

S.O.L. Patient _____

Others _____

(For Office Use Only)

MEDICAL MALPRACTICE QUESTIONNAIRE

Today's Date: _____

A. PATIENT INFORMATION

1. **NAME:** _____

2. **SOCIAL SECURITY NO.:** _____

3. **SPOUSE'S NAME:** _____

SPOUSE'S SOCIAL SECURITY NO.: _____

4. **PATIENT ADDRESS:** _____

5. **PHONE:** (H) _____ (W) _____ (CELL) _____

6. **DATE OF BIRTH:** _____

Is the patient deceased? (circle) NO YES

If yes, WHEN? _____

If yes, is there an open estate? NO YES

7. **AGE:** _____

8. **PLACE OF EMPLOYMENT:** _____

9. **OCCUPATION:** _____

10. **CHILDREN (NAMES AND AGES):** _____

13. WHO DO YOU THINK THAT YOU HAVE A MEDICAL MALPRACTICE CASE AGAINST?

14. ON WHAT DATE DO YOU BELIEVE THE MALPRACTICE OCCURRED?

15. ON WHAT DATE DID YOU DISCOVER THAT THE MALPRACTICE OCCURRED?

16. NAME ALL DOCTORS OR HOSPITALS WHO TREATED YOU: _____

17. DID INSURANCE COVER ANY OR ALL OF YOUR MEDICAL EXPENSES? _____

18. WHAT WAS THE TOTAL AMOUNT INSURANCE HAS PAID TO DATE?

19. INSURANCE COMPANY AND POLICY NUMBER FOR ALL INSURANCE COMPANIES THAT HAVE PAID FOR MEDICAL EXPENSES RELATED TO THIS INJURY:

20. HOW MUCH HAVE YOU PAID OUT OF POCKET FOR YOUR MEDICAL EXPENSES?

21. DID YOU HAVE ANY OTHER MEDICAL PROBLEMS? _____

22. DOES YOUR FAMILY HISTORY SHOW ANY INHERITED MEDICAL PROBLEMS?

23. IF YES, WHAT? _____

24. WHAT EXACTLY ARE YOUR DAMAGES (EXPENSES, INJURIES, ETC.) AS A RESULT OF THE MALPRACTICE?

HOW WILL THEY AFFECT YOU IN THE FUTURE: _____

25. HOW IS YOUR LIFE DIFFERENT NOW? _____

26. IS THERE ANY SCARRING? _____

27. WILL YOU HAVE TO HAVE MORE SURGERY TO CORRECT THE PROBLEM? IF SECOND SURGERY WAS REQUIRED: DID THE SURGERY GO ALL RIGHT?

28. DID YOU DISCUSS THIS PROBLEM/MISDIAGNOSIS/MALPRACTICE WITH YOUR PHYSICIAN?

29. WERE YOU ON ANY SPECIAL MEDICATION?

30. DID YOU LOSE ANY INCOME AS A RESULT OF THE PROBLEM/MISDIAGNOSIS/MALPRACTICE?

31. WILL YOU BE ABLE TO CONTINUE IN THIS FIELD NOW?

Fax or mail this form to:

Plaza Centre One
Suite 580
125 South Dubuque Street
Iowa City, Iowa 52240
FAX: (319) 887-3687