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| **REPORTED BY DR:**  CORONER’S GP REFERRAL FORM  WEST YORKSHIRE (WESTERN) AREA  **Please email to:** [coronersoffice@bradford.gov.uk](mailto:coronersoffice@bradford.gov.uk) |  | **SURGERY DETAILS:** |  |
| **CONTACT TELEPHONE NUMBER:** | |  | |
| **DOCTOR OR PARAMEDIC PRONOUNCING LIFE EXTINCT:** | |  | |
| **TIME:** |  | **DATE OF DEATH:** |  |

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| **DECEASED NAME:** |  | | |
| **DATE OF BIRTH:** |  | **SEX:** |  |
| **ETHNICITY:** |  |  |  |
| **DECEASED ADDRESS:** |  | | |
| **WHERE DIED ADDRESS:** |  | | |
| **LOCATION OF BODY:** |  | | |

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| **FAMILY GP IF DIFFERENT:** |  | **TEL NO:** |  |
| **ADDRESS:** |  | | |

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| **NEXT OF KIN:** |  | | |
| **RELATION TO DECEASED:** |  | **TEL NO:** |  |
| **ADDRESS:** |  | **INFORMED:** |  |

**ALL DEATHS IN PATIENTS LESS THAN 18 YEARS OLD THAT ARE SUDDEN, UNEXPECTED AND UNEXPLAINED MUST BE REPORTED TO THE POLICE IMMEDIATELY**

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| **REASON FOR REFERRAL:** |
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| **CIRCUMSTANCES OF DEATH AND MEDICAL HISTORY: (Please include details of any DNAR that may be in place):** |
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| **HAS THIS DEATH BEEN SCRUTINISED BY A MEDICAL EXAIMNER? IF YES, PLEASE PROVIDE A NAME.** |  |
| **ARE THERE ANY SAFEGUARDING ISSUES?** |  |
| **IF YES, PLEASE PROVIDE DETAILS** |  |
| **WAS THE DECEASED SUBJECT TO A DEPRIVATION OF LIBERTY SAFEGUARDING ORDER (DoLS)?** |  |
| **IF YES, PLEASE PROVIDE DETAILS** |  |

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| **IS A PACEMAKER OR OTHER IMPLANT PRESENT?** |  |
| **IF YES, TYPE OF IMPLANT:** |  | |
| **NAME OF THE HOSPITAL WHO INSERTED THE IMPLANT:** |  | |
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| **WAS THE DECEASED PREGNANT AT THE TIME OF DEATH?** |  | |
| **IF YES, DID THE PREGNANCY CONTRIBUTE TO THE DEATH?** |  | |

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| **NAME OF DOCTOR WHO LAST SAW DECEASED:** | |  | **DATE LAST SEEN:** |  |
| **WOULD THIS DOCTOR BE WILLING TