

## Medical Malpractice Questionnaire

### Client Interview Questionnaire: Medical Malpractice Cases

1. Identify all health care providers you believe caused your injury.

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The condition for which you were being treated:

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When did you first consult each health care provider for this condition?

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Date of the incident: \_\_\_\_\_

Date of the week: \_\_\_\_\_

Time of day: \_\_\_\_\_

2. Describe the location of the incident (e.g., hospital, doctor's office, emergency room).

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3. Describe in detail how and why you believe the incident occurred. Include in your response the source of this information or belief: \_\_\_\_\_

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4. List the name and address of all health care providers (doctors, nurses, hospitals, technicians or other hospital or medical personnel) who were involved with the incident.

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5. Were you referred to these health care providers by anyone? If so, by whom?

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6. Did you have any previous contact with any of the same doctors, nurses, technicians, medical or hospital personnel before the day the incident occurred? \_\_\_\_\_

If so give details \_\_\_\_\_

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7. Were you asked to sign any waiver forms, implied consent forms, or other documents before or after the incident? \_\_\_\_\_  
If so did you sign? \_\_\_\_\_  
Do you have a copy of the document? \_\_\_\_\_
  8. Were any of the persons involved your regular treating physician? \_\_\_\_\_  
If so, give his/her name and address \_\_\_\_\_  
\_\_\_\_\_
  9. List the name and address of all doctors, nurses, technicians, medical or other hospital personnel who came in contact with or treated you after the incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  10. Did you give a history to anyone? \_\_\_\_\_  
If so, to whom? \_\_\_\_\_  
\_\_\_\_\_
  11. If you yourself did not give a history, did anyone give a history on your behalf? \_\_\_\_\_  
If so, who gave the history? \_\_\_\_\_  
To whom? \_\_\_\_\_
  12. List the name and address of the defendant's insurance carrier, and describe how you acquired this information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  13. Have you communicated with the adjuster? \_\_\_\_\_  
If so, when? \_\_\_\_\_
  14. Have you received any documents from the health care providers, their insurance carriers, or their adjusters concerning the incident? \_\_\_\_\_  
If so, when? \_\_\_\_\_
  15. Did you give any statements to anyone concerning the incident? \_\_\_\_\_  
If so, to whom did you give the statement, where and when did you give the statement and do you have a copy? \_\_\_\_\_  
\_\_\_\_\_
  16. List the names and addresses of all witnesses to the incident. Include any persons who accompanied you to the hospital or doctor's office \_\_\_\_\_

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17. Have you spoken to any of the defendants, their agents, or to any other person about the incident? \_\_\_\_\_  
If so, give details \_\_\_\_\_
18. Have you applied for any medical or insurance benefits as a result of the incident? \_\_\_\_\_  
If so, to whom did you apply and what was the response to your application? \_\_\_\_\_
19. Have you received any medical or insurance benefits as a result of the incident? \_\_\_\_\_  
If so, when and what was the amount? \_\_\_\_\_
20. Have any of the defendants (or their insurance carriers) made any settlement offer to you?  
If so, was the offer oral or written, who made it, when was it made and what was the amount? \_\_\_\_\_
21. Were any photographs, pictures or films taken of you after the incident? If so, who took them, when and where? \_\_\_\_\_  
Do you have a copy? \_\_\_\_\_
22. Were you being treated at the time of the incident for a condition or injury which you sustained in the course of your employment? \_\_\_\_\_
23. Has any other health care provider ever told you that malpractice was committed? \_\_\_\_\_  
If so, identify, the health care provider \_\_\_\_\_
24. Provide the date that you were first given this knowledge \_\_\_\_\_
25. What did the health care provider tell you? \_\_\_\_\_
26. Do you have anything in writing from this health care provider? \_\_\_\_\_
27. Provide any additional information you consider important but which has not been asked for above \_\_\_\_\_