

## Respiratory, Neurological, Visual or Dermatological Symptoms

Dear Doctor

An appointment has been made with you so I (or a member of my family) (Patient) can tell you about symptoms that the Patient has been experiencing.

Please make notes for your file of the Patient's previous medical history and their symptoms.

The Patient lives near the cement works in Russell Road, Munster, and has smelt "odours" and/or has been exposed to unusual "dust" which regularly falls onto their residence.

The "odours" and "dust" comes from the cement factory when the wind blows from that direction.

The "odours" and "dust" contain toxic substances which the Patient may have inhaled from spending time outside their residence or being nearby when the "dust" is swept up.

I am concerned that exposure to these substances may have caused, or contributed in some way, to the symptoms the Patient has been experiencing.

This is a link to the Cockburn Pollution Stoppers website which contains relevant information concerning the toxins emitted on a daily basis from the factory and a copy of a letter from the Minister for Health concerning what action residents should take if they have symptoms which may be caused by exposure to these toxic substances: [pollutionstoppers.org](http://pollutionstoppers.org) (Medical Kit page) If necessary, please check the medical literature to confirm the symptoms which can be caused by exposure to these substances to see if they match any of the Patient's symptoms.

Is it possible that the Patient's exposure to one or more of these substances could have caused, or been a contributing or aggravating factor, to the Patient's present or past symptoms reported to you?

Should the Patient have a lung function test (or other tests) to check if any loss of function has occurred and as a baseline for any future tests? Should the patient be referred to a medical specialist?

The Patient (or the parent of a child Patient) would like to know your diagnosis, prognosis and the treatment (if any) that you recommend.

Thank you for your kind attention.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_