



## Malpractice Questionnaire

(To be completed by each therapist in an applicant agency)

Have you ever had a complaint filed against you?

If no, check here and sign bottom of form.

If yes, check here and fill out remainder of form.

1. Please attach a copy of the original complaint with the settlement and/or court documents.  
**Please white out your patient/s name and other identifying information to protect their confidentiality.**

2. Title of Suit \_\_\_\_\_

3. Date filed \_\_\_\_\_

4. What are the **specific** malpractice charges/allegations?

5. Indicate your **position** in the case in relation to plaintiff and to any co-defendants.

6. Provide a brief clinical summary of the case including details of the treatment such as presenting complaints, assessment, diagnosis, medications prescribed, nature of clinical interactions, length of stay, details of discharge, etc.

7. What is your **response** to the allegations?

8. Disposition:  Pending  Settled

**If settled, provide the following information**

In court  Out of court Date of Settlement \_\_\_\_\_

Total amount of settlement \_\_\_\_\_ Amount attributable to you \_\_\_\_\_

9. Describe any action you have taken, and how your policies and procedures have changed as a result of this claim.

Signature \_\_\_\_\_

Date \_\_\_\_\_