

HERNIA MESH PHONE INTAKE SHEET

DATE: _____ INTERVIEWER: _____

Name: _____
 Birth Date: _____ SSN: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone 1: _____ Phone 2: _____ Phone 3: _____
 Email address: _____

HERNIA MESH IMPLANT INFORMATION

1. Approximate date mesh was implanted: _____
2. Manufacturer of mesh used in your surgery: _____
3. Model of mesh used in your surgery: _____
4. Name and location of surgeon who implanted the mesh and where the hernia mesh implant was implanted if surgeon's name is unknown: _____

5. What is the injury or complication from the hernia mesh implant?

1. Infection	13. Internal Fistula
2. Adhesion of mesh	14. External Fistula
3. Bowel entrapment/ obstruction	15. Pelvic inflammatory disease
4. Organ perforation	16. Peritonitis
5. Injury to nearby organs	17. Sepsis
6. Pain	18. Seroma
7. Abdominal tenderness	19. Corrective Surgery
8. Distended abdomen	20. Mesh folding/ balling up
9. Fluid in abdomen	21. Mesh migration
10. Abdominal abscess formation	22. Mesh removal
11. Hernia recurrence	23. Mesh unable to be removed
12. Disfigurement	24. Mesh rupture/breakage

6. Name all doctors and/or hospitals where caller treated for injuries/ complications: _____

7. Has the mesh been removed? Yes No

8. If the mesh has been removed, who is the surgeon or what medical facility performed the mesh removal? _____

PACKET SENT _____ UNREACHED _____ REJECT _____
 IF REJECTED, WHY? _____