



## Mediation (Arbitration) Application Annex [Sample]

For Patients

- As this record is significant in making a determination on the incident details, please fill it out accurately without any omission.
- The details filled out will be sent to the other party as data for system use and request for an answer (explanation), so please provide them based on objective facts. **(Do not slander the other party or write anything that is different from the truth.)**

### A. Basic information of patient

Name	John Doe	Gender	Male	Date of birth	April 8, 1960 (age: 59)	Nationality	Republic of Korea
Current condition	<input type="checkbox"/> Dead <input type="checkbox"/> Severe disability (degree: 1-3) <input type="checkbox"/> Mild disability (degree: 4-6) <input checked="" type="checkbox"/> Under treatment <input type="checkbox"/> Cured <input type="checkbox"/> Other ( )						
Occupation	<input checked="" type="checkbox"/> Office worker <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Farmer/fisher <input type="checkbox"/> Housekeeper <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other ( )						

### B. Reason for visiting the medical institution

#### 1. Questions about the patient's visit to the medical institution (symptom, background, etc.)

1-1. Date of visit: May 2, 0000

1-2. Reason for visit: I visited clinic "A" on May 2, 0000 because I've had indigestion and bloating since April 20, 0000.

#### 2. Questions about past medical history

2-1. Does the patient have any past or present illness(es)?  Yes    No

2-2. (If answered "Yes" to question 2-1 above) What treatment did you receive under what diagnosis? (Including medical institution and treatment period)

I was diagnosed with hypertension at hospital "B" and have been taking antihypertensive drugs since January 0000. I still take the antihypertensive drugs.

### C. Account of incident (diagnosis and treatment - occurrence of incident)

#### 1. Questions about the diagnosis of the relevant medical staff on the patient's symptoms

1-1. What test(s) did you undergo? (Multiple answers allowed)

- X-ray    CT    MRI    Endoscopy    Ultrasound    Blood test  
 Blood pressure    Other ( )

1-2. Diagnosis: Indigestion

1-3. What did you hear about the post-diagnosis treatment plan?

I was explained that I had mild indigestion and if the symptom does not improve after taking gastrointestinal medications for a few days, I may need to undergo gastrointestinal endoscopy.

#### 2. Questions about the explanation and agreement on the post-diagnosis treatment plan

2-1. Did you agree to the explanation on the post-diagnosis treatment plan?  Yes    No    Other ( )

2-2. Method of explanation:  Verbal    Written    Verbal+written    None    Other ( )

2-3. Medical staff who provided explanation:  Attending physician    Nurse    Counselor    Other ( )

2-4. Person who agreed to the explanation:  Patient him/herself    Caregiver (relationship: )    Other ( )

### 3. Questions about the treatment of the medical staff according to the diagnosis

3-1. Which medical department provided the treatment? (Multiple answers allowed) **Gastroenterology**

3-2. What treatment did you receive in the medical department (cf. 3-1)?

- Type of treatment:  Outpatient  Inpatient  ER  Other ( )
- Treatment period: **May 2, 0000 - May 15, 0000**
- Treatment details: **On May 2, 0000, my blood pressure was checked and I was prescribed gastrointestinal medications. On May 9, 0000 I had gastrointestinal endoscopy, and I was told that there was no unusual finding on May 15, 0000.**

### 4. Questions about the damage (adverse outcome) caused by the treatment of the attending physician

4-1. Date of damage: **May 2, 0000**

4-2. What body part(s) were affected by the medical malpractice, and what symptom(s)?

**On May 15, 0000, even after I was told that there were no unusual findings, I still had the symptom of bloating.**

### 5. Questions about the primary treatment provided by the attending physician for the damage sustained (adverse outcome)

5-1. What measures did the attending physician take for the damage sustained? (Treatment method, duration, explanation, etc.)

**Even after the examination results of clinic "A" on May 15, 0000 that there was no unusual finding, I still felt sick to my stomach, so I visited clinic "A" again on June 5, 0000 and reported the symptom, but I was told it was mild indigestion and I was prescribed gastrointestinal medications.**

5-2. How is the condition of the patient due to the measure(s) taken (cf. 5-1)? (Whether recovered or not, etc.)

**On October 5, 0000 After visiting the university hospital "C" undergoing a gastrointestinal endoscopy, I was diagnosed with stage 2 gastric cancer, and I had a total gastrectomy on October 12, 0000, and I am currently undergoing chemotherapy.**

## D. Progress after the incident (occurrence of incident - present)

### 1. Questions about any additional treatment at other medical institution(s) due to the damage (adverse outcome) sustained

1-1. Did you receive any additional treatment at any other medical institution?  Yes  No

1-2. (If answered "Yes" to question 1-1 above) Provide the details of the additional treatment. (Medical institution, medical department, treatment period, etc.)

**I underwent a total gastrectomy at the university hospital "C" from October 5, 2018 to October 31, 0000, and I am currently undergoing chemotherapy.**

### 2. Questions about the recent condition of the patient

2-1. Is the patient still undergoing treatment?  Yes  No

2-2. Does he/she have any plans to undergo additional treatment?  Yes  No

2-3. (If answered "Yes" to question 2-2 above) What is the treatment he/she plans to receive? (Medical institution, medical department, treatment period, etc.)

**I will continue to under chemotherapy at the university hospital "C".**

2-4. What is the current condition or the expected future symptom of the patient? (Including the possibility of being diagnosed with residual impairments)

**Due to the aftereffect of gastrectomy and chemotherapy, I lost a lot of weight and I eat much less.**





## G. Details of calculation of the mediation Amount (damage compensation)

※ The details of damage calculation are used as basic data for medical malpractice appraisal and mediation, so please make sure to reflect objective facts and documentary evidence.

□ Details of calculation of the mediation Amount (damage compensation)

Classification		Amount calculated	Grounds for calculation
Active Loss	① Treatment cost	KRW	[Provide medical expenses already paid]
	② Future Treatment cost	KRW	[Provide estimated future medical expenses (estimated cost of treatment in the future)]
	③ Nursing cost	KRW	[Provide nursing expenses for care during treatment and post-treatment residual impairments]
	④ Other	KRW	[Provide expenses for funeral, medical aids, etc]
Passive Loss	① Shutdown loss	KRW	[Provide the loss in income caused by this incident (including the period of loss)]
	② Lost profit	KRW	[Provide the loss in income caused by the loss of labor capacity in case of residual impairment (including the period of loss)]
Solatium	① Solatium	KRW	[Provide compensation request for psychological damage]
<b>Total</b>		KRW	[Positive damage + Negative damage + Solatium]

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Applicant / Proxy: \_\_\_\_\_ (seal or signature)

### Required documents when the mediation procedure commences

- ① Copies of medical records from the relevant medical institution (including video records)
1. Copies of medical records (including video records) of the medical institution to which the patient was transferred, notes, and medical certificates
  2. Data related to medical expenses, such as receipts of medical expenses or detailed statement of medical expenses
  3. Evidence of income for lost profit
  4. Other evidence or reference materials, etc.