



Mediation (Arbitration) Application Annex

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		Gender		Date of birth	. . . (age:)	Nationality	
Current condition	<input type="checkbox"/> Dead <input type="checkbox"/> Severe disability (degree: 1-3) <input type="checkbox"/> Mild disability (degree: 4-6) <input type="checkbox"/> Under treatment <input type="checkbox"/> Cured <input type="checkbox"/> Other ()						
Occupation	<input 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: [20 . . .]

1-2. Reason for visit:

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)

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:

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

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)

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

- Type of treatment: Outpatient Inpatient ER Other ()
- Treatment period: [20 . . .]
- Treatment details:

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

4-1. Date of damage: [20 . . .]

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

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.)

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

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.)

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.)

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

F. Causal relations of the incident, agreement with the person concerned, etc.

1. Questions about the adequacy of treatment or handling by the attending physician

1-1. What do you think was inappropriate with the treatment or handling process of the medical staff? :

1-2. If there is a relation between treatment and damage (adverse outcome), what do you think is the cause? :

1-3. Considering (cf. 1-1 and 1-2), please fill out matters (medical appraisal) that require primary medical review for “medical malpractice appraisal.”

※ “Medical appraisal” refers to organizing medical expertise or judgments using the expertise for the mediation and arbitration of the mediation department

* Example ① Misdiagnosis (Reason: The patient complained of his/her abdominal pain when he/she visited the clinic, but the doctor overlooked his/her symptoms)
② Poor skills during surgery (Reason: The surgeon's lack of skill caused a nerve damage during surgery)
③ Cause of patient’s death (Reason: Treatment was delayed due to a failed diagnosis of peritonitis, resulting in the patient's death)

1-4. If there is anything that requires primary legal review during the "Mediation and Arbitration Procedure," please provide its details.

2. Questions about the details of consultation with the medical institution

2-1. Who have you tried to talk to and resolve this matter with? (Multiple answers allowed)

- Attending physician Relevant staff at medical institution Liability insurance/mutual benefit association
- None Other ()

2-2. Has the medical staff/medical institution acknowledged its negligence and liability?

2-3. If there is any agreement made between the parties, please provide its details.

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]
Total		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.