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| **Death Report** | | | | |
| **Name of deceased:** |  | | **Date reported:** |  |
| **Home address:** | | | | |
| **Date of Birth:** | | | **Gender:** | |
| **Marital Status:** | | | **Occupation: (if retired state occupation retired from)** | |
| **Have the family requested expedited body release for religious or cultural reasons?** | | |  | |
| **Next of Kin name, relationship to the deceased and telephone contact details:** | | | | |
| **Date of Death:** | | | **Time of Death:** | |
| **Name and role of person verifying death:** | | | | |
| **Place of death:** | | | | |
| **Where does the deceased lie now?** | | | | |
| **Reporting doctor:** | | | **Email and contact details:** | |
| **When was the patient last seen by the reporting doctor?** | | | | |
| **Has the reporting doctor seen the patient after death?** | | | | |
| **If a hospital death, has a hospital ID band been placed on the deceased by a member of hospital staff that has seen the patient in life as per the end of life protocol?**    **If yes, you must clearly state the name and job description of the staff member** | | | | |
| **Registered GP details including telephone number:** | | | | |
| **Date patient was last seen by GP:** | | | | |
| **Reason for reporting death:** (please refer to the list of deaths that ought to be reported to the Coroner. This is available on our website) | | | | |
| **Was the patient in custody (including mental health detainment) at the time of death?** | | | | |
| **Is this a case where the death could be described as ‘expected’/ ‘not unexpected’?** | | | | |
| **Was there a DNA CPR in place at the time of death?** | | | | |
| **Have any allegations of negligence been made against the hospital or others involved in the nursing or medical care of the deceased?** | | | | |
| **Was the patient involved in a referable occupation e.g. mining/asbestos exposure? If so, please provide details.**    **This question is mandatory if your answer above confirms that the deceased was involved in a referable occupation. This form will be returned by the allocations officer if the requested detail is missing.**    **In your medical opinion, on the balance of probabilities (51%) do you feel this occupation caused/contributed to the death?**   |  |  |  | | --- | --- | --- | | **Yes** | |  | | --- | |  | | | **No** | |  | | --- | |  | | | **Don’t know** | |  | | --- | |  | | | | | | |
| **If an accident, injury or traumatic event is believed to have contributed to the death, where did this event occur?**    **Please provide details of the event:** | | | | |
| **Detailed circumstances of death and past medical history, to be completed by reference to patient records:**    **Is there any evidence on the records that the patient had a hospital admission in the 12 months preceding death?** | | | | |
| **If the patient is over the age of 80 years, is there evidence of deterioration in health in the 12 months preceding the death? If so, please provide details.** | | | | |
| **If you are in a position to propose a cause of death in this case, please confirm that you are satisfied that the patient died of natural causes and set out the proposed cause of death below.** | | | | |
| **Proposed cause of death:** | | 1a | | |
| 1b | | |
| 1c | | |
| II | | |
| **If you are not in a position to propose a cause of death in this case, please set out detailed reasons why this is so.** | | | | |

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| **Coroner’s Office Comments and Recommendations** |
| **Name of case officer:** |
| **Comments:** |
| Coroner will take the case (Do not complete the MCCD) |
| Issue the Medical Certificate of Cause of Death as proposed in referral above |
| Issue as:  1a.      ………………………………………………………………………..  1b.      ………………………………………………………………………..  1c.      ………………………………………………………………………..  II.      …………………………………………………………………………. |