

**GP
REFERRAL FORM**



**Grahame Antony Short
Coroner for Central Hampshire
Southampton & New Forest**

This report will be submitted to the Coroner for Central Hampshire, Southampton and New Forest. Please ensure the accurate completion of all text fields to your best belief and knowledge.

REFERRER DETAILS

FULL NAME OF DOCTOR REFERRING DEATH	
SURGERY NAME	Liphook & Liss Surgery
MOBILE NUMBER	
EMAIL ADDRESS	
SECONDARY CONTACT* *A coroner's officer may need to contact you to discuss this case further. In the event you are not available please provide contact details of a colleague who will be able to assist in your absence.	

PATIENT DETAILS

FULL NAME	
DATE OF BIRTH	
HOME ADDRESS	
GENDER	Male/Female
NAME OF NEXT OF KIN	
RELATIONSHIP TO DECEASED	
NEXT OF KIN TEL. NUMBER	

REFERRAL DETAILS

DATE OF DEATH		
TIME OF DEATH		
WHO VERIFIED LIFE EXTINCT?		
PLACE OF DEATH IF NOT HOME ADDRESS		
CIRCUMSTANCES OF DEATH		
PREVIOUS MEDICAL HISTORY (please include whether the patient has a pacemaker or ICD in situ)		
REASON FOR REFERRAL TO CORONER (please select relevant option)	Unknown cause of death	
	Death related to any treatment or procedure of a medical or similar nature	
	Patient has recently suffered a fall	
	Death as a result of trauma, violence or physical injury, whether inflicted intentionally or otherwise	
	Death as a result of self harm, including a failure by the deceased to protect their own life	
	Death occurred as a result of neglect or failure of care by another person	
	Death occurred as a result of injury or disease received during or attributed to the course of the deceased's current or previous employment (e.g. asbestos related)	
	Death occurred due to the use of a controlled drug, medicinal product or toxic chemical	
	Death occurred within 24 hours of hospital admission	
	Death occurred within state detention	
	Other Please state:	
ARE THERE ANY FAMILY ISSUES/CONCERNS?		
CURRENT LOCATION OF DECEASED		

CAUSE OF DEATH DETAILS

ARE YOU ABLE TO ISSUE A MCCD?		YES/NO
IF YES, PLEASE COMPLETE BELOW		
1A)		
1B)		
1C)		
II)		

SIGNED*	
DATE	

* We may ask for a signed copy of this referral form should the case proceed to inquest. For initial submission an electronic print of name is sufficient

PLEASE SUBMIT THIS FORM TO THE FOLLOWING EMAIL ADDRESS:

hampshirecoroners@private.hants.gov.uk

We aim to process referrals within the same working day if received before 2pm. If you feel this requires urgent attention, please contact the office on 01962 667884. Office hours are 08:00-16:00