



MEDICAL MALPRACTICE INTAKE FORM

Thank you for contacting our firm. We receive a high volume of inquiries about potential medical malpractice cases. Before we can schedule a call, we require completion of this form so that we can more quickly evaluate whether your situation is one we may be able to help with. Please complete the form and return it to: intakespecialist@parkerlipman.com. After reviewing your responses, we will contact you if we believe your case is one we may be able to assist with. Unfortunately, we are not able to follow up on every submission.

Please understand that we may not be able to assist you for reasons including—but not limited to—the following:

- The medical negligence occurred (or was discovered by you) more than two years ago.
- Even when medical care may have fallen short, Colorado law places strict limits on what can be recovered in a lawsuit. In some cases, those limits make it impossible for us to pursue a claim, even if something went wrong.
- The medical provider or facility is a government-run entity (e.g., a state hospital), which is subject to even lower limits on recoverable damages.

Basic Information

Your full name:

Your age:

Phone number:

Email address:

If you are not the Injured Person, please give us information about the Injured Person:

Name of injured person:

Age of injured person:

Relationship to you:

Incident Information

Briefly describe what happened:

(Please be as concise as possible – limit to a short paragraph)

When did the incident happen?

If the incident happened more than two years ago, when did you first learn of the possible negligence?

Where did it happen? Please provide the name and address of the hospital, clinic, or medical office where the incident occurred:

Who do you think did something wrong and why? Please identify the specific medical provider(s) (full name of doctor, nurse, hospital, etc.) you believe did something wrong. Include what you believe they did wrong and why you think it was negligent. Example: “Dr. John Smith performed surgery on the wrong leg. I had complications from that surgery and needed a second surgery to the correct leg.”

Injury

What injuries or complications did you suffer as a result of the injury?

Have you fully recovered from the injury?

Yes

No

If no, please describe your current condition:

Has the injury affected your ability to work, live independently, or care for others?

Yes

No

If yes, please explain briefly:

If this is a wrongful death case, please send a copy of the death certificate.

Other Information

Have you spoken with any other attorneys about this matter?

Yes If yes, who?

No

Do you have a copy of any of your medical records related to this incident?

Yes

No

How did you hear about our firm?

Please tell us who referred you to our firm:

Name of attorney with Parker Lipman LLP you were referred to, if any:

Please note:

Submitting this form does not create an attorney-client relationship with Parker Lipman LLP. We will review the information you provide to determine whether we are able to assist you, but we have not agreed to represent you by accepting or reviewing your submission. All information submitted through this form will be treated as confidential and will not be shared outside our firm without your permission.