Client Questionnaire (Nursing Home Negligence)

CLIENT INFORMATION/PERSON COMPLETING FORM

Please complete this section regarding yourself

Name: _____ Date: _____

Relationship to Resident: _____

How did you hear about The Helms Law Firm, P.C.?_____

Please answer the following questions with as much detail as possible so that we may fully evaluate and investigate the potential merits of your case:

Address: _____ If applicable:

_____ Spouse's Name: _____

_____ Spouse's DOB: _____

County: _____ Spouse's SSN:_____

Email: _____ Date of Marriage:_____

Telephone: (Home) _____ (Work) _____

(Cell) _____

SSN: _____ DOB: _____

HAVE YOU EVER FILED A PETITION FOR BANKRUPTCY? _____ IF YES:

CHAPTER: _____ DATE FILED:_____

DATE DISCHARGED: _____ COUNTY:_____

RESIDENT INFORMATION

If different from Client

Full Name: _____ If applicable:

SSN: _____ Spouse's Name: _____

DOB: _____ Spouse's DOB: _____

Spouse's SSN: _____

Date of Marriage: _____

HEALTH INSURANCE INFORMATION (Please provide copies of cards if you have)

_____

_____

_____

NURSING HOME ADMISSION

Date First Entered Nursing Home: _____ Date Left Nursing Home: _____

1) Who Chose the Nursing Home? _____
   Please have this person fill out Attachment I and return it to the Helms Law Firm.
2) Who was with RESIDENT when s/he was admitted to the nursing home?

3) Who filled out the nursing home paperwork for the resident's admission?

4) Was it done the same day the RESIDENT started living there, or on another day?

5) Who from the nursing home participated in getting the paperwork done?

6) Do you know if an arbitration agreement was signed by anyone? Yes No - If yes, who?

a) Do you know if the agreement was explained to the person signing it? Yes No

b) Do you know if the resident would be able to stay at or be admitted to the nursing home if the arbitration agreement was not signed? Yes No

7) How often did you visit **(RESIDENT)** at the nursing home?

8) How often did you speak to **(him or her)** on the telephone?

9) How often did other family members visit or speak to **(him or her)?**

10) Did **RESIDENT** have any sort of mental disease or disorder, including Alzheimer's or dementia? Yes No - If yes, please describe:

When it began:

When it was diagnosed (and by whom):

What behavior you noticed that was different from previous behavior:

11) What medications was Resident taking when s/he was admitted to the nursing home?

12) Was Resident on oxygen before, during or after his/her admission? Yes No

13) Was Resident able to care for him/herself prior to being admitted to the nursing home? Yes No

14) What was Resident's living situation prior to being admitted to the nursing home?

15) Prior to being admitted to the nursing home, was Resident able to prepare his or her own taxes? Yes No

16) Prior to being admitted to the nursing home, was Resident able to balance his or her own checkbook? Yes No

17) Prior to being admitted to the nursing home, was resident able to keep his or her house clean? Yes No

18) If resident needed assistance with any of these tasks noted above, please state the full name, address and phone number of the person(s) who provided it.

19) Could Resident read and write English? Yes or No

20) What was Resident's highest level of education?

21) Did Resident show any difficulties understanding things? Yes No - If yes, please explain:

22) Do you feel that **RESIDENT** was competent to make his or her own decisions prior to and/or during **his or her** nursing home residency? Yes No - If no, please describe:

RESIDENCY AFTER ADMISSION

1) Were there any other people you knew who visited **the resident** often, or who may have observed any mistreatment of **the resident**? Yes No - If so, please provide their names, addresses, and telephone numbers:

2) Please provide the names or descriptions of any people at the nursing home with whom you spoke regarding **(Resident's Name)'s** care:

3) Did you ever see specific incidents at the nursing home that bothered you? Yes No - If yes, please explain:

   a) What, if anything, did you do then?

   b) How did the nursing home respond?

4) Did you ever attend Care Plan meetings? Yes No

5) Did any other family members talk to you about problems at the nursing home? Yes N
   a) Did they take any steps to follow up? Yes No

6) Did any of the staff ever tell you anything that concerned you? Yes No - If yes, who was it? (Please describe the person if you do not recall their name)

   a) What did they tell you?

   b) Do you remember when this was? Yes No - If yes, please describe:

   c) Did you follow up? Yes No - If yes, how?

7) Did anyone at the nursing home ever mention that they were short of staff, or had problems with supplies? Yes No

MALPRACTICE

Please identify the name of the nursing home, treating physician(s), medical provider(s), and/or hospital(s) you feel are responsible for your injuries:_____

_____

_____

_____

Please describe the care and treatment that you feel was improper, who provided it, and what it is that the nursing home did or failed to do:

_____

_____

_____

_____

_____

INJURIES

Please list all pre-death injuries and disabilities your loved one sustained because of the above incident. _____

_____

_____

_____

_____

_____

_____

EMERGENCY SERVICES

Were police or EMTs called? Y/N, if yes, please identify: _____

_____

_____

_____

Was 911 called? Y/N?

PHOTOGRAPHS/DOCUMENTS

Do you have photographs of the injuries or otherwise related to the incident? Y/N, If so, please provide.

Do you have videos related to the neglect?

Do you have any documents or items that may assist in establishing your claim? Y / N
If yes, please describe _____

EXPENSES

Please list all expenses that you have incurred related to this injury or occurrence. This may include funeral expenses, medications, co-pays, mileage, housecleaning services, childcare, home maintenance services, or any service/item that you had to pay for due to injury/disability. Please also include the name and address of anyone you have paid for these services:

_____

_____

_____

_____

_____

BACKGROUND

Have you or the resident ever been involved in a prior claim or lawsuit? Y/N If yes, please explain:_____

_____

_____

_____

Have you or the resident ever received any settlements due to a personal injury? Y/N
If yes, please explain: _____

_____

_____

_____

_____

Do you have Facebook, MySpace, Twitter, YouTube, or other social media account? Y/N
If so, please specify: _____

_____

_____

Attachment 1
Nursing Home Admission Process

1. Why did you/the resident select the nursing home selected?

2. Did you talk to anyone at the nursing home before resident's admission? Yes No

   If yes, with whom and when?

3. Did anyone tell you the nursing home was capable of caring for resident's needs? Yes No

   If yes, with whom?

   Explain:

4. When you first placed resident in the nursing home, did you trust them to care for resident? Yes No

   Explain:

5. Why did you trust this nursing home?

6. Why did you select the nursing home you did?

7. Did you investigate other nursing facilities before placing resident in this nursing home? Yes No

   If yes, which nursing homes (include locations)?

8. Did you feel like your options were limited? Yes No

   Explain:

9. Were you assured that resident was receiving good care while at the nursing home? Yes No

   If yes, by whom?

   Explain as thoroughly as possible:

10. Were you told resident's injuries while at nursing home were unavoidable or unpreventable? Yes No

    If yes, by whom?

    Explain as thoroughly as possible:

11. After resident was admitted to nursing home, did you attempt to move him/her to another nursing home? Yes No

    Explain as thoroughly as possible:

COMPLETED BY: _____ _____

` Print Name Signature

Relation to resident: _____

DOCUMENTS INCLUDED

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____