

CLIENT INFORMATION REPORT
NURSING HOME/LONG TERM CARE FACILITY NEGLIGENCE
(Confidential)

Date: _____

Your Name: _____

Address: _____

Telephone Nos.: Home: (_____) _____

Cell: (_____) _____ May we text you? Y N

Work: (_____) _____

E-mail: _____

Injured Party/Resident: Name: _____

Relationship to You: _____

Social Security Number: _____

Date of Birth: _____

Occupation (or former occupation, if retired): _____

Status of Injured party: _____ Alive and Competent

_____ Alive but Incompetent

(Power of Attorney): _____

(Guardian): _____

(Conservatorship): _____

_____ Deceased **(please provide copy of the death certificate)**

(Date of Death): _____

(Cause of Death): _____

Autopsy: yes no

Facility Information: Name of Facility: _____

Address: _____

Medicare/Medicaid: YES NO

Type of Injury: Pressure Sore Fall
 Elopement Medication Error
 Restraint Medical Error
 Physical Abuse Sexual Assault
 Other (Described): _____

Date of Injury: _____ Location: _____

Who admitted Injured Party/Resident to facility? _____

Date of Admission to Nursing Home/Care Facility: _____

Name of Home or Facility Administrator: _____

Phone Number: _____

How were you referred to our office?

Turner Law Offices Website Internet Injury Helpline

If by phone book, which one? Yellowbook Superpages

Attorney Name: _____

Family Member/Friend Name: _____

Other: _____

Clients frequently have a great deal of valuable information concerning how and why their accident occurred and who was at fault. Good lawyers should be aware of this and listen to their clients. Please help me help you by answering all of the following questions in as much detail as you can. Any problem important enough to see a lawyer is important enough to complete this form.

Write clearly, and only on the printed side of these pages. If more writing space is needed, attach other paper, identify each answer by question number, and write on one side of the page only.

ATTORNEY'S USE ONLY: _____

Statute of Limitations: _____

Name of Injured Party/Resident's Current Medical Providers (doctors and hospitals, etc.)

Name of Injured Party/Resident's Past Medical Providers (doctors and hospitals, etc.)

Injured Party/Resident's Past Medical Treatment (including prior surgeries, injuries or other health conditions):

Injured Party/Resident's condition requiring admission to nursing home/long term care facility:

Injured Party/Resident's Current medications:

Names and positions of persons assigned/known to have cared for injured party/resident:

Witnesses to treatment/injury (nurses, therapists, or assisting medical personnel, family members or friends with knowledge):

a. Name: _____
Address: _____

Telephone: (_____) _____
Knowledge of treatment/injury _____

b. Name: _____
Address: _____

Telephone: (_____) _____
Knowledge of treatment/injury _____

c. Name: _____
Address: _____

Telephone: (_____) _____
Knowledge of treatment/injury _____

d. Name: _____
Address: _____

Telephone: (_____) _____
Knowledge of treatment/injury _____

General description of what happened to have caused injuries to the resident:

Describe the injury or condition caused by the alleged negligence:

**Incident reports: Was incident/injury reported? _____ To whom? _____
_____ When? _____**

List every entity which might have investigated the incident, including hospital personnel, insurance company, etc. _____

Were any photographs taken of the person injured or of anything related to the incident? _____

If so, please describe what photographs were taken, by whom they were taken, and who has current possession of the photographs _____

Additional Information of Injured Party/Resident:

Single Married

Spouse's name: _____

Prior marriages? _____ Former spouse's name: _____

How ended: Divorce _____ Date: _____

Annulment _____ Date: _____

Death _____ Date: _____

Name of Other Relatives and Relationship with the Injured Party/Resident: _____

Any insurance or compensation benefits paid for this injury? _____

By whom? _____

For dates? _____

Dates _____

Amounts _____

List all lawsuits in which the injured party/resident was a party

List all prior major illness in life of the injured party/resident

FOR ATTORNEY'S USE ONLY:

Statute of Limitations: _____ Docketed by: _____

Medical Authorizations Signed: _____

Additional Instructions: _____

