

CLINICAL NEGLIGENCE ENQUIRY QUESTIONNAIRE

Name:

Address:

Telephone:

(home)

(mobile)

E-mail:

Occupation:

Date of birth:

Marital status:

National Insurance Number:

When did your medical accident occur?

If this is more than three years ago, when did you find out that your current medical condition was linked to previous medical treatment?

Which doctor/hospital treated you?

What medical treatment did you receive?

Why do you think the treatment went wrong?

What symptoms do you have now and why do you think they are linked to your medical treatment?

Has anyone told you that your medical treatment was wrong or have you been issued with an apology?

Do you need to have any further medical treatment? If so, where will this be carried out and what treatment are you going to receive?

Do you have any previous medical history which is relevant? (If in doubt tell us all of it!)

Please tell us anything else you think might be relevant to a potential claim.

How would you like to fund your case? Legal expenses / no win no fee / public funding / private client?