The Law Offices of Dan A. Robin, Jr.

CLIENT QUESTIONNAIRE

1. PERSONAL INFORMATION

Name:	**DOB: / /**	**SSN: - -**
Address:		**Hm. Phone ( )**
City: **State:** **Zip:** **County:**		**Cell Phone ( )**
Employer: **Occupation:**		**E-Mail:**
Work Street Address:		**Work Phone ( )**
City: **State:** **Zip:**		**Fax ( )**

If this claim is being brought on behalf of a minor child or decedent, please complete the following:
Minor ❒ Decedent ❒ Other ❒

Name:		
DOB: / /	**SSN: - -**	**Relationship:**

Spouse/Parent Information

Name:	**DOB: / /**	**SSN: - -**
Address:		**Hm. Phone ( )**
City: **State:** **Zip:**		**Cell Phone ( )**
Employer:		**E-mail:**
Work Address:		**Work Phone ( )**
City: **State:** **Zip:**		**Fax ( )**

Family (Children) Information

Name(s)	DOB	Name(s)	DOB
	/ /		/ /
	/ /		/ /

Emergency Contact Information

Name:	**Relationship:**
Home Phone:	**Work Phone:**

Case Information: *(For Office Use Only)*

Defendants:	**County for Venue Purpose:**	**State of Current Residence:**
Case Type:	**State for SOL Purpose:**	**Length of SOL:**
Initial Evaluation Amt.:		
Fee Structure:	**Date of Contract:**	
Case Source:	**Date of Loss:**	

CLAIM/DEFENDANT	**STATUTE OF LIMITATIONS:**
1.	
2.	
3.	
4.	

SOL Rationale:

Nature of Injuries:

Approximate Special Damages: $_____

E-Newsletter? Yes ❒ No ❒ If no, please explain:

COMMENTS:

RANKING:
CASE NO:

1. HIP IMPLANT SURGERY:

a. On what date did you have your hip implant surgery? _____

b. What Hospital/Facility performed your hip implant surgery? _____
Address: _____
City: _____ State: _____ Zip: _____

c. What Surgeon performed your hip implant surgery? _____
Address: _____
City: _____ State: _____ Zip: _____

d. For what condition did you have a hip implant surgery? _____
_____
_____
_____

e. Who manufactured your hip implant? _____

f. Serial Number of hip implant: _____

g. Model Number of hip implant: _____

2. REVISION SURGERY

a. Have you undergone a revision surgery? Yes ❒ No ❒ If yes, complete the following:

b. What was the date of the revision surgery? _____

c. What Hospital/Facility performed your revision surgery? _____
Address: _____
City: _____ State: _____ Zip: _____

d. What Surgeon performed your revision surgery? _____
Address: _____
City: _____ State: _____ Zip: _____

e. What reason were you given for the necessity of the revision surgery: _____
_____
_____
_____

3. INJURIES

a. What problems have you had since your hip implant surgery? _____
_____
_____
_____
_____
_____

b. Were you hospitalized/ for your problems (other than revision surgery as indicated above)?
Yes ❒ No ❒ If yes, complete the following:

c. When were you hospitalized? _____

d. What Hospital/Facility treated your injuries? _____
Address: _____
City: _____ State: _____ Zip: _____

e. Did you suffer any other significant injuries/event due to the implant? _____
_____
_____
_____

f. Do you have any photographs? Yes ❒ No ❒

4. **WARNINGS:** Were you given any warnings about the hip implant?

Yes ❒ No ❒ If yes, what risks were you warned about? _____
_____
_____
_____
_____