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Medical Malpractice Intake Form



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Thank you so much for contacting our law office! Our firm receives thousands of medical malpractice inquiries every year. We are only able to select a few of those cases given the caps on damages that are recoverable and other legal hurdles that are specific to medical malpractice cases. That is why the attorneys are simply not able to talk to every potential new client. ***We ask that you fill this form out in its entirety to better assist the attorneys review the potential case. If this form is not filled out, we will unfortunately have to automatically reject the case.*** We thank you for your time and someone will get back with you.

Please read the privacy policy below, and then fill out this form in its entirety prior to our consultation.

Privacy Policy

All information received from a client is strictly confidential. Our firm takes every step possible to protect your privacy. The data submitted via this form is encrypted and secured using industry-standard 256-bit SSL encryption.

Your personal information will only be used in the event that you hire the firm to represent you in your legal matter, and then only when necessary in limited use during the course of your case.

ACKNOWLEDGEMENT AND ACCEPTANCE

I acknowledge that I have read and hereby accept the above privacy policy regarding use of my personal information.

Contact information

Prefix

First name *

[Help](#)

Middle name

Last name *

Email (required when in public form)

Phone number

Street address

City

State/Province

Zip/Postal code

Are you contacting us on behalf of yourself or someone else?

- Myself
- Someone else

What is your age or the age of the patient you are calling about?

Provide the name(s) of the doctors, healthcare workers, or hospitals/facilities you claim are negligent?

What is the date of the alleged malpractice?

Please tell us what you believe constituted malpractice and by whom. This is your opportunity to tell the attorneys what you believe went wrong.

Please enter your response

What injuries happened as a result of the alleged malpractice? Include any additional procedures, surgeries and other serious injuries that occurred. Please note we are only able to take the most serious injury cases, so please be specific.

Please enter your response

THANK YOU

Thank you so much for completing this intake questionnaire. This information will be extremely helpful in evaluating your case. We will contact you as soon as possible with any updates.

Please click the **SUBMIT** button below when you have finished answering all questions.

This is a form preview