DRINKWATER & GOLDSTEIN, LLP

South Jersey's Premier Personal Injury Law Firm

NURSING HOME ABUSE/NEGLECT INFORMATION SHEET

CLIENT INFORMATION Today's Date: _____

Client Name: _____
Mr., Ms., or Mrs.

Spouse's full name, if married: _____

_____
Address City State/Zip Code

Home # _____ Work # _____ Cell # _____

Email: _____

Date of Birth _____ S.S.N. # _____

PATIENT'S INFORMATION

Patient Name: _____ Patient Age: _____
Mr., Ms., or Mrs.

Relation to You: _____

WHERE DID THE ABUSE/NEGLECT OCCUR?

_____ _____
Facility's Name (Type of Facility: Hospital, Assisted Living, Nursing Home, Independent Living, etc.)

_____
Address City State/Zip Code

Telephone # _____ Fax # _____

IS PATIENT STILL RESIDING AT THIS FACILITY? YES _____ NO _____

If No, where is Patient now? _____

IS PATIENT STILL LIVING? YES _____ NO _____

If No, did Patient pass as a result of the alleged abuse/neglect? YES _____ NO _____

If Patient is no longer linger, was an autopsy performed? YES _____ NO _____

EVENT INFORMATION

Date of Incident: _____ Time of Incident: _____ AM / PM

City of Incident: _____ County of Incident: _____

YOUR UNDERSTANDING OF WHAT OCCURRED:

TO YOUR KNOWLEDGE WAS AN INCIDENT REPORT FILED? YES _____ NO _____

DO YOU KNOW IF SECURITY CAMERAS WERE PRESENT? YES _____ NO _____

DID PATIENT GO TO THE HOSPITAL? YES _____ NO _____

If Yes, which hospital? _____

If Yes, how soon after the fall? _____

If Yes, WAS HE/SHE TRANSPORTED VIA AMBULANCE? YES _____ NO _____

If Yes, please provide the name of the Ambulance Service: _____

DO YOU HAVE PICTURES OF THE SCENE OF THE FALL? YES _____ NO _____

If Yes, please email them to: info@drinkwatergoldsteinlaw.com (Please put your name in the Subject Line)

INJURIES & TREATMENT

Please describe any and all aches, complaints, discomforts, and disabilities suffered as a result of this event, in detail. Please specifically identify the Duration, Intensity, and Frequency of any pain.

_____

_____

_____

_____

_____

_____

HAVE YOU SEEN ANY DOCTORS SINCE THE DATE OF THE FALL, OTHER THAN AT THE EMERGENCY ROOM/HOSPITAL? YES _____ NO _____

If Yes, please list all doctors you have seen for treatment related to injuries sustained in the fall:

_____ _____

Doctor's Name Specialty (Ortho, Neuro, etc.)

_____

Office's Street Address City State/Zip Code

_____

Office's Telephone # Date of First Appointment Still Treating with this Doc?

If there were additional doctors consulted, please complete additional copies of this page.

PRIOR EVENTS

(*PLEASE DO NOT LEAVE BLANK. IF NONE, STATE AS SUCH.)*

**** VERY IMPORTANT ****
If there are any prior accidents of any kind in which patient sustained injury,
it is **CRITICAL** that you disclose those prior injuries to us.
Failing to disclose pre-existing injuries can significantly damage patient's case
and may even prevent a recovery completely.

Date: _____ Nature of Prior Accident (Auto, Work-Related, Slip & Fall, etc.) _____

Injuries (if any):

_____

_____

_____

_____

WAS PATIENT STILL EXPERIENCING EFFECTS OF THESE INJURIES? YES _____ NO _____

If Yes, which injury, and how so? _____

WAS PATIENT STILL SEEING A DOCTOR FOR THESE INJURIES? YES _____ NO _____

If Yes, please provide the doctor's contact information:

_____ _____
Doctor's Name Specialty (Ortho, Neuro, etc.)

_____
Office's Street Address City State/Zip Code

_____
Office's Telephone # Which injury is this doctor treating?

If there have been multiple prior accidents of any kind, please complete additional copies of this page.

MEDICAL HISTORY

**** VERY IMPORTANT ****
In cases of alleged nursing home abuse/neglect, a complete understanding of the patient's medical history is **CRITICAL.** Deficiencies in competency or ambulation, for example, if not disclosed to us, can significantly damage patient's case and may even prevent a recovery completely.

Diagnoses:

Medications:

Is there a diagnoses of Alzheimer's disease or Dementia? YES _____ NO _____

Are any assisting devices used for ambulating/walking? YES _____ NO _____

Cane _____ Walker _____ Manual Wheel Chair _____ Power Chair _____

Is there a history of falls? YES _____ NO _____

If you need additional space, please complete additional copies of this page.

ADDITIONAL INFORMATION

DID YOU MAKE YOUR CONCERNS KNOWN TO ANYONE AT THE FACILITY?

YES _____ NO _____; If YES, Name & Position? _____

HAVE YOU CONTACTED THE OFFICE OF THE OMBUDSMAN?

YES _____ NO _____; If YES, Date & Reference Number (if applicable) _____

ANY ADDITIONAL COMMENTS, QUESTIONS, OR CONCERNS WE SHOULD BE AWARE OF:

_____

_____

_____

_____

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_____

_____

_____

HOW WERE YOU REFERRED TO US?
(Circle One)

I am a previous client	Friend (if so, who?) _____	Office Sign / Driving By
County Bar Referral	Attorney Referral (if so, who?) _____	Online (if so, what website?) _____

Any other services you would like our assistance with? (Examples: wills, traffic court, bankruptcy?)

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PRIVACY POLICY REGARDING SOCIAL SECURITY NUMBERS

Social Security information will only be used in the event your hire the firm to represent you in your legal matter, and then only when necessary and in limited use during the course of your matter.

- Social Security Numbers are collected by the law firm from the client and all clients provide such information to the firm in writing.

- Social Security Numbers are most often used to positively identify the parties. Some uses may include: initial service, orders in court, for use in pleadings, filing with the court, or to request records from your doctor or employer.

- Most courts require Social Security Numbers of all parties.

- The employees of Drinkwater & Goldstein, LLP will have access to this information for use in your matter.

- Every step is taken to protect your privacy. This information is kept secure within the offices of the firm, and following the conclusion of your matter, files will eventually be shredded after the time designated by the State Bar requirement for maintaining the records has expired. Social Security Numbers are also kept in firm software and electronic documents that are password protected on our secured server.

I acknowledge that I have read the above privacy information provided by Drinkwater & Goldstein, LLP regarding the use of my Social Security Number.

_____ _____

Signature Date

_____

Printed Name