

Law office of David R. Houston

MEDICAL MALPRACTICE QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential.

PLEASE NOTE: We are only able to assist with malpractice suits in Nevada and California. If your claim is against a physician who is licensed/practices in another State, you will need to contact an attorney who practices in that respective State.

FIRST AND LAST NAME:	
PHONE NUMBER <u>AND</u> EMAIL:	
NAME OF TREATING PHYSICIAN OR FACILITY YOU FEEL RESPONSIBLE FOR YOUR CLAIM OF MALPRACTICE:	
MEDICAL DIAGNOSIS OR REASON FOR OBTAINING THIS TREATMENT:	
DATE OF TREATMENT:	
PLACE OF TREATMENT:	

BREIF DISCRPTION OF IMPROPER CARE / TREATMENT OR LACK THEREOF:

Any additional information you feel would be important please briefly describe:

Please return completed form using one of the following:

Mail to:

The Law Office of David R. Houston

ATTN: Crystal

432 Court Street

Reno, Nevada 89501

Fax to: ATTN: Crystal

Fax: (775) 786-5573

Email to:

Email: crystal@houstonatlaw.com