

Suk Law Firm

Client Information Questionnaire – Medical Negligence

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

Today's Date: _____ Home Tele: _____

Client Name: _____ Work Tele: _____

Maiden Name: _____ Cell: _____

Address: _____

_____ Email Address: _____

_____ Webpage Address: _____

(i.e. Myspace, Facebook, etc.)

Second Address: _____

_____ Name of Spouse: _____

General Information

Date of Negligence: _____ Social Sec. No.: _____

Are you a minor? _____ Drivers Lic. No.: _____

Date of Birth: _____ Mayo Clinic No.: _____

Date of Death (if applicable) _____

Have you 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: _____

Employment Information

Present Employer: _____

Address: _____

Position Held: _____

Length of Employment: _____

Would it be acceptable for our office to telephone you

at work? Yes ___ No ___

Emergency Contact Information

Who should we contact in case of an emergency?

Name: _____

Address: _____

Relationship: _____

Home Tele: _____

Work Tele: _____

Your Health Insurance Information

Insurance Co.: _____ Tele No.: _____

Address: _____ ID No.: _____

Have you 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 your injuries/conditions which resulted: _____

Have you ever had a similar injury/condition in the past or symptoms related to the parts of your body which you injured in this accident? Yes _____ No _____.

If yes, please explain: _____

Medical Information

Please list your present and past medical providers for the past 10 years, including chiropractors and/or your 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: _____

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?) _____