



**MEDICAL MALPRACTICE, PERSONAL INJURY
AND WRONGFUL DEATH QUESTIONNAIRE**

PLEASE READ THIS QUESTIONNAIRE CAREFULLY BEFORE
ANSWERING THE QUESTIONS

The answers you give here will be held strictly CONFIDENTIAL. If you wish, this questionnaire will be returned to you when your claim has been concluded. It is only for the use of your attorney at Beliveau, Fradette, Doyle & Gallant, P.A. in the investigation of your potential case.

Answer every question fully and accurately. Success in this case depends upon mutual confidence and cooperation between client and attorney. It is imperative that your attorney know everything about the claim, the claimant's history and the facts and circumstances that led up to the injury or loss. You must assume that the other side will know as much about the claim as you know yourself.

One surprise at trial because of incorrect or incomplete information supplied by you can severely damage your case. This will not happen if you have fully advised your attorney in this questionnaire and in response to other requests for information. Answer questions fully, even though it may be embarrassing, you do not think it is important, or you cannot understand why it has anything to do with your case. The questionnaire is divided into three major headings. Each question has some importance to your case.

If it becomes necessary to file suit on your behalf, this Questionnaire will be the foundation upon which we build your case. Please be sure to collect and forward all of the information requested, such as medical records, income tax returns, and the medical and pharmacy statements for case-related expenses. If you do not have a bill, it is very important that you obtain one for us. Funeral and burial expenses should also be included if applicable.

Thank you.

Beliveau, Fradette, Doyle & Gallant, P.A.
91 Bay Street, P.O. Box 3150
Manchester, NH 03105-3150
(603) 623-1234

I. GENERAL INFORMATION

1. What is your full name? _____

If name of claimant is different, give that name: _____

Your Address: _____

Telephone No.: (H) _____ (W) _____ (C) _____

E-Mail: _____

If you have no phone, how can you be reached?

2. Description of accident and injuries:

Please give us a detailed and complete description of how the malpractice or injury or accident occurred: (a) date and time, (b) names and addresses of witnesses, (c) statements made by anyone, (d) injuries suffered and degree of the pain and discomfort suffered, (e) consequences in terms of treatment, therapy and disability, and any symptoms or problems that persist to this date. Be thorough and complete and tell the whole story. _____

3. Where was the claimant born? _____

a) Date of birth: _____

4. Was/is the claimant married at the time? _____

a) If so, state the full name of his/her wife or husband?

b) Date of marriage: _____

c) List the names, dates of birth, and addresses of all those (including spouse and children) who are dependent upon the claimant for support, and his/her relationship to each:

	NAME	ADDRESS	DATE OF BIRTH	RELATIONSHIP
•	_____	_____	_____	_____
•	_____	_____	_____	_____
•	_____	_____	_____	_____
•	_____	_____	_____	_____
•	_____	_____	_____	_____

II. WORK HISTORY

The amount of recovery in this case will be affected by loss of earnings and/or earning capacity, so please outline carefully the claimant's work background.

1. Was the claimant employed at the time? _____

If so, state name and address of his/her employer at that time: _____

2. State the claimant's job title, and what type of work was he/she doing?

3. State the claimant's hourly rate of pay and average weekly gross pay (before deductions)? _____

4. When was the claimant first employed by the company for which he/she was working at the time of his/her injury? _____

5. Did the claimant file income tax returns for the 3 years prior to the injury? _____

a) Do you have copies of them? _____

b) State the gross income earned the year of the injury? _____

c) State the gross income shown on the tax returns for the three years prior to the injury:

(1) Year _____ Amount _____

(2) Year _____ Amount _____

(3) Year _____ Amount _____

III. MISCELLANEOUS

We must know about the claimant's background because his/her education and physical history will have an important bearing on the case.

A. EDUCATION: What education did the claimant have, including any special employment training? On the following page, please list schools, dates of graduation, and diplomas or degrees obtained.

<u>SCHOOL AND LOCATION</u>	<u>DATES</u>	<u>DEGREE</u>
	<u>ATTENDED</u>	<u>AWARDED</u>

B. PHYSICAL EXAMINATIONS: List here every physical examination the claimant may have ever had for employment, promotion, insurance, selective service, armed forces, etc., stating the date, place, name of the doctor, and result as fully as you are aware:

<u>DATE</u>	<u>PLACE</u>	<u>REASON/ TYPE</u>	<u>DOCTOR'S NAME AND ADDRESS</u>

C. OTHER ACCIDENTS & INJURIES: Failure to mention other accidents and/or injuries of the claimant, no matter how unimportant they may seem, can undermine the lawsuit. List every such incident, whether it resulted in a claim for damages or not, stating the date, place, nature of the accident, and extent of injuries. If none, so state.

<u>DATE</u>	<u>PLACE</u>	<u>NATURE/TYPE INJURIES</u>	<u>DOCTOR'S NAME AND ADDRESS</u>

D. CLAIMS AND LAWSUIT: There have been many cases damaged beyond repair by a history of other claims and lawsuits brought to the jury's attention at the last minute. Your case will not be harmed if the prior claims are acknowledged. It is the denial of previous claims and suits that may damage your case. List here every claim the claimant has ever made for personal injury and fill in the details:

<u>DATE</u>	<u>DEFENDANT</u>	<u>TYPE</u>	<u>LAWSUIT FILED?</u>	<u>RESULT</u>

E. ILLNESSES: Please describe the claimant's medical history. No matter how minor an illness, we must know about it. The defendant's attorney may have access to such information through medical, insurance or other records.

<u>DATE</u>	<u>NATURE</u>	<u>HOSPITAL WHERE AND WHEN</u>	<u>DOCTOR'S NAME AND ADDRESS</u>

F. POLICE RECORD: If a person has a criminal record, no matter how long ago, and regardless of how it came about, that fact may be brought up and commented on at the trial of this case, depending on the circumstances. The defense will make a complete investigation of the claimant's background, and we must be prepared against development of unfavorable evidence. List every arrest and conviction and state the date, place, charge, and result:

<u>DATE</u>	<u>PLACE</u>	<u>CHARGE</u>	<u>RESULT</u>	<u>CONFINEMENT?</u>

G. ACTIVITIES: List all the non-employment activities the claimant used to engage in prior to his/her injury that can no longer be enjoyed. These should include recreational and household activities.

H. Please list all church, veterans, charitable, social, recreational, civic, hobby, athletic, and other organizations the claimant may have belonged to, and any offices held, in any of them:

<u>DATE</u>	<u>ORGANIZATION</u>	<u>OFFICES HELD</u>
-------------	---------------------	---------------------

I. Please list all honors, awards, prizes, scholarships, and decorations the claimant may have been awarded, in school, in the armed forces, by his/her church, civic club, community, etc.

<u>DATE</u>	<u>TYPE OF AWARD/HONOR</u>	<u>AWARDED BY</u>
-------------	----------------------------	-------------------

J. DAMAGES: Please list all of the damages and expenses, including doctors' and hospital bills, bills for drugs, medicine, funeral and other expenses, that are a result of the claimant's injuries. Where possible, please include dates of services, names of providers, and dollar amounts of the bills that have been sent or given to you.



DATE DOCTOR/HOSPITAL ADDRESS AMOUNT

Thank you very much. Please return this completed Questionnaire to:

Richard E. Fradette, R.Ph., M.P.H., J.D.
Beliveau, Fradette, Doyle & Gallant, P.A.
91 Bay Street, P.O. Box 3150
Manchester, NH 03105-3150
603-623-1234