



Data Collection form for Medical Malpractice

1. Name:	
2. Father/Husband Name:	
3. Marital Status:	
4. CNIC No.:	
5. Postal Address:	
6. E-Mail (if any) :	
7. Contact No. :	
8. Have you ever experienced any negligence/ malpractice/ misconduct/ misadventure by a medical practitioner? Mention DATE and YEAR	
9. Nature of malpractice:	
10. Magnitude of malpractice:	
11. If any of your relative or near or dear one	

have experienced negligence/ malpractice/ misconduct/ misadventure by a medical practitioner?

Mention DATE and YEAR

12. Your relation with the effected person:	
13. Nature of malpractice:	
14. Magnitude of malpractice:	
15. Doctor's Name who is responsible for malpractice:	
16. Hospital Name (where the procedure was done):	
17. Hospital Address:	
18. Hospital Contact No. (if available):	
19. Do you have enough documentary proofs to support you case?	
20. Suggest Mode of Punishment for Negligent Doctor. <ul style="list-style-type: none">• Imprisonment• Compensation/Damages• Both• Any Other	
21. Do you agree that a standardized "Informed Consent Form "is necessary to decrease the ratio of Medical negligence?	
22. Any Recommendation/Suggestion	

Ally Foundation:

Address: House No. 156, Street 60, G – 9 / 4, Islamabad
Email: info@allyfoundation.org.pk, allyfoundation1@gmail.com
Contact #s: 051 2250529, 0332 5171001, 0308 5030770
Website: www.allyfoundation.org.pk