

Suk Law Firm

Client Information Questionnaire – Medical Negligence Involving a Minor

Please fill in this form to the best of your ability. In the event that you cannot answer a question in the space provided, please use the last page

Information about the Injured Minor:

Today's Date: _____

Date of Negligence: _____

Minor's Name: _____

Address: _____

Date of Birth: _____

Date of Death (if applicable) _____

Soc. Sec. No: _____

Mayo Clinic No.: _____

Have you (or the minor) ever been charged with, pled guilty to, or been convicted of any felony or any crime of dishonesty (i.e., perjury, filing false information, etc.)? _____

If yes, please explain: _____

Information about the Parent/Guardian:

Relationship to Minor: _____

Name: _____

Address: _____

Home Tele: _____

Work Tele: _____

E-mail Address: _____

OK to telephone at work? Yes _____ No _____

Soc. Sec. No: _____

Minor's Health Insurance Information

Insurance Co.: _____ Tele No.: _____

Address: _____ ID No.: _____

Has the minor ever been (presently or in the past) a recipient of any of the following federal programs? (Check all that apply.)

- € Medicare
- € Medicaid
- € UCare
- € Social Security Disability Insurance (SSDI)
- € Supplemental Security Income (SSI)

Negligent Party Information

Name: _____ Insurance Co. (if known): _____

Hospital/Clinic: _____ Adjuster's Name: _____

Address: _____ Adjuster's Address: _____

Policy No.: _____

Claim No.: _____

Description of Circumstances/Resulting Condition

Briefly Describe How the Circumstances Occurred: _____

Please list the minor's injuries/conditions which resulted: _____

Has the minor ever had a similar injury/condition in the past or symptoms related to the parts of his/her body which he/she injured in this accident? Yes _____ No _____.

If yes, please explain: _____

Medical Information

Please list the minor's present and past medical providers for the past 10 years, including chiropractors and/or family physician.

Hospital/Clinic: _____ Hospital/Clinic: _____

Doctor: _____ Doctor: _____

Telephone: _____ Telephone: _____

Hospital/Clinic: _____ Hospital/Clinic: _____

Doctor: _____ Doctor: _____

Telephone: _____ Telephone: _____

Hospital/Clinic: _____ Hospital/Clinic: _____

Doctor: _____ Doctor: _____

Telephone: _____ Telephone: _____

Referral Source Information

How did you find out about the Suk Law Firm? _____

If another person or persons referred you to us, may we know who?

Name: _____ Name: _____

Address: _____ Address: _____

Have you heard about us, read about us, or seen us in any other form of advertising?

In selecting an attorney for your present claim, what qualities were you seeking in a law firm?

Which telephone book do you use?

_____ Quest Dex

_____ Yellow Book

_____ Other (Which one?) _____