

NEW CLIENT'S FORM

(Web)

Please try to complete all sections, especially those indicated by an *. This will enable us to assist you more effectively.

* Contact Name & Address

Title: ----- First Name: ----- Family Name:-----

Address:

----- Town: -----

Co: ----- Postcode: -----

Telephone No: (Home) ----- (Work): -----

Email: -----

* Name and Date of birth of the person affected by the incident:

* (if applicable) Your relationship to the person affected (eg. parent, partner, sibling):

* When did the incident occur?

* When did you first realise that you or the person concerned had suffered an injury as a result of the incident?

* What is the present condition of the person concerned?

Hospital(s), Practice involved: -----

Doctor(s) or other health carer(s) involved: -----

In order for us to provide you with detailed and appropriate advice and guidance, it would be helpful if you could include the following in your account of events:

- What treatment you received – give detailed information reg. specific procedures, if you have details reg. operation-condition.
- What happened

*** Please use the space below and the following page for your account of events:**

Account of events continued:

What are you now seeking?

(please tick relevant box)

Explanation and/or apology [] Disciplinary action []

Financial recompense []

Complaints about treatment

Have you made a written formal complaint? Yes [] No []

Date of complaint made: -----

Have you received any response? Yes [] No []

(if so, please include a copy of this with this form)

If no how long have you been waiting? -----

Do you have copies of your medical records? Yes [] No []

(AvMA do not require medical records at this point, if they are needed your AvMA caseworker will request them from you).

Has anyone been assisting you with your complaint? (eg. CHC, ICAS, CAB)

If yes who?-----

Have you been in contact with relevant support organisations? (eg. SANDS, CRUSE)

If yes who? -----

If not, would you find it helpful to be put in touch with someone?

Yes [] No []

Inquests

In a case involving a death, has the matter been reported to the Coroner? Yes [] No []

Is an Inquest to be held and if so please give the date? -----

Do you require representation or advice on this? Yes [] No []

Legal Action

The purpose of litigation is solely for obtaining financial compensation. It does not provide the means of obtaining explanation, apology or disciplinary action against a particular practice.

Bearing these factors in mind, do you feel litigation is the appropriate course of action for you?

Yes [] No [] Don't know []

Are you happy to have your name signposted to a solicitor?

Yes [] No [] Don't Know []

Have you already been in contact with a solicitor?

Yes [] No []

If yes – Please provide us with the following information:

Name of Solicitor and Firm: -----

When did you first instruct a solicitor? -----

Is your solicitor still acting on your behalf? Yes [] No []

If not, why? -----

When did you last have contact with your solicitor?-----

Are you happy with your present solicitor? Yes [] No []

If not why?-----

Legal Services Commission

Are you receiving public funding? Yes [] No []

Have you applied for public funding? Yes [] No []

Does your solicitor have a complete copy of your medical records?

Yes [] No []

If your solicitor has instructed medical experts to study your case, please provide details of the names of the experts, their specialities and whether their reports supported your claim. (if you have copies of these reports and/or Counsel's Opinion, it would be helpful if you could provide us with the photocopies.)

Do you or your solicitor require urgent assistance?

Yes [] No []

If not why? -----

Do you wish to:

a) Transfer your case to a new firm of solicitors []

b) For AvMA to assist your present firm []

c) Other (please state) []

If you are happy for us to forward your details to a solicitor please tick box []

In accordance with the Data protection Act 1998, we are informing you that as a charity, AvMA may from time to time use your details for fundraising purposes including direct mail appeals. If you do not wish to receive fundraising information, please tick this box []

We may also from time to time use your details discretely and appropriately for anonymised research purposes to help us with our campaigning activity. No one will contact you without your permission.

If you do not wish your details to be used in this way, please tick this box []

Signed: ----- Date: -----

How did you hear of AvMA?

It is important for AvMA to monitor how clients have gained access to our services. The information that you provide will be fed into our annual evaluation. This will enable us to monitor the delivery of our services and target other organisations and Information resource agencies to maximise client's access to our organisation. Therefore we would be grateful if you could take a moment of your time to complete the questions below.

Were you referred to AvMA by the Independent Complaints Advocacy Service (ICAS)?

ICAS Provider Name & Region (please tick)

POhWER []

London [] East of England [] W.Midlands []

South East Advocacy Project (SEAP) []

South East [] South West []

Carers Federation []

E.Midlands [] North East [] North West [] Yorkshire & Humberside []

Were you referred by

CAB (Scotland) [] CHC (Wales) [] Health & Social Service Council(Ireland) []

Signposted by other Organisation: _____

How did you hear about AvMA Media Solicitor Word of Mouth Hospital
(please circle)

Any other heard of comments: _____

EQUAL OPPORTUNITIES MONITORING FORM Date -----

Completion of this form is optional, but taking just a moment to complete it will help us monitor that we are reaching all parts of the community. The information will be kept confidential.

If you are enquiring on behalf of someone else, what is your relationship to them? _____

Please complete the rest of the form in respect of the person who has had the medical accident.

Male [] Female []

Age: Under 18 [] 18 – 30 []

31 – 50 [] 51 – 65 []

66 – 79 [] 80 - []

Do you consider yourself to be disabled? Yes [] No []

Are you registered disabled? Yes [] No []

What is your ethnic group? Please choose one section from A - E and tick one box

A White

- [] British
- [] Irish
- [] Any other White background, please write in _____

B Asian or Asian British

- [] Indian
- [] Pakistani
- [] Bangladeshi
- [] Any other Asian background, please write in _____

C Black or Black British

- [] Caribbean
- [] African
- [] Any other Black background, please write in _____

D Chinese or other ethnic group

- [] Chinese
- [] Any other, please write in _____

E Mixed

- [] White and Black Caribbean
- [] White and Black African
- [] White and Asian
- [] Any other Mixed background please write in _____