

Florida State Medical Malpractice Closed Claim Report **771182**

File # 77-0606-77

Primary Carrier Florida Physician Insurance Reciprocal

Policy Number 7701-06804

Excess Carrier -----

Policy Number -----

Insured C. Brooks Henderson, M.D.

Address 2 South West 12th Street, Ocala, Florida 32670

Specialty One = Psychiatrist

Date of incident 1/2/77

Date of Suit -----

Disposition of incident:

Date 8/12/77

Settlement \$ -----

Defense Cost \$ -----

Summary Judgement -----

Directed Verdict -----

Let out by the jury -----

Reason for final disposition, if no settlement.

No claim pursued.

Summary of occurrence which created claim.
Pt was admitted to the hosp on 1/2/77 with the diagnosis of schizophrenia. The next mornir
pt jumped from a 3rd floor window but was not seriously hurt. Pt was discharged on
1/10/77 and was followed at the Mental Health Clinic.