

SECTION 3: CIRCUMSTANCES OF DEATH

FACILITY AND/OR ADDRESS WHERE PATIENT DIED

SPECIFIC PLACE DECEASED WAS FOUND

COUNTY WHERE DECEASED WAS FOUND:

CONDITION(S) AT TIME OF DEATH

HIV
 TB-RELATED INFECTION
 HEPATITIS INFECTION
 CIRRHOSIS
 CANCER
 OTHER (IDENTIFY): _____

DATE PROGRAM BECAME AWARE OF DEATH

DATE AND TIME OF DEATH
DATE: TIME:

PRESUMED MANNER OF DEATH AT TIME OF REPORTING (CHOOSE ONE):

SECTION 4: AUTOPSY AND OFFICIAL CAUSE OF DEATH

AUTOPSY REPORT REQUESTED

OFFICIAL CAUSE OF DEATH (IDENTIFY):

AUTOPSY COMPLETED

SOURCE OF OFFICIAL CAUSE OF DEATH:

ACCEPTED BY MEDICAL EXAMINER/CORONER

SECTION 5: CLINICAL SUMMARY

DESCRIPTION OF PATIENT STATUS AND PROGRESS (OR LACK OF PROGRESS) TOWARD TREATMENT GOALS - (PSYCHIATRIC STATUS, IF AVAILABLE; RESULTS OF MOST RECENT DRUG/ALCOHOL SCREENING, E.G., URINALYSIS, BREATHALYZER, BLOOD WORK; RELIABILITY IN PRESENTING FOR SCHEDULED APPOINTMENTS; COMPLIANCE WITH TREATMENT RECOMMENDATIONS; AND/OR INVOLVEMENT IN SERVICES PROVIDED)

DESCRIPTION OF SERVICES PROVIDED TO PATIENT BY REPORTING FACILITY IN THE SIX MONTHS PRECEDING DEATH

DESCRIPTION OF EVENTS DIRECTLY RELATED TO THE PATIENT DEATH (RELEVANT BACKGROUND INFORMATION; WHEN SYMPTOMS WERE FIRST NOTED, TREATMENT SERVICES PROVIDED; DIAGNOSTIC PROCEDURES AND LABORATORY FINDINGS; PATIENT RESPONSE; THE CIRCUMSTANCES OF DEATH; REPORTS YET TO BE COMPLETED; AND ANY OTHER PERTINENT INFORMATION)

SECTION 6 – ATTESTATION

I ATTEST THAT I HAVE REVIEWED AND VERIFIED ALL THE INFORMATION CONTAINED WITHIN THIS REPORT AND IT IS ACCURATE TO THE BEST OF MY KNOWLEDGE AT THE TIME OF REPORTING.

OFFERING A FALSE INSTRUMENT FOR FILING IN THE FIRST DEGREE IS A CLASS “E” FELONY

NAME OF DIRECTOR OR DESIGNEE

ATTESTATION CONFIRMATION

DATE