

## Patient Details

**Camila Maria Lopez**

## Demographics

ID: erXuFYUfucBZaryVksYEcMg3

Date of Birth: 1987-09-12

Gender: female

Marital Status: Married

Address: 3268 West Johnson St., GARLAND, TX 75043

Phone Number: 469-555-5555

Insurances: Medicaid

Conditions: Polycystic ovaries, Type 2 Diabetes Mellitus, Hypertension, Left ischemic stroke resulting in ongoing right-sided weakness

General Practitioner: Physician

## Observations

Height: 220 cm

Weight: 71.1 kg

Body Mass Index: 14.69

Diastolic Blood Pressure: 80 mm[Hg]

Identification

**Surname:** Mitchell

**Given Names:** Evelyn Rose

**DOB:** 1943-09-22

**Gender:** Female

**UMRN:** 0089735

**Address:** 42 Claremont Ave

**Suburb:** Nedlands

**Postcode:** 6009

Section 1: Death Location

**Death occurred in:** Ward

Section 3: Reporting to Coroner

**PCIU/police officer notified by phone:** No (since not reportable)

**Name of Doctor reporting:** Dr. Jane Smith

**Consultant notified:** Yes

**Contact Number:** (08) 9221 3345

Section 6: Hospital Requirements

**Donor Coordinator Notified:** No

**Discharge summary completed:** Yes

**Permission for postmortem:** No

**Bereavement support:** Yes

**Nursing home notified:** No

**General Practitioner notified:** Yes

**Next of kin notified:** Yes

**Death Details**

**Date of Death:** 2024-06-14

**Time of Death:** 10:30 hours

**Doctor Certifying Life Extinct:** Dr. Jane Smith

**Position:** Attending Physician

**Death Reportability to Coroner (Based on provided patient data, all assumed 'No' unless new information indicates otherwise):**

Is the cause of death unknown or uncertified by a medical practitioner? No

Has the death or does the death appear to be have occurred in suspicious circumstances? No

Was the death or does the death appear to have been unexpected or unnatural? No

Has the death or does the death appear to have occurred, in or following violent circumstances? No

Has the death or does the death appear to have resulted, directly or indirectly from injury? No

Has the death occurred during anaesthesia? No

Did the death possibly occur as a result of, or does it appear to have resulted from, anaesthesia? No

Immediately prior to the death was the deceased a person under the control, care or custody of the WA Police Force, Prison

Service or Department for Child Protection and Family Support? No

Admitted to a centre under the Alcohol and Drug Authority Act 1974? No

An involuntary patient, apprehended or detained under the Mental Health Act 1996? No

Is the deceased person's identity unknown? No

To your knowledge has any one expressed any concerns regarding the cause of the deceased person's death or medical treatment? No

If you have answered YES to any of the above questions, the death is REPORTABLE to the Coroner. No

**Other Reporting Obligations (Based on provided patient data, all assumed 'No' unless new information indicates otherwise):**

**5.1 REPORTABLE DEATHS UNDER THE HEALTH ACT 1911:**

Is the death: a maternal death (arising from pregnancy or childbirth or associated with complications)? No

one involving a child who is stillborn (> than 20 weeks gestation), or under the age of 1 year? No

one that occurred within 48 hours of administration of anaesthetic or as a result of complications arising from the same? No

**5.2 DEATHS REPORTABLE TO THE CHIEF PSYCHIATRIST:** Is this a reportable death to the Chief Psychiatrist? No

**5.3 SEVERITY ASSESSMENT CODE (SAC) 1 CLINICAL INCIDENTS:** The death may reflect the occurrence of a SAC 1 clinical incident. No

**Follow-up:**

- Follow-up appointment with primary care physician within one week post-discharge.
- Neurology follow-up within one month or as recommended.
- Home healthcare to start immediately upon discharge.

**Sign-off:**

Dr. Jane Smith  
Attending Physician

**Suggested Facilities**