

**CLIENT QUESTIONNAIRE
MEDICAL NEGLIGENCE CLAIMS**

*[Please answer all **bold** questions. Please answer Part A in UPPER CASE.]*

A. PERSONAL DETAILS

1. **Surname:**
2. **Given name(s):**
3. **Preferred name:**
4. **Date of birth (DD/MM/YYYY):**
5. **Place of birth:**
6. **Residential address:** *Address line 1:*
Address line 2:
Suburb:
State: *Postcode:*
7. **Postal address:** *Address line 1:*
[If same as above, leave blank] *Address line 2:*
Suburb:
State: *Postcode:*
8. **PO Box (if applicable):**
9. **Mobile number:** (61)..... - -
10. **Landline (if applicable):** ().....
11. **Email address:**@.....

12. Residency:

[Please tick the appropriate box]

Australian Citizen

Permanent Resident

None of the above

*If you answered 'None of the above',
please provide your visa status:*

.....

13. Medicare details:

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14. Private health fund details:

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B. AUTHORISED CONTACT PERSON

[Only fill in this section if you would like us to send all correspondence to another trusted person (i.e. a trusted friend or family member) who has agreed to help you with your case and will relay all information to you.]

Only fill in this section if you know you will have significant difficulty answering our emails and correspondence by yourself due to your health and/or personal circumstances. If you are unsure, please do not hesitate to ask us.

Please be advised that we will be sharing detailed information about your case with the person whose details you provide below, and as such, we will need you to sign a written authority confirming.

Please ensure you have asked their permission before giving their details to us.]

1. Surname:

2. Given name(s):

3. Preferred name:

4. Date of birth (DD/MM/YYYY):

5. Place of birth:

6. Residential address: *Address line 1:*

Address line 2:

Suburb:

State: Postcode:

7. Postal address: Address line 1:

[If same as above, leave blank] Address line 2:

Suburb:

State: Postcode:

8. PO Box (if applicable):

9. Mobile number: (61)..... - -

10. Landline (if applicable): ().....

11. Email address:@.....

C. WHO ARE YOU CLAIMING AGAINST?

[Please tick all relevant boxes]

Your claim is made against a hospital. If so, please provide the name and address of the hospital below:

Hospital name:

Hospital Address:

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Your claim is made against a medical practitioner. If so, please provide the name, address and contact details of the medical practitioner or medical practitioners below:

Medical practitioner's name(s):

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Address and contact details:

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Your claim is made against another type of health professional. If so, please provide the name, address, contact details and area of health practice below:

Health practitioner's name(s) and occupation:

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Address and contact details:

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D. DETAILS OF ALLEGED MEDICAL OR HEALTH MISMANAGEMENT

1. What was the date on which you allege the hospital, doctor or other health professional acted negligently toward you? (DD/MM/YYYY) /...../.....

2. Where did this occur?

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3. Describe the damage done to you as a result of the negligence you allege against the health professional?

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4. How do you say the negligence caused the damage?

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5. When did the damage occur [please tick one]:

- On a particular date
- Over a period of time

6. If on a particular date, please specify the date (DD/MM/YYYY):/...../.....

7. If over a period of time, please specify the period:

E. CLINICAL NOTES AND OTHER RECORDS

1. Do you have copies of the clinical notes of the hospital and/or medical practitioner? [please tick the appropriate box]

Yes No

2. Please provide the name, address and contact details of your general practitioner (GP) below:

Surname:

Given name(s):

Office number:

Mobile number:

Postal address:

..... State:.....Postcode:.....

F. OTHER LEGAL PRACTITIONERS

1. Have you consulted any other legal practitioner in relation to this matter?

Yes No

2. If so, what is the name of the practitioner?

[Full name].....

[Name of law firm].....

3. **If so, what advise did the practitioner give you?** *If you have any letter from the practitioner, please provide us with a copy.*

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G. THE FILE

1. **Do you have a file in respect of the matter? If so, what material is contained in the file.**

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