

(Form for the patient's application for compensation for property damage and personal injury resulting from damage to the patient's health)

To the Commission for the determination of damage to patients' health

PATIENT'S APPLICATION FOR COMPENSATION FOR PROPERTY DAMAGE AND PERSONAL INJURY RESULTING FROM DAMAGE TO THE PATIENT'S HEALTH)

(date)

(city)

**SECTION I
GENERAL DATA**

1. Patient's data:

- 1.1. name, surname
- 1.2. personal code
- 1.3. residence address
- 1.4. telephone No.
- 1.5. e-mail address

2. Patient's representative's data:

- 2.1. name, surname
- 2.2. personal code
- 2.3. residence address
- 2.4. telephone No.
- 2.5. e-mail address

3. I apply for compensation of the following damage which resulted from the damage to the patient's health (hereinafter – the Damage):

property damage _____ euro
personal injury _____ euro

4. I request the compensation for the damage to be transferred to the following account:

credit institution _____
patient's personal account No. _____

**SECTION II
DATA ABOUT THE DAMAGE**

	Questions	Answers (please mark the boxes with x or v or write in your answer in the marked places)
1.	Personal healthcare institution where damage occurred	
2.	Professional qualification and / or name and surname (if known) of the healthcare specialist whose healthcare services (hereinafter – the Services) caused the damage	
3.	Date of the provision of the services	

4.	Which of the following has caused the damage (please specify at least one)?	diagnosis procedure and / or treatment; and / or preventive measures; and / or rehabilitation; and / or nursing; and or non-provision (inaction) of the healthcare services, i.e., failure to perform diagnosis, treatment if there are indications for that etc; and / or biomedical tests (when carried out without compulsory insurance of the civil liability of the person who ordered the biomedical test and the main person carrying out the test); and /or other: _____
5.	Illness or health disorder, or other reason for applying to a personal healthcare institution for personal health care services (please specify name, diagnosis or describe)	
6.	Description of the damage and the circumstances in which it was caused (date and time of the damage, explanation of how it was caused)	

**SECTION III
DATA ABOUT PROPERTY DAMAGE RESULTING FROM THE DAMAGE TO HEALTH**

	Questions	Answers (please mark the boxes with x or v or write in your answer in the marked places)
1.	Have you had any expenses due to the damage (please specify)?	for non-compensated medicines and medical means (devices)_____ euro patient's additional fee for compensated medicines and medical means (devices)_____ euro paid healthcare services_____ euro other expenses directly related to the damage to health (please specify)_____ euro
2.	Have you lost income as a result of the damage?	yes If yes, please specify which income, in which period and its amount: _____ no
3.	Do you receive sickness benefits paid in accordance with the Law on social insurance of sickness and maternity of the Republic of Lithuania, social assistance disability pension or social insurance pension of lost working capacity paid due to illness and / or health disorder caused by the damage:	yes If yes, please specify which of benefits or pension do you receive, for which period it is granted and its amount per month: Please specify date and number of the decision on granting of sickness benefit or social assistance disability pension or social insurance pension of lost working capacity

		<p>Please specify the institution which adopted the decision on identification of special needs, as well as decision date and number _____</p> <p>No</p>
4.	<p>Whether before the occurrence of the damage, the Disability and Working Capacity Assessment Service has adopted the decision on your disability level?</p>	<p>Yes</p> <p>If yes, please specify the level _____</p> <p>Please specify date and number of the decision made by the Disability and Working Capacity Assessment Service</p> <p>No</p>
5.	<p>Whether before the occurrence of the damage, the Disability and Working Capacity Assessment Service has adopted the decision on your working capacity level (remained working capacity; to be filled by persons from 18 years old to the age of old age pension and persons under 18 years old who are (were) covered by state social security insurance)?</p>	<p>Yes</p> <p>If yes, please specify the level _____</p> <p>Please specify date and number of the decision made by the Disability and Working Capacity Assessment Service</p> <p>No</p>
6.	<p>Were special needs identified before the occurrence of the damage?</p>	<p>Yes, special needs were identified (if you have marked this point, it is necessary to mark the box which demonstrates the special needs):</p> <p>Special needs for constant care (assistance) were identified:</p> <p style="padding-left: 40px;">First level needs</p> <p style="padding-left: 40px;">Second level needs</p> <p>Special needs for constant nursing were identified:</p> <p style="padding-left: 40px;">First level needs</p> <p style="padding-left: 40px;">Second level needs</p> <p>Special educational needs were identified.</p> <p>Special needs for technical assistance means were identified.</p> <p>Special environmental and accommodation adjustment needs were identified.</p> <p>Other special needs were identified (please specify):</p> <p>Please specify the institution which adopted the decision on identification of special needs, as well as decision date and number _____</p>

