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INTAKE

(Please attach additional pages as necessary)

(1) General Information:

Full Name: _____

D.O.B. (age): _____

S.S.N.: _____

Present address: _____

Phone: _____

Phone #2: _____

Email:¹ _____

Spouse: _____

Date of marriage: _____

Children (and ages): _____

¹ Please be aware that there are inherent risks associated with sending and receiving electronic communications using a computer or other device, or e-mail account, to which a third party may gain access, including but not limited to public and/or workplace e-mail addresses, devices and systems.

(2) Insurance Information:

	Please Check:	Please provide Plan identifying information:
Medicare		Medicare No.:
Medicaid		Medicaid No.:
Private		Name of Carrier: Insureds Plan & No.:
Uninsured		

(3) Your Methodist Hospital Stay:

Please describe your hospital experience. Please include:

When were you hospitalized? _____

What were you hospitalized for? _____

Recollection of medication administration:

How many times was pain medication attempted? _____

To what extent was your pain reduced, if at all? _____

Any other information you recall relevant to the medication incident?

RESPONSE:

(4) Subsequent Interaction with Methodist Medical Center:

Please describe your communication, correspondence, and/or interaction with Methodist as it relates to this medication issue. Please include:

- How were you notified? _____

- When were you notified? _____

- Have you or do you plan to complete testing? _____

- What conversations have you had with Methodist or any Methodist representative?

- What explanations have been provided to you? _____

ADDITIONAL RESPONSE:

Please do not hesitate to call with questions or concerns. Thank you.