

STANDEFFER LAW, LLC

NURSING HOME ABUSE  
CLIENT QUESTIONNAIRE

\*\*If extra room is needed for answering any of the questions below, please  
attach sheet of paper to questionnaire with number of section you are answering\*\*

Date form completed: \_\_\_\_\_

**SECTION 1**

(This section should be completed with information for the victim of the alleged nursing home abuse).

Victim/Decedent's full name \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date/Place of Birth \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Position Held \_\_\_\_\_

Name, address, and telephone number of person to contact in case of emergency: \_\_\_\_\_

Name of Victim's Spouse \_\_\_\_\_ Spouse Date of Birth \_\_\_\_\_

Spouse's Social Security Number \_\_\_\_\_ Date Married \_\_\_\_\_

Spouse's telephone number (home) \_\_\_\_\_ (work) \_\_\_\_\_

Spouse's employer & position held \_\_\_\_\_

**VICTIM'S CHILDREN**

Name	Address	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION 2**

(This section should be completed with information for the individual retaining Harbin& Burnett, L.L.P. to investigate the alleged nursing home abuse).

Client's full name \_\_\_\_\_

Relationship to victim \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date/Place of Birth \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Position Held \_\_\_\_\_

Name, address, and telephone number of person to contact in case of emergency: \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse Date of Birth \_\_\_\_\_

Spouse's Social Security Number \_\_\_\_\_ Date Married \_\_\_\_\_

Spouse's telephone number (home) \_\_\_\_\_ (work) \_\_\_\_\_

Spouse's employer & position held \_\_\_\_\_

**CHILDREN**

Name	Address	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**SECTION 3**

If the victim is deceased, has an estate been opened? If so, please attach a copy of the Certificate of Appointment showing who is responsible for the Estate.

Date of death \_\_\_\_\_

Name of Personal Representative \_\_\_\_\_

If victim is incompetent to handle his/her own affairs, has someone been appointed guardian or conservator for the victim? If so, give, name, address, and phone number of person appointed and send copied of documents showing the appointment.

\_\_\_\_\_

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**SECTION 4**

Have you conferred with any other attorney regarding your complaint of medical malpractice?  
Yes \_\_\_\_\_ No \_\_\_\_\_. If answer is yes, please state with whom you conferred and whether you have signed a fee contract with that attorney. \_\_\_\_\_

Where did you hear about this firm:  
Attorney \_\_\_\_\_ Friend \_\_\_\_\_

Yellow Pages: Yes No If yes, which telephone book? \_\_\_\_\_

Television: Yes No If yes, which channel? \_\_\_\_\_

Other \_\_\_\_\_

Have you been involved in any previous lawsuits? Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is yes, please state details: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is yes, please state details: \_\_\_\_\_

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**SECTION 5**

Name & address of nursing home facility \_\_\_\_\_

Date of incident which led you to believe medical malpractice was committed (if known) \_\_\_\_\_

Time period in the facility \_\_\_\_\_

Last address prior to nursing home admission \_\_\_\_\_

Was victim living (circle one): independently with family assisted living facility other nursing home

Reason for placement in nursing home \_\_\_\_\_

Do you have any records related to the nursing home admission? Yes No

Nature/type of neglect (e.g. bedsores, fracture, falls, dehydration, malnutrition). Please describe:

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

Are you aware of any investigation by DHEC? Yes No

Are you aware on any investigation by the South Carolina Long Term Care Ombudsman? Yes No

(In cases of death)

What does the death certificate list as cause of death? \_\_\_\_\_

Was an autopsy completed? Yes No

Were photographs taken of the injuries? Yes No

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Name of all Doctors or Hospitals treating victim while in the nursing home:

Name \_\_\_\_\_

Address \_\_\_\_\_

Dates of Treatment \_\_\_\_\_

Complications \_\_\_\_\_

Name Treated Under \_\_\_\_\_

Date of Last Treatment \_\_\_\_\_

Has any doctor, hospital employee or other health care provider told you there was negligence involved in the treatment?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is yes, please state name, address and telephone number of person and the details of your conversation \_

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

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**SECTION 6**

List family members or friends who can furnish us information which may be helpful in evaluating the case:

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Cellular Telephone \_\_\_\_\_

Relationship to victim \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Cellular Telephone \_\_\_\_\_

Relationship to victim \_\_\_\_\_

\*\*\*\*\*

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Cellular Telephone \_\_\_\_\_

Relationship to victim \_\_\_\_\_

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**SECTION 7**

Did medical insurance pay any of the medical bills?

No Yes

Please state name and address of the provider: \_\_\_\_\_

Was the patient receiving benefits from Medicare? No Yes

Medicare ID Number \_\_\_\_\_

Was the patient receiving benefits from Medicaid? No Yes

Medicaid ID Number \_\_\_\_\_

Was the patient receiving benefits from the Veterans' Administration? No Yes

VA ID Number \_\_\_\_\_

What are the approximate total medical bills as a result of the nursing home abuse? \$ \_\_\_\_\_

Did the victim miss any work as a result of the medical malpractice?

No Yes

If answer is yes, total amount of lost wages \$ \_\_\_\_\_

List any other expenses or damages as a result of the nursing home abuse. \_\_\_\_\_

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

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**SECTION 8**

Is there any other information you feel we need to know to assist us in evaluating the nursing home abuse? Yes      No  
If answer is yes, please state details:

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