



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 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: