



CHARLES GREGORY
SOLICITORS

New Instruction Proforma – PIP Implants

1. Initial Instructions.

How did you hear about us?	
Date of Instruction:	
Name of Telephonist	
Method of Instruction	
Time and Date Instructions taken	
Call Back needed?	
Preferred date / time for call back	

2. Client's Personal Details

Title	
Surname	
First Name(s)	
Address (Please ensure this is your full address)	
Post Code	
Home Telephone Number	
Work Telephone Number	
Mobile Number	
Email Address:	
Date of Birth	
National Insurance Number	
Passport/Driving Licence Number	
Occupation	
Marital Status	
Dependents	

3. Litigation Friend Details

Is this applicable?	
Surname	
First Name(s)	
Address	
Post Code	
Home Telephone Number	
Work Telephone Number	
Mobile Telephone Number	
Email Address	
Date of Birth	
National Insurance Number	

Occupation	
Reason why Litigation Friend	
Relationship	

4. PIP Implant details

Can you please confirm when you had your PIP implants?			
Can you tell me which clinic or hospital you used?			
Can you please tell me the name of your surgeon?			
Can you tell me what you were told about the implants you were having? e.g make, model, how long they would last or how strong they were			
Were you given any leaflets or documents?			
If YES, Do you still have them?			
How much did you pay for your implants including any deposits?			
How did you pay? If you paid by more than one method please tell me all the methods you used.	Cash		
	Cheque		
	Debit Card		
	Credit Card		
	Other		
If any payments were made by credit card: Was it your credit card?	YES	NO	
If NO, whose credit card was it?			
Which credit card company issued the card?			
Do you have receipts or statements?			
Have you had any problems with your implants?	YES	No	
Complete this section ONLY if they answer YES			
When did you first notice something was wrong?			
When did you first seek medical attention?			
Please can you take me through the problems you have had?			
Have you had your implants removed or replaced?	YES	NO	
If Yes , When			
If Yes , Where			
Were the implants retained?	YES	NO	
If NO , Are you planning or considering having	YES	NO	

them removed or replaced?		
If Yes , When		
Have you been left with any injury or problem? (i.e. removal of lymph nodes; silicone left in body; scarring; pain and/or discomfort)		
Complete this section ONLY if they answer NO		
Have you contacted your GP or plastic surgeon to discuss your concerns about your implants?	YES	NO
If Yes - What have you been advised?		
Are you considering or have you had them removed or replaced?		
When:		
Where:		
Were the implants retained?	YES	NO
Are you an employee of:		
Poly Implant Prothese:	YES	NO
Cloverleaf:	YES	NO
the clinic or hospital where your augmentation was performed:	YES	NO
the credit card company through which your surgery was paid:	YES	NO

Any Additional Information or Queries: