



CLIENT INSTRUCTION SHEET FOR POSSIBLE MEDICAL NEGLIGENCE CASES

YOUR NAME AND ADDRESS: _____

PHONE NUMBERS:

PPS NO:

E-MAIL ADDRESS:

DATE OF BIRTH:

INCIDENT DETAILS:

PLEASE DESCRIBE WHAT HAPPENED-USE ADDITIONAL SHEET IF NECESSARY

PLEASE GIVE FULL DETAILS OF YOUR INJURIES AND PAST RELEVANT MEDICAL HISTORY

WHY DO YOU THINK YOUR HEALTH CARE PROVIDER WAS NEGLIGENT?



**DID YOU ATTEND ANY OTHER HOSPITALS OR DOCTORS ? YES/NO
IF YES PLEASE GIVE DETAILS:**

DETAILS OF ANY PREVIOUS COMPENSATION CLAIMS:

**HAVE YOU MADE A COMPLAINT TO THE HSE/MEDICAL COUNCIL?
IF SO - PLEASE GIVE DETAILS AND SEND COPIES OF ALL DOCUMENTS TO US.**

WHO IS YOUR GP?

SIGNED: _____ **DATED:** _____