

# Indigenous Health Class Action

## Potential Class Member Questionnaire

Personal information that you provide to us for the purpose of determining your possible involvement in the class action will be treated as private. Read our [privacy policy](#) for more information.

Email a copy of this form to [Indigenoushealthcare@murphybattista.com](mailto:Indigenoushealthcare@murphybattista.com) with the subject line **Indigenous Health Class Action** and our intake team will be in touch to confirm receipt and next steps.

### Personal Information

Full Legal Name: \_\_\_\_\_

Other/Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ancestry: \_\_\_\_\_

Indian Status Card Registration (if applicable): \_\_\_\_\_

Date(s) you sought health services from a British Columbia hospital:

\_\_\_\_\_

Comments and information about the treatment you received: