

## New client form

Before contacting us, please try our **self-help guides**, which contain clear and straightforward guidance. If you still need to contact us after reading the self-help guides, please complete this form.

Please try to complete all sections, especially those indicated by a \* so we can assist you more effectively.

### \* Contact name & address

Title  First name

Family name

Address

Town  County

Postcode

Home phone

Work phone

Email

\* Name and date of birth of person affected by the incident

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

\* When did the incident occur?

\* On what date 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

## For advice and information

Visit our website for a wide range of advice, information and support, including making a complaint, inquest support and taking legal action.

**[www.avma.org.uk/help-advice](http://www.avma.org.uk/help-advice)**

Or call our helpline (10am-3.30pm Mon-Fri, 03 calls cost no more than calls to geographic numbers [01 or 02])

**0345 123 2352**

**\* What are you now seeking?** *(tick relevant box)*

- ☐ **Explanation and/or apology**  
I have read the AvMA leaflet on making a complaint to the NHS
- ☐ **Disciplinary action**  
I have read the AvMA leaflet on health professionals fitness to practice
- ☐ **Financial recompense**  
I have read the AvMA leaflet on legal action/claiming financial compensation

**\* Account of events**

Please give us an account of events, including what treatment you received and what happened. If available, please give detailed information about your condition and any specific procedures or operations. Please use the space below and the following page for your account of events:

*please continue on next page if required*

## Account of events continued

*please continue on a separate sheet if required*

## Complaints about treatment

*Please tick as appropriate*

Have you made a written formal complaint?

Yes

No

Date complaint made

Have you received any response? *If yes, please include a copy of this with this form*

Yes

No

If no, how long have you been waiting?

Do you have copies of your medical records?

Yes

No

Has anyone been assisting with your complaint?  
(e.g. NHS Advocacy, CAB, Healthwatch, CHC  
(Wales) PASS (Scotland) or PCC (Northern Ireland))

Yes

No

If yes who?

Have you been in contact with relevant support organisations?

Yes

No

If yes who?

If not, would you find it helpful to be put in touch with someone, if there is a suitable support group available?

Yes

No

Have you previously contacted the AvMA helpline?

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?

Yes

No

Please give the date

Do you require representation or advice on this?

Yes

No

## Legal action

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 this 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?

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



To help us improve our service, can we send you a satisfaction survey?

Yes

No

Are you happy for us to email you information about our work and how you can help us?

Yes

No

You can unsubscribe at any time.

**Privacy notice:** The information we send you may include a newsletter to tell you more about the work we do and information about how you can help us including occasional emails about our conferences, events or fundraising. We will always store your personal details securely. To view our privacy notice please visit **[www.avma.org.uk/privacy](http://www.avma.org.uk/privacy)**

How did you hear of AvMA?

Signature

Date

# Action against Medical Accidents (AvMA)

AvMA is the charity for patient safety and justice. We provide specialist advice and support to people when things go wrong in healthcare and campaign to improve patient safety and justice.

For advice and information visit

**[www.avma.org.uk](http://www.avma.org.uk)**

Or call our helpline

**0345 123 2352**

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**82 Tanner Street, London SE1 3GN**



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Registered charity in England & Wales (299123)  
and Scotland (SCO39683)