A. J. Phillips

MEDICAL NEGLIENCE
COMPENSATION QUESTIONNAIRE

If you would like Fearon & Co to act for you in obtaining compensation for an accident you have been involved with then would you kindly complete, sign and date this Questionnaire and return it to us. A member of Fearon & Co's team will be in contact with you shortly to discuss your claim, to provide initial advice regarding it and concerning what further steps are necessary to be undertaken on your behalf. It is important that Fearon & Co receive from you as much available information as possible in order to be in a position to advise you fully.

When instructing Fearon & Co to act for you, do please remember that the Accident Compensation Unit within the firm comprises just one area of Fearon & Co's expertise, and that Fearon & Co also provides legal services in all key areas of law, including:

- **Commercial Services -** the acquisition and disposal of Commercial Property, Company and Business Law

- **Litigation Services -** Personal Injury claims, Matrimonial, Landlord and Tenant and all aspects involving civil dispute

- **Private Client Services -** sale and purchase of Residential Property, Wills, Probate and Inheritance Tax Planning

**KINDLY COMPLETE THIS QUESTIONNAIRE
AND RETURN IT TO FEARON & CO**

Westminster House
7 Faraday Road
Guildford
Surrey
GU1 1EA
United Kingdom

Tel: +44 (0)1483 540840
Fax: +44 (0)1483 540844
E-mail: enquiries@fearonlaw.com

SECTION 1 - GENERAL INFORMATION

(a) Full names:

(b) Age and date of birth:

(c) Home address:

(d) Telephone number(s)

Home:

Work:

Mobile:

E-mail address:

(e) National Insurance No.:

(e) Occupation:
(f)

(f) Do you have any Accident, General
Insurance, or other cover for legal
expenses? If so, please provide a
copy of your Policy.

This cover may be afforded under your household contents insurance, buildings insurance, motor insurance, a perk through some credit card agreements or you may have paid an additional fee to have legal expenses insurance. If you are not a UK resident you may have cover under a travel insurance policy. It is important that you make a thorough search to establish whether or not you have this cover. If you do not have legal expenses insurance please sign and date on page 11 to acknowledge that you have checked and that you understand that you are responsible, not us, for

any shortfall in your costs being awarded as a result of it transpiring that you did in fact have this cover in place.

SECTION 2 - THE CLAIM

(a) Please give details of the nature of your claim.

(b) Please give the name and adress of the hospital or health trust.

(c) Please give the name of your treating doctor or surgeon.

(d) Please give the name and address of your GP.

(e) What was the date of your operation or treatment?

(f) Did you sign a consent form for treatment? If so, what treatment did you consent to?

(g) What risks were explained to you before you received treatment?

(h) What date did you learn of neglience/errors?

(i) Who explained that there had been a failure in treatment?

(j) Where possible give dates of visits to your doctor/hospital and details of any treatment given on each date.

(k) If you have made complaints concerning treatments, please give details of whom to and when.

(l) Give details of any diagnosis given by your treating doctor.

(m) Give details of actual treatment you received.

(n) Give details of errors or omissions in your treatment.

(o) If you have yet to make a full recovery, please give details of your symptoms.

(p)   Have you suffered from similar conditions/symptoms prior to negligent treatment?

(q) If you have received private medical treatment, please give details of treatment and full address of the medical facility.

(r) If you require further treatment, please give details.

(s)   Please detail fees/expenses incurred as a result of your injuries caused by medical megligence.   Loss of earnings should include dates off work and monthly net salary.

EXPLANATION OF FACTS AND CIRCUMSTANCES AS TO HOW THE INCIDENT WAS CAUSED (INCLUDING THE EVENT LEADING UP TO THE INCIDENT AND THE INCIDENT ITSELF)

SIGN AND DATE BELOW

Signed...

Date ....