- Ataxia.....Yes _____ No _____
- Back Problems.....Yes _____ No _____
- Bladder Problems.....Yes _____ No _____
- Body Moles.....Yes _____ No _____
- Lesions.....Yes _____ No _____
- Bowel Problems.....Yes _____ No _____
- Brain Damage.....Yes _____ No _____
- Broken Bones.....Yes _____ No _____
- Cancer.....Yes _____ No _____
- Cannot Talk.....Yes _____ No _____
- Cannot Walk.....Yes _____ No _____
- Cataracts.....Yes _____ No _____
- Chronic Fatigue.....Yes _____ No _____
- Chronic Pain.....Yes _____ No _____
- Cramps.....Yes _____ No _____
- Crying Spells.....Yes _____ No _____
- Deafness.....Yes _____ No _____
- Depression.....Yes _____ No _____
- Dizziness.....Yes _____ No _____
- Easily Confused.....Yes _____ No _____
- Elevated Heart Rate.... Yes _____ No _____
- Emotional Problems.... Yes _____ No _____
- Excessive Perspiration. Yes _____ No _____
- Excessive Thirst..... Yes _____ No _____
- External Burns..... Yes _____ No _____
- Extreme Sensitivity..... Yes _____ No _____
- Eyes Sensitive to Light. Yes _____ No _____
- Fatigues Easily..... Yes _____ No _____
- Flash Backs..... Yes _____ No _____
- Forgetfulness..... Yes _____ No _____
- Glasses need changing
- More frequently..... Yes _____ No _____
- Hearing Aid..... Yes _____ No _____
- Hearing Loss..... Yes _____ No _____
- Heart Attack..... Yes _____ No _____
- Heart Problems..... Yes _____ No _____
- Heart Rate Drops..... Yes _____ No _____
- High Blood Pressure..... Yes _____ No _____
- Immune System Defect. Yes _____ No _____

- Inability to Cope..... Yes _____ No _____
- Inability to sit long..... Yes _____ No _____
- Internal Burns..... Yes _____ No _____
- Irregular EKG..... Yes _____ No _____
- Is/ Was in Coma..... Yes _____ No _____
- Kidney Problems..... Yes _____ No _____
- Lack of
- Communication skills.. Yes _____ No _____
- Lack of Coordination... Yes _____ No _____
- Loss of Grip..... Yes _____ No _____
- Lower Sex Drive..... Yes _____ No _____
- Memory Lapses..... Yes _____ No _____
- Memory Loss..... Yes _____ No _____
- Moody..... Yes _____ No _____
- Muscle Spasms..... Yes _____ No _____
- Muscular Dystrophy... Yes _____ No _____
- Nightmares..... Yes _____ No _____
- Numbness in Arms..... Yes _____ No _____
- Numbness in Hands.... Yes _____ No _____
- Numbness in Legs..... Yes _____ No _____
- Obesity..... Yes _____ No _____
- Out of Body Experience Yes _____ No _____
- Panic Attacks..... Yes _____ No _____
- Paralyzed..... Yes _____ No _____
- Personality Changes... Yes _____ No _____
- Phobic in Crowds..... Yes _____ No _____
- Quick Tempered..... Yes _____ No _____
- Random Fears..... Yes _____ No _____
- Ringing in Ears..... Yes _____ No _____
- Schogrens Syndrome
- Dry Eyes..... Yes _____ No _____
- Seizures..... Yes _____ No _____
- Severe Headaches..... Yes _____ No _____
- Shorter Attention
- Span..... Yes _____ No _____
- Skin Problems..... Yes _____ No _____
- Sleep Disturbance..... Yes _____ No _____
- Split Nerves..... Yes _____ No _____
- Stiffness in Joints..... Yes _____ No _____
- Storm Paranoia..... Yes _____ No _____
- Suicidal..... Yes _____ No _____



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Surgeries..... Yes _____ No _____

If yes How Many? _____

Thyroid Problems..... Yes _____ No _____

Tingling in Arms/legs.. Yes _____ No _____

TMJ..... Yes _____ No _____

Totally Dependent on others..... Yes _____ No _____

Unable to Work/ Public Job..... Yes _____ No _____

Unexplained Chest Pains..... Yes _____ No _____

Weakness..... Yes _____ No _____

Any other symptoms not mention here you have experienced?

INFORMATION RELEASE

I _____, Member# _____, Non-Member # _____, hereby authorize Lightning Strike and Electric Shock Survivors International Inc. to release the information set forth on my application to any person , firm or corporation studying the after effects that Lightning/Electricity has on the human body. The undersigned, by executing this release, hereby acknowledges that the information set forth in the undersigned application may be useful to medical doctors studying in this field. By executing this release, the undersigned acknowledges that only the information set forth on the application as it relates to statistical data and known “after –affects” may be released.

This release is supplementing the authorized release set forth on the undersigned membership application. The undersigned further agrees to indemnify and hold harmless the association as a result of the release of the afore referenced data. (it is not mandatory to sign the release.)

Signature of Member _____ Date: _____

Electric Shock Survivors STOP HERE! Lightning Survivors please complete the accident questionnaire.