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| **NOTIFICATION OF DEATH** | |
| **Reported by** |  |
| **Contact details**  (phone + page + mobile number) |  |
| **Date & time of reporting** |  |
| **Please provide details of who to contact if doctor reporting death is unavailable**(name and telephone number) |  |
| **Supervising consultant and secretary or**  **GP Practice Manager**  (Name and telephone number) |  |
| **PARTICULARS OF DECEASED** | |
| **Full name and CHI** |  |
| **Age** |  |
| **Date of birth** |  |
| **Address** |  |
| **Locus of death** |  |
| **Date & time of death** |  |
| **General Practitioner** (name + address + telephone number) |  |
| **Please highlight any religious/cultural requirements relating to the deceased of which you are aware** |  |
| **NEAREST RELATIVES** | |
| **Name** |  |
| **Relationship to deceased** |  |
| **Special Needs**  eg Interpreter |  |
| **Address and telephone number including mobile number of nearest relatives** |  |
| **HISTORY** | |
| **Relevant past medical history and relevant medication** (include prescribed medication and any  alcohol / illicit drug abuse history) | |
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| **Summary of main events prior to death** (where available please include copies of discharge summary;  operation notes; etc) | |
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| **Reason for referring the death to the Procurator Fiscal?** Unnatural death | |
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| **Have the circumstances of the death been discussed with nearest relatives?** |  |
| **Name of person who discussed death with nearest relatives** |  |
| **Date of discussion** |  |
| **Have nearest relatives expressed any concerns about the circumstances surrounding the death?** (If yes, please specify) |  |
| **Have nearest relatives been advised that the death has been reported to Procurator Fiscal?** |  |
| **Have you any concerns?** (Please list) |  |
| **Willing or unwilling to issue death certificate. If unwilling please explain why not** |  |
| **Cause of death if certification being offered.** |  |
| **If certification is not being offered please provide the presumed cause of death in general terms, if known** |  |
| **Has consideration been given to carrying out a hospital post mortem examination?** |  |
| **Certifying doctor** |  |
| **If this is a suspected asbestosis/**  **mesothelioma death please confirm whether a biopsy or other test has been taken in life which has confirmed this diagnosis.** (Please provide details) |  |

**For PF Office Use Only**

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| **PF to whom reported** |  |
| **PF instructions**  (remember to request medical records; admission/ pre-transfusion blood samples if applicable) |  |
| **Date of PF instructions** |  |