

**Full name of doctor referring the death:**

**Bleep number:**

**Mobile number:**

**Email address:**

**Referrer's hospital or GP surgery:**

**Please confirm when you will next be on shift:**

**Position:**

**Secondary contact\*:**

**Has this death been discussed with a medical examiner (if yes, please provide details)?:**

**Full name:**

**Name and relationship to deceased of person confirming identification:**

**Date of ID confirmation:**

**Home address:**

**Date of birth:**

**Gender:**

**Registered GP details:**

**Name of next of kin:**

**Next of kin's relationship to patient:**

**Next of kin's contact telephone number:**

**Patient's date of death:**

**Time of death:**

**Place of death:**

**Current location of body:**

**Who verified life extinct?:**

**Has the next of kin been informed of the death?:**

**Previous medical history (include whether the patient has a pacemaker or ICD in situ. If a GP referral, you must confirm the date when the patient was last seen alive by a GP. Copy and paste GP summary if relevant):**

**Circumstances of death - Include as much detail as possible. Include dates, means (e.g. by ambulance) and purpose of / presentation at admission if death is in hospital. Unknown is NOT acceptable.:**

**Reason for referral to the coroner:**

**Other reason:**

**Is this death likely to trigger an internal serious incident report (SIRI) or root cause analysis report (RCA)?:** No

**Is the death linked to a fall or surgical procedure?:**

**Was a Deprivation of of Liberty Safeguard in place?:**

**Does the patient have any of the following communicable diseases?:**

**Are there any family issues?:**

**Where possible, please offer a medical cause of death (COD) of the basis of your best belief and knowledge (you are not required to be certain), in the 1a,1b,1c,2 format (no abbreviations):**

**Any additional information:**

**Are there any urgent religious requirements with this case?:**

**Is this case relating to a child under the age of 18? (Please note there is no requirement to report still born deaths to the Coroner's Office).:**

**Do you feel this case is urgent and requires an immediate discussion with a coroner's officer?:**

**By submitting this referral, I confirm that I believe that the facts stated in this report are true.**

*Signed (an electronic signature is sufficient): Print:*

*Date: Contact Number:*