



Medical Negligence Forms Form

Accident/Incident Details

Please give a detailed explanation as to why you consider the treatment to have been incorrectly administered?

Have you been treated by one or more than one person (or health authority) for the injury?

Please provide the names, addresses and qualifications of all the persons treating you referred to above (as far as you know).

Has the above provided an explanation for your situation? If yes, please confirm what was said in as exact terms as possible.

Please confirm when and how you knew there was a problem ?

Have you seen a GP or another medical practitioner regarding the above issues? If yes, please state where, when and what advice you were given?

Please describe what your current symptoms are?

Are you receiving treatment for these symptoms?
If yes, please explain what treatment you are receiving?

Do you know if there are any witnesses who can assist you with the case? If yes, please confirm names and Addresses and full contact details.

Have you asked for legal advice before regarding you situation? If yes, please confirm what was the outcome of this advice?

Have there been any other accidents, treatment or other issues which you feel may have caused you symptoms?

Do you know of anyone else who has been in a similar situation as yourself resulting from injury/treatment received at the same place or by the same people?

Did you sign any forms of consent to the treatment administered? If so, please confirm exactly what was signed.

Was any explanation either orally or in writing given to you by any practitioner or person administering treatment prior to the treatment commencing. If so, could you try and explain exactly what was said?

Who was to blame?

Do you consider any person or body to be responsible for the symptoms which you suffer or have suffered from? If so, please state who and give your reasons.

Declaration

I confirm that the above information I have given is correct to the best of my knowledge and request you act on my behalf in pursuing the claim for compensation arising out of the above incident, including issuing and signing Court Proceedings should this be required.

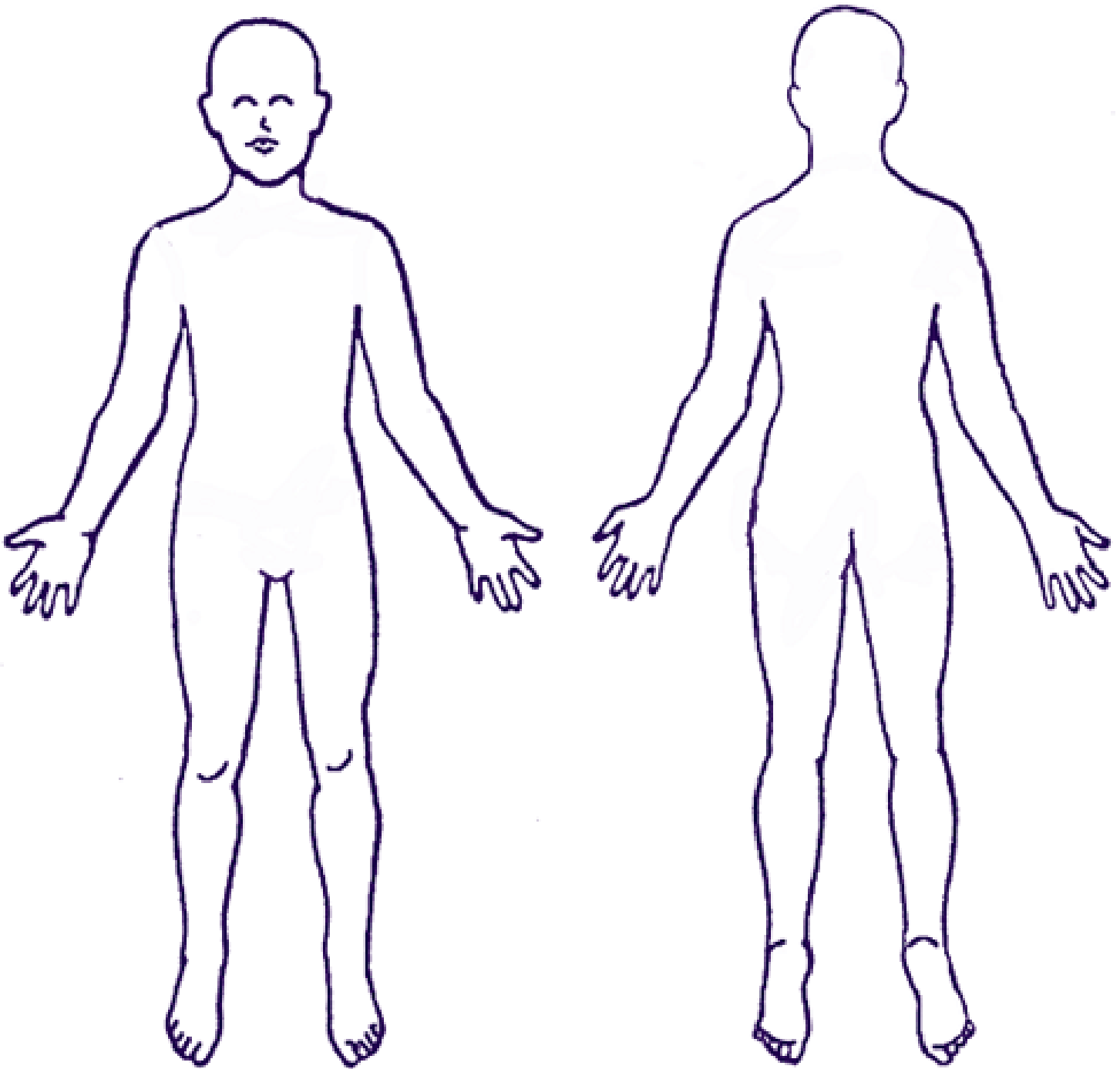


Signed:

Print Name: _____ Date: _____

Body Injury Diagram

In the diagram below can you please circle around the areas in which you were injured.



