

Medico Legal Enquiry Form

Please complete the below fields in relation to the subject of the report

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| Instructing Party's Contact Details | Name: Address: Tel: Fax: Email: |
|--|---|

| | |
|----------------------------------|------------|
| Client's name or initials | Sex |
|----------------------------------|------------|

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|----------------------|--|
| Date of Birth | Learning Disabilities (if yes please detail) |
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| | |
|---------------------|-------------------------------|
| Hearing Date | Report Submission Date |
|---------------------|-------------------------------|

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|-------------------------|-------------------|
| Client's Address | GP Details |
|-------------------------|-------------------|

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|---|---|
| Place of residence if different from address | Where you require the assessment to take place |
|---|---|

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| <p>Type of case: Criminal / Civil / MHRT / Family / Treatment order / Immigration Please delete as appropriate</p> <p>Brief outline of case:</p> |
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