		No
7.	If you were pregnant prior to the damage, did the damage result in a termination of pregnancy or was the termination of pregnancy due to the damage necessary?	<p>Yes, pregnancy was:</p> <ul style="list-style-type: none"> Up to 12 weeks From 12 to 22 weeks Over 22 weeks <p>No, pregnancy did not terminate, and pregnancy was not terminated</p>
8.	How has your life changed after the occurrence of the damage (mark at least one of the points indicated)?	<p>Reduced capacity to work the job I worked before the damage and / or the job according to the obtained professional qualification. If you have marked this answer, please specify which job (please specify the workplace) or the qualification and how it was hindered:</p> <p>I have lost capacity to work the job I worked before the damage and / or the job according to the acquired professional qualification. If you have marked this answer, please specify which job or the qualification and how exactly it was hindered:</p> <p>Reduced capacity to engage in previous activities (social, leisure etc.). If you have marked this answer, please specify the activities and how it was hindered:</p> <p>I can no longer engage in previous activities. If you have marked this answer, please specify the activities and how exactly it was hindered:</p> <p>Reduced capacity to study. If you have marked this answer, please specify where you studied and how it was hindered:</p> <p>I can no longer study as I studied before the occurrence of the damage. If you have marked this answer, please specify how exactly it was hindered:</p> <p>The marriage broke down. If you have marked this answer, please specify how the divorce is related to the damage:</p> <p>I can no longer take care of my minor child (children) and / or other relatives in the way I have taken care of them before the occurrence of the damage. If you have marked this answer, please specify the number and the age of the children or the number and which relatives you have taken care for, for what reasons, what exactly you are not able to do in caring for them</p>

		<p>after the damage:</p> <p>Reduced possibilities to create a family and have children and / or create social contacts. If you have marked this answer, please specify how it relates to the damage:</p> <p>My appearance became worse. If you have marked this answer, please specify where on the body the injury is located:</p> <p>Has not changed</p> <p>Other, please specify:</p>
9.	Have you got pain as a result of the damage?	<p>Yes:</p> <p>I have not used painkillers</p> <p>I have used painkillers up to one week</p> <p>I have used painkillers up to three months</p> <p>I have used painkillers longer than three months</p> <p>Invasive procedures were used for pain treatment</p> <p>Name of painkiller (s) and duration of use for each of them:</p> <p>Duration of invasive procedures used for pain treatment:</p> <p>No</p>
10.	Have you experienced other discomfort except for pain as a result of the damage?	<p>Yes</p> <p>If yes, please specify which:</p> <p>No</p>
11.	Have you experienced health problems and were temporary incapable to work as a result of the damage?	<p>Yes</p> <p>11-30 days</p> <p>31-60 days</p> <p>61-90 days</p> <p>91-180 days</p> <p>181-364 days</p> <p>Over one year</p> <p>No</p>
12.	Have you had diagnosed mental and behavioural disorders before the damage?	<p>Yes</p> <p>If yes, please specify which:</p> <p>No</p>
13.	Did the emotional experiences as a result of the damage lead to an exacerbation of the previous mental and behavioural disorders?	<p>Yes</p> <p>If yes, please specify which mental and behavioural disorders exacerbated and how exactly it manifested:</p> <p>No, because I did not have any mental or</p>

