

## 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

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?

\* 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
- taking legal action

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

Or call our helpline  
(10am-3.30pm  
Monday to Friday)

**0345 123 2352**

## New client form

[www.avma.org.uk/new-client-form](http://www.avma.org.uk/new-client-form)

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

- Explanation and/or apology

I have read the [AvMA leaflet on making a complaint to the NHS](#)    Yes            No

- Disciplinary action

I have read the [AvMA leaflet on health professionals fitness to practice](#)    Yes            No

- Financial recompense

I have read the [AvMA leaflet on legal action/ claiming financial compensation](#)    Yes            No

### \* 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*

## New client form

[www.avma.org.uk/new-client-form](http://www.avma.org.uk/new-client-form)

### Complaints about treatment

Have you made a written formal complaint?	Yes	No
Date complaint made		
Have you received any response? <i>If yes, please include a copy of this with this form</i>	Yes	No
If no, how long have you been waiting?		
Do you have copies of your medical records?	Yes	No
Has anyone been assisting you with your complaint? <i>(e.g. NHS Advocacy, CAB, Healthwatch, CHC (Wales) PASS (Scotland) or PCC (Northern Ireland))</i>	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

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

## Legal action (continued)

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?

Signed

Date

## New client form

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## Equal opportunities monitoring form

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*

### C Black or Black British

Caribbean

African

Any other Black background

*Please write in*

### E Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background

*Please write in*

### B Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background

*Please write in*

### D Chinese or other ethnic group

Chinese

Any other background

*Please write in*

## Action against Medical Accidents (AvMA)

AvMA is **the** charity for patient safety and justice. We provide free specialist advice and support to people when things go wrong in healthcare. We also work in partnership with health professionals, the NHS, government departments, lawyers and, most of all patients, to improve patient safety and justice.


### Action against Medical Accidents

Freedman House, Christopher Wren Yard  
117 High Street, Croydon CR0 1QG

**020 8688 9555** (office)

*Please use the helpline number (right) for help or advice regarding a medical accident*

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

 [www.facebook.com/AvMAuk](https://www.facebook.com/AvMAuk)

 [@AvMAuk](https://twitter.com/AvMAuk)

Action against Medical Accidents (AvMA) is a registered charity in England and Wales (number 299123) and in Scotland (number SCO39683)

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action *against* medical accidents