Medical Checklist

NOTE: It is important that you complete this checklist accurately and truthfully and return it to us. Your claim may be adversely affected if you fail to disclose the information requested or in the event that you knowingly attempt to mislead us, the third party representatives or the Court, your claim will be compromised and you may be liable to costs consequences.

Client name: _____
 Address: _____

Reference Number _____
 Accident Date: _____

Have you been involved in any previous accidents? Yes No

If yes, please advise of the dates of each and every previous accident and confirm if you claimed personal injury as a result.

	Date	Did you suffer any injuries?		Yes	No
1	_____	Did you suffer any injuries?			
2	_____	Did you suffer any injuries?			
3	_____	Did you suffer any injuries?			
4	_____	Did you suffer any injuries?			

In the event that you claimed personal injury to an accident before which Solicitors represented you in respect of each claim? Please provide their full details even if it was we with reference numbers below:

	Accident Date	Solicitors	Telephone	References
1				
2				
3				
4				
5				

STATEMENT OF TRUTH

I confirm the information provided in this checklist is correct and I do not have any further information to disclose which would have an affect on my personal injury claim.

I also confirm I have read and understood my report and confirm you may disclose this to the third party representatives.

Signed



Dated _____

GP Consent Form
(Releasing health records under the Data Protection Act 1998)

About this form

In order to proceed with your claim, your solicitor may need to see your health records. Solicitors usually need to see all your records as they need to assess which parts are relevant to your case. (Past medical history is often relevant to a claim for compensation.) Also, if your claim goes ahead, the person you are making the claim against will ask for copies of important documents. Under court rules, they may see all your health records. So your solicitor needs to be familiar with all your records.

Your name: _____
Your address: _____
Date of birth: _____
National Insurance Number: _____
Solicitor's name: _____
Solicitor's address: _____

GP's name: _____
GP's address: _____
GP's telephone no: _____

I consent to the disclosure of my General Practitioner's records, both past and present in line with the Data Protection Act 1998, to my Solicitors or to the specialist consultant nominated by my Solicitors, for the purpose of preparing a medico-legal report.

I would Confirm that no legal proceedings are contemplated against my GP or any his/her staff.



Your signature: _____ **Date:** _____

I have told my client the implications of giving me access to his or her health records. I confirm that I need the full records in the case.

Solicitor's signature: _____ **Date:** _____

AUTHORITY FOR RELEASE OF MEDICAL NOTES AND RECORDS PURSUANT TO THE ACCESS TO HEALTH RECORDS ACT 1990

Your name: _____

Your address: _____

Date of birth: _____

National Insurance Number: _____

Solicitor's name: _____

Solicitor's address: _____

The hospital I have visited is:-

Hospital name: _____

Hospital address: _____

Hospital telephone No: _____

Name of Consultant in charge of treatment: _____

Departments where treatment was received: _____

Were any x-rays or scans taken? Yes No

Brief description of treatment	Dates	
	From:	To:

I consent to the disclosure of my hospital records and X-rays, to my Solicitors or to the specialist consultant nominated by my Solicitors, for the purpose of preparing a medico-legal report. This request is made pursuant to the Access to Health Records Act 1990 section 3 (1), (2) and (4) for which we volunteer an access fee of £10.00, together with reasonable copying and postage fee as prescribed by the Data Protection Act 1998.

I would confirm that no legal proceedings are contemplated against the Health Authority or any member of its staff.

Your signature: _____



Date: _____

Solicitor's signature: _____ Date: _____

Proofs of Address and ID

You must attach at least one document for each section and a document can not be used for both sections.

Section 1 **PROOF OF ADDRESS** *(please attach 1 of the following)*

Type	Company name	Account Number
Electricity (No more than 3 months old)		
Gas (No more than 3 months old)		
Telephone (Land line only) (No more than 3 months old)		
Electricity (No more than 3 months old)		
Bank Statement (Not more than 3 months old)		
Council Tax Bill (Not more than 13 months old)		
Mortgage statement (Not more than 13 months old)		
Solicitor's letter conforming completion (Not more than 3 months old)		
DSS pension/ Allowance Book / Benefit Book		
Building Society Passbook (showing current address)		

Type of ID	Issuing Country Name	Issuing Authority Name	Number
Visa			

Section 2
PHOTOGRAPHIC ID
(please insert 1 of the following)

Type of ID	Company name	Number
Full Valid UK Driving License (old Style) (Not more than 51 years old)		
Full photo card License with supporting slip (not more than 10 years old)		
Provisional photo card License with supporting slip (not more than 10 years old)		
UK Passport		

Type of ID	Issuing Country Name	Issuing Authority Name	Number
Full Driving License (International and not more than 1 year old)			
Passport			
Visa			

I _____ (Clients Name) confirm that the documentation which I have provided is my own, it is authentic/original.



Your signature: _____

Date: _____

I, _____ (Rep name) hereby certify that I personally checked _____ (Clients Name) and **I confirm that 2 separate documents were checked against Identity and Proof of Address.**

Rep signature: _____ **Date:** _____

Marketing Form

If you would kindly fill out this form we would be grateful.

Can you please indicate the form of advertisement which brought Hippo Claims to your attention.

- TV Please Specify _____

- Leaflets Please Specify _____

- Billboards Please Specify _____

- Magazines Please Specify _____

- Exhibitions Please Specify _____

- Sponsorship Please Specify _____

- Vehicle Advertising Please Specify _____

- Word of Mouth Please Specify _____

- Shop Front Please Specify _____

- Promotional Item Please Specify _____

- Other Please Specify _____