		<p>behavioural disorders before the damage</p> <p>No, mental and behavioural disorders which I had before the damage remained the same (did not exacerbate).</p>
14.	Have you got any mental and behavioural disorders as a result of the damage?	<p>Yes If yes, please specify which:</p> <p>No</p>
15.	Have you had any diseases or health problems before the damage?	<p>Yes If yes, please specify which diseases and health problems:</p> <p>No</p>
16.	Has the damage caused exacerbation of the diseases or health problems which you had before the damage?	<p>Yes If yes, please specify which diseases and health problems exacerbated, and how it manifested:</p> <p>No</p>
17.	Have you for any disease or health problem as a result of the damage?	<p>Yes If yes, please specify which diseases or health problems:</p> <p>No</p>
18.	Have you provided to your healthcare specialist all the data about your health, past diseases, surgical operations, medicines used in past and nowadays, allergic reactions, genetic diseases and other data known to the patient, which is necessary for proper provision of healthcare services?	<p>Yes</p> <p>No If no, please specify which data you have not provided and why:</p>
19.	Have you followed the instructions and recommendations of healthcare specialists after you applied to a health care institution?	<p>Yes</p> <p>No, I have not followed the instructions and recommendations. If you have marked this answer, please specify why you have not followed the instructions and recommendations:</p> <p>I have the instructions and recommendations, but not all of them If you have not followed the instructions and recommendations, please specify which instructions and recommendations you have not followed and why:</p>
20.	Have you informed healthcare specialists of any deviations from the instructions or prescribed routines to which you gave your consent?	<p>Yes If yes, please specify which deviations you have informed about and why you have not informed about other deviations (if any):</p> <p>No, I have not informed about the</p>

		<p>deviations</p> <p>If you have marked this answer, please specify why you have not informed about the deviations:</p> <p>I have followed all instructions given by healthcare specialists</p>
21.	Have you consumed tobacco products and / or tobacco-related products before the damage?	<p>Yes</p> <p>If yes, please specify which:</p> <p>Cigarettes</p> <p>Other tobacco products</p> <p>Smoking pipe</p> <p>Electronic cigarettes</p> <p>Other smokable plant products</p> <p>Please specify how often do you consume marked products:</p> <p>No</p>
22.	Have you consumed alcohol products before the damage?	<p>Yes</p> <p>If yes, please specify how often:</p> <p>One time in a day</p> <p>One time in a week</p> <p>Two times in a week</p> <p>Three times in a week</p> <p>Four times in a week</p> <p>Five times in a week</p> <p>Six times in a week</p> <p>One time in a month</p> <p>Two times in a month</p> <p>More rarely</p> <p>No</p>
23.	Have you used psychotropic drugs before the damage without a doctor's prescription?	<p>Yes</p> <p>If yes, please specify the name of the psychotropic drugs used, dosage and duration of use:</p> <p>No</p>
24.	Have you used other psychoactive substances before the damage?	<p>Yes</p> <p>If yes, please specify the name of other psychoactive substances used, dosage and duration of use:</p> <p>No</p>
25.	Have you followed other precautionary rules (not specified in points 18 to 24 of this table) during the provision of healthcare services?	<p>Yes</p> <p>No</p> <p>If no, please specify which precautionary rules you have not followed and why:</p>
26.	Is there information, in your opinion, which you did not mention in this application and which you consider important for getting compensation for	<p>Yes</p> <p>If yes, please specify which information:</p> <p>No, I have mentioned all the necessary</p>

	the damage?	information
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NOTE. The application shall be accompanied by documents or copies of the documents supporting the information referred to in this section.

I confirm that the information contained in this application and other documents is correct and accurate.

I confirm that I am familiar with the Law on patients' rights and compensation of damage to health of the Republic of Lithuania and the description of the procedure for compensation of property damage and personal injury caused by damage to the patient's health.

I agree that the personal data referred to in this application and other documents necessary for the proper examination of my application is processed for the purpose of compensation for property damage and personal injury caused to the patient's health.

I attach following documents to my application:

1. (_____ page(s)).

2. (_____ page(s)).

(patient's or patient's representative's signature) (patient's or patient's representative's name and surname)