

**CLIENT INFORMATION REPORT**  
**NURSING HOME/LONG TERM CARE FACILITY NEGLIGENCE**  
(Confidential)

Date: \_\_\_\_\_

**Your Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Nos.: Home: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ May we text you? Y N

Work: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Injured Party/Resident:** Name: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation (or former occupation, if retired): \_\_\_\_\_

Status of Injured party: \_\_\_\_\_ Alive and Competent

\_\_\_\_\_ Alive but Incompetent

(Power of Attorney): \_\_\_\_\_

(Guardian): \_\_\_\_\_

(Conservatorship): \_\_\_\_\_

\_\_\_\_\_ Deceased **(please provide copy of the death certificate)**

(Date of Death): \_\_\_\_\_

(Cause of Death): \_\_\_\_\_

Autopsy: yes no

**Facility Information:** Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Medicare/Medicaid: YES NO

Type of Injury:    Pressure Sore                      Fall  
                          Elopement                                      Medication Error  
                          Restraint    Medical Error  
                          Physical Abuse                                    Sexual Assault  
                          Other (Described): \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Location: \_\_\_\_\_

Who admitted Injured Party/Resident to facility? \_\_\_\_\_

Date of Admission to Nursing Home/Care Facility: \_\_\_\_\_

Name of Home or Facility Administrator: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**How were you referred to our office?**

Turner Law Offices Website  Internet  Injury Helpline

If by phone book, which one? Yellowbook  Superpages

Attorney  Name: \_\_\_\_\_

Family Member/Friend  Name: \_\_\_\_\_

Other: \_\_\_\_\_

Clients frequently have a great deal of valuable information concerning how and why their accident occurred and who was at fault. Good lawyers should be aware of this and listen to their clients. Please help me help you by answering all of the following questions in as much detail as you can. Any problem important enough to see a lawyer is important enough to complete this form.

Write clearly, and only on the printed side of these pages. If more writing space is needed, attach other paper, identify each answer by question number, and write on one side of the page only.

**ATTORNEY'S USE ONLY:** \_\_\_\_\_

**Statute of Limitations:** \_\_\_\_\_

**Name of Injured Party/Resident's Current Medical Providers (doctors and hospitals, etc.)**

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**Name of Injured Party/Resident's Past Medical Providers (doctors and hospitals, etc.)**

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**Injured Party/Resident's Past Medical Treatment (including prior surgeries, injuries or other health conditions):**

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**Injured Party/Resident's condition requiring admission to nursing home/long term care facility:**

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**Injured Party/Resident's Current medications:**

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**Names and positions of persons assigned/known to have cared for injured party/resident:**

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**Witnesses to treatment/injury (nurses, therapists, or assisting medical personnel, family members or friends with knowledge):**

a. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Knowledge of treatment/injury \_\_\_\_\_

b. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Knowledge of treatment/injury \_\_\_\_\_

c. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Knowledge of treatment/injury \_\_\_\_\_

d. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Knowledge of treatment/injury \_\_\_\_\_

**General description of what happened to have caused injuries to the resident:**

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**Describe the injury or condition caused by the alleged negligence:**

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**Incident reports: Was incident/injury reported? \_\_\_\_\_ To whom? \_\_\_\_\_  
\_\_\_\_\_ When? \_\_\_\_\_**

**List every entity which might have investigated the incident, including hospital personnel, insurance company, etc.** \_\_\_\_\_

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**Were any photographs taken of the person injured or of anything related to the incident? \_\_\_\_\_**

If so, please describe what photographs were taken, by whom they were taken, and who has current possession of the photographs \_\_\_\_\_

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**Additional Information of Injured Party/Resident:**

Single  Married

Spouse's name: \_\_\_\_\_

Prior marriages? \_\_\_\_\_ Former spouse's name: \_\_\_\_\_

How ended: Divorce \_\_\_\_\_ Date: \_\_\_\_\_

Annulment \_\_\_\_\_ Date: \_\_\_\_\_

Death \_\_\_\_\_ Date: \_\_\_\_\_

Name of Other Relatives and Relationship with the Injured Party/Resident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any insurance or compensation benefits paid for this injury?** \_\_\_\_\_

By whom? \_\_\_\_\_

For dates? \_\_\_\_\_

Dates \_\_\_\_\_

Amounts \_\_\_\_\_

**List all lawsuits in which the injured party/resident was a party**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List all prior major illness in life of the injured party/resident**

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\_\_\_\_\_  
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**FOR ATTORNEY'S USE ONLY:**

Statute of Limitations: \_\_\_\_\_ Docketed by: \_\_\_\_\_

Medical Authorizations Signed: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

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\_\_\_\_\_