

SOL: _____ (To be completed by attorney)

Return completed form to Larry Narum via email (larry@samlaw.info)

Please Print Clearly and Neatly

MEDICAL MALPRACTICE FACT SHEET

Date Completed: _____

Background Information

Your Name: _____

Other names known by: _____

Address: _____

City, State, Zip: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email: _____

Date of birth: _____ Social Security No: _____

Driver's license number: _____ Marital status: _____

Spouse's name (if applicable): _____

Your Employer: _____

Address: _____

City, State, Zip: _____

Job Title: _____ How long have you been employed there? _____

Name of Supervisor: _____ Telephone: _____

Your last date worked before illness or injury: _____

Rate of Pay: \$ _____ per _____

Did you miss work time or other benefits or income earning potential because of the injury:

Yes ☐ No ☐.

How much work time was missed due to the injury: _____

Date returned to work: _____

Did you receive sick pay or disability pay? Yes ☐ No ☐

If yes, how much? \$_____ per _____

What was your total income from your most recent tax returns:

Last year: \$_____ Two years ago: \$_____ 3 years ago: \$_____

List each and every claim or lawsuit in which you have been involved in any way. Include approximate year and parties involved, reasons and results.

Have you ever been arrested? Yes ☐ No ☐

If yes, please provide the following information:

Date: _____ Charge: _____

Have you ever been convicted of a crime? Yes ☐ No ☐

If yes, please provide the following information:

Date: _____ Charge: _____

Date: _____ Charge: _____

Result (fine, penalty, supervision, etc.) _____

Have you ever been charged with a crime of fraud or dishonesty: Yes ☐ No ☐

Have you ever been convicted of a crime of fraud or dishonesty: Yes ☐ No ☐

Have you ever filed for bankruptcy: Yes ☐ No ☐

Which was filed CH 7 or CH 13 (circle one)

Date of filing: _____ Date of Discharge: _____

Attorney Name: _____ Telephone: _____

Have you ever been represented by another attorney for this Accident: Yes ☐ No ☐

Attorney Name: _____ Telephone: _____

Address: _____

Did the Attorney withdraw: Yes ☐ No ☐

Decedent Information (If applicable, if N/A - Skip Section)

Name: _____

Address: _____

Date of Birth: _____

SSN: _____

Date of occurrence: _____

Date of death: _____

Health insurance information (Private Health Insurer/HMO/Medicare/Medicaid):

_____ Policy Number: _____

County where death occurred: _____

Did decedent have a will? _____

Did decedent have property in Illinois? If yes, identify property:

Is an attorney representing the decedent's estate? Yes [] No []

List below the name, age, address, and phone number of the following living relatives of the decedent:

Mother: _____

Father: _____

Children: _____

Spouse: _____

Brothers and Sisters: _____

Injuries and Damages

Why do you think the injury occurred: _____

List the names and addresses of each and every **DOCTOR/PHYSICIAN/ SURGEON** who was involved in the incident of injury:

List the names and addresses of every **HOSPITAL/OUTPATIENT FACILITY** involved with the incident of injury:

Treatment and Recovery

List the names and addresses of every **HOSPITAL/ OUTPATIENT FACILITY** who have treated the injury:

List the names and addresses of each and every **DOCTOR/PHYSICIAN/ SURGEON** who have treated the injury:

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List the names and addresses of all **PHYSICAL THERAPISTS/PHYSICIAN'S ASSISTANTS/OTHER HEALTHCARE PROFESSIONALS** who have treated the injuries.

Describe every past injury and accident, including work-related accidents, in which the injured party has ever been involved. (Include date, time, location, type of accident, and injuries.)

List all illnesses or injuries for which the injured party was being treated at the time of the incident.

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Other information we need to know regarding your case:

What questions do you have for the attorney?

When you return this form please attach any related and appropriate documents including any prior court documents.

How did you hear about SAM LAW OFFICE, LLC?

☐ Yellow Pages ☐ Dex ☐ Google ☐ Lawyers.com ☐ Our Website ☐ Bing/Yahoo Ads
☐ Other (Please describe) _____ ☐ Referred by: _____