

CLAIMANT QUESTIONNAIRE IN RELATION TO  
POTENTIAL CLAIMS FOR DAMAGES ARISING FROM  
TVT  
TVT-SECUR  
TVT-O  
TOT  
and other 'vaginal tape or mesh' surgical procedures

THE CONTENT OF THIS QUESTIONNAIRE IS HIGHLY CONFIDENTIAL  
AND IS PROVIDED SOLELY TO ENABLE ROSENBLATT TO CONSIDER  
THE POSSIBILITY OF ACTING ON MY BEHALF IN CONNECTION  
WITH LEGAL PROCEEDINGS

**rosenblattsolicitors**

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London  
EC4A 3AF

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NAME	<input type="text"/>	For office use File No. dated entered Limitation date:
ADDRESS	<input type="text"/>  <b>Postcode</b>	

TELEPHONE	<b>Home</b>	<b>Work</b>	<b>Mobile</b>
<input type="text"/>			

EMAIL

NHS NUMBER

DATE OF BIRTH

MARITAL STATUS

CHILDREN

YES / NO
Dates of birth

DATE OF FIRST 'MESH' SURGICAL PROCEDURE

DATE OF LAST 'MESH' SURGICAL PROCEDURE

DATES OF FULL OR PARTIAL MESH REMOVAL OPERATIONS

THE NAME OF THE MEDICAL  
DEVICE IMPLANTED AND  
THE MANUFACTURER IF  
KNOWN eg Bard Gynaecon Ethicon

TVT

TVT-O

TVT-SECUR

TOT

OTHER

THE TYPE OF SURGERY  
PERFORMED eg SUI; POP  
HERNIA

Have you submitted an adverse report to the Medicines & Healthcare Products Regulatory Agency ('MHRC')? If so please provide a copy

YES / NO





**Brief details of relevant medical history**

This is not intended to be a complete medical history but a general indication of the reasons for the insertion of TVT; TVT-Secur; TVT-O; or other mesh products for SUI and POP or otherwise

**What warnings were given about the risks arising from the use of a mesh implant?**

**What are your current symptoms?**

**What future investigations have been done in relation to your current symptoms?**

**What future treatment if any has been suggested?**

**Are you currently being treated by the same doctor who implanted the device?**

**Have you previously consulted a solicitor with regard to your condition?**

**YES / NO**

**What was the date of your first consultation?**

**If 'YES' what advice have you been given?**

**Is the solicitor you consulted still acting for you?**

**YES / NO**

If **rosenblatt** is to act for you you will need to inform the solicitor currently advising you and request that your file is transferred to **rosenblatt** by the solicitors currently acting. Please provide the following details of your previous or current solicitor.

FIRM NAME

ADDRESS

Postcode

TELEPHONE

EMAIL

REFERENCE

**Do you have legal expenses insurance?**

Many household insurance and other domestic policies provide legal expenses cover.

**YES / NO**

INSURER

ADDRESS

Postcode

TELEPHONE

POLICY NO:

**If you have legal expenses insurance have you made a claim?**

**YES / NO**

**What is the level of cover available to you?**

**What has your insurance company said about your claim?**

SIGNED

DATE

**PLEASE RETURN THE COMPLETED QUESTIONNAIRE TO ROSENBLATT 9-13 ST. ANDREW STREET LONDON EC4A 3AF AS SOON AS POSSIBLE.**

Additional information

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Rosenblatt has a privacy policy for all its telephone callers and for users of this website. Any personal information which you give us will be processed in a confidential manner and in compliance with Data Protection Act regulations.

Access to your personal information is restricted to our staff and to third parties involved in the processing of your claim. Your personal information will not be passed to any other party without your express consent.