

<p>Affix Hospital Identification Here</p> <p>DEATH IN HOSPITAL</p>	SURNAME		UMRN	
	GIVEN NAMES		DOB	GENDER
	ADDRESS			
	SUBURB		POSTCODE	

SECTION 1: EXTINCTION OF LIFE

Death occurred in: _____ ED ☐ Ward ☐ Theatre ☐ Other ☐ While on leave from hospital ☐

Doctor Certifying Life Extinct: Name: _____ Position: _____

Signature: _____ Date: _____

Date of Death: ____ / ____ / ____ dd/mm/yy Time of Death: ____ : ____ 00:00 hours

SECTION 2: IS THE DEATH REPORTABLE TO THE CORONER?

- Is the cause of death unknown or uncertified by a medical practitioner? _____ ☐ Yes ☐ No
- Has the death or does the death appear to be have occurred in suspicious circumstances?
i.e. Has the death possibly resulted from a criminal act? _____ ☐ Yes ☐ No
- Was the death or does the death appear to have been unexpected or unnatural?
e.g. Complication following administration of a medication, diagnostic, medical or surgical procedure _____ ☐ Yes ☐ No
- Has the death or does the death appear to have occurred, in or following violent circumstances?
e.g. Physical or sexual assault, domestic dispute _____ ☐ Yes ☐ No
- Has the death or does the death appear to have resulted, directly or indirectly from injury?
e.g. Fall, motor vehicle, self harm _____ ☐ Yes ☐ No
- Has the death occurred during anaesthesia? e.g. General anaesthesia _____ ☐ Yes ☐ No
- Did the death possibly occur as a result of, or does it appear to have resulted from, anaesthesia? _____ ☐ Yes ☐ 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 _____ ☐ Yes ☐ No
 - Admitted to a centre under the *Alcohol and Drug Authority Act 1974* _____ ☐ Yes ☐ No
 - An involuntary patient, apprehended or detained under the *Mental Health Act 1996* _____ ☐ Yes ☐ No
- Is the deceased person's identity unknown? _____ ☐ Yes ☐ No
- To your knowledge has any one expressed any concerns regarding the cause of the deceased person's death or medical treatment? _____ ☐ Yes ☐ No

If you have answered **YES** to any of the above questions, the death is **REPORTABLE** to the Coroner.

Note: Where the original Hospital Medical Record is released for the purposes of coronial investigation, a photocopy must be retained at the hospital or health service.

SECTION 3: HOW TO REPORT A DEATH TO THE CORONER

To report a death to the Coroner, or to seek guidance about reportable deaths, you must:

METROPOLITAN PERTH:

Between 7:00am and 2:00am Monday to Sunday: contact the WA Police Coronial Investigation Unit (CIU) on 08 9267 5700 (Fax this form to: 08 9267 5755).

Between 2:00am and 7:00am Monday to Sunday: contact the WA Police Operations Centre on 131 444 (an 'on call' CIU Officer will be notified).

COUNTRY WA SETTINGS: Contact the local police.

If further guidance is required, the Office of the State Coroner (OSC) can be contacted on 08 9425 2900 (business hours) or on 0419 904 478 (after 4:30pm and on weekends). The OSC should only be contacted if the CIU (or local Police) are unable to assist.

See over

DEATH IN HOSPITAL

MR X X X