

Case Record

Date of Call: 28/7/08

Client Case Num (if existing)

Name: MR. Williamson

Address:

Telephone No: Code A

MR. WILLIAMSON IS NOT INVOLVED IN INQUEST SO WILL NOT ATTEND MEETING.

HIS ADDRESS IS -

MR. I. Williamson

Code A

CASES TO LO LEFT HOUSE BEFORE  
Fatal [ ] POST ARRIVED.

Client Acco WILL RINS JOHN WHITE

Date of Incide

Age of person

Mr.

died @ Gosport War Memorial Hosp. Interested to know further. Happy to be contacted.

Advice given: ① meeting 31/7/08 @ 6pm Tareham, Blake Laphoon.

## Case Record

Date of Call: 28/7/08

Client Case Number:  
(if existing)

Name: MR. Williamson

FOR  
MR. PETER WALSH

Address:

Telephone No:

Code A

(Work)

## CASES TO LOOK OUT FOR. (please tick if appropriate)

Fatal [ ]

Inquest help/advice [ ]

Professional Regulation help/advice [ ]

## Client Account:

Date of Incident \_\_\_\_\_ Date of Knowledge \_\_\_\_\_

Age of person affected \_\_\_\_\_

Mr. Williamson's parents  
died @ Gosport War Memorial  
Hosp. Interested to know further.  
Happy to be contacted.

Advice given: ① meeting 31/7/08 @ 6pm  
Tareham, Blake Laphoon.

Record Number

**Client Helpline Caller Record Form**

Date: 28/7/08 Call Received on: Helpline Direct

Helpline Worker: Margaret Joseph

**CALLER STATUS**

New Client [ ] Existing Client [ ]

**CALLER IDENTIFICATION**

The Client [ ] Relative [ ] Advocate [ ] CHC Scot [ ] CHC Wales [ ] CHC Ireland [ ]

Other .....

**Caller Region**

S EAST [ ] LON [ ] E MID [ ] W MID [ ] NE [ ] NW [ ] SW [ ]  
 Y & H [ ] WALES [ ] SCOT [ ] N IRE [ ] EASTERN [ ]

**Primary & Secondary reason for call (mark 1 for primary & 2 for secondary)**

Existing client requiring information [ ] Requesting a Solicitor [ ]  
 Help with Complaint Compensation [ ] \* AvMA services enq. [ ]  
 NHS [ ] Private [ ] Requesting a Pack [ ] # Inappropriate call [ ]  
 Medical advice/information [ ] Professional Regulation [ ]  
 Legal advice/information [ ]  
 Inquest advice/support [ ]

Limitation Advice Given: Yes [ ] No [ ]

**Action Taken**

More information requested [ ] Pack sent [ ]  
 Complaints advice/information [ ] Outside limitation period [ ]  
 Legal advice/information given [ ] Outside AvMA's remit [ ]  
 Medical advice/information given [ ] No grounds for redress identified [ ]  
 Referred to caseworker/approp staff [ ] Inquest advice & support [ ]  
 Professional Regulation [ ] Signposted to AvMA website [ ]  
 Signposted to other organisation [ ] comments .....

**Specialist Leaflets Sent :**

NHS Complaints [ ]  
 Private Complaints [ ]  
 Sample Letter [ ]  
 Legal Action [ ]  
 Acc to med rec [ ]  
 Health Profess fit [ ]  
 Investigating deaths [ ]

Signposted to Solicitor [ ] 1) (Name) ..... (Firm) .....  
 2) (Name) ..... (Firm) .....  
 3) (Name) ..... (Firm) .....

**IS THE CLIENT HAPPY HAVING THEIR NAME FORWARDED TO THE SIGNPOSTED SOLICITORS yes [ ] No [ ]**

(please circle) **SIGNPOSTED TO ICAS:** POHWER SEAP Carers Federation  
**ICAS REGION:** LON, Eastern, W.MID SE, SW E.MID, NE, NW, Y & H

**CLIENT HAPPY TO HAVE NAME FORWARDED TO ICAS [ ]**

**How did Caller hear of AvMA (please circle)**

Accident Helpline Health Care Commission Media Solicitor Word of Mouth AvMA website  
 Other .....

(please circle) **REFERRED BY ICAS:** POHWER SEAP Carers Federation  
**ICAS REGION:** LON, Eastern, W.MID SE, SW E.MID, NE, NW, Y & H

CHC Scotland [ ] CHC Wales [ ] CHC Ireland [ ]

**Informed Recording Details** Yes [ ] No [ ]

**Length of call (minutes) Please Circle**

0-5 6-10 11-15 16-20 21-25 26-30 31-35 36-40 41-45 46-50 51-60