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Illness & Hospitalization—Applications

Intake Form: Illness & Hospitalization

If you are suing a doctor, hospital, pharmaceutical company, medical device manufacturer, or other similar person or entity, you will want to hire an experienced attorney to best represent your interests. During your first few meetings with that attorney, there is a lot of information you will have to provide. The following intake form can be filled out, in advance of those meetings. The form will enable your attorney to learn a little bit about your background, and a lot about your case. For example, your attorney will obviously need to know about your medical situation. In addition, he or she may want to know about your employment status and your income. If you have lost time from work due to your illness or hospitalization, your attorney may be able to help you recover those lost wages.

Name: _____

Date of Birth: _____

Social Security Number: _____

Address:

Length of Time at that Address: _____ years _____ months

Previous Address(es) (for last 10 years):

Home Telephone Number: _____

Work Telephone Number: _____

Facsimile Number: _____

E-mail Address: _____

Former Name(s): _____

Current Employer: _____

Job Position/Title: _____

Employer's Address: _____

Length of Time with Employer: _____ years

Gross Monthly Income: \$ _____

Marital Status: _____

Previous Marriage(s): Yes ____ No ____ How ended? _____

Children

<i>Name</i>	<i>Date of Birth</i>	<i>Living in home?</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have medical or health insurance? _____

Yes/No

If Yes, provide information on policy (insurance company, etc.) : _____

Are your premium payments up-to-date? _____

Yes/No

If No, provide explanation: _____

Date of Onset of Illness or Dates of Hospitalization: _____

Present

Medical

Diagnosis:

Description of How Illness Was Contracted or Why Hospitalization Was Required:

Names and Locations of All Medical Providers Seen for Illness:

Names and Locations of All Hospitals Where You Are/Were a Patient:

Description of Medical Attention Received:

Current Medical Condition:

Surgeries Performed or Scheduled As a Result of Illness or Hospitalization:

Did your doctor discuss the risks of the surgical procedure with you? _____
Yes/No

If Yes, what were you told about the procedure? _____

If Yes, did you sign an informed consent form? _____
Yes/No

Current Prescription Medications Being Taken, Including Current Dosage and Name of Prescribing Physician or Medical Provider:

Current Over-the-Counter Medicines Being Taken

Do you have a history of treatment for chemical dependency? _____

Yes/No

Explain:

Do you have a history of psychiatric or psychological treatment? _____

Yes/No

Explain:

Do you have a criminal record? _____
Yes/No

Explain:

Other Important Information:

Questions to Ask My Attorney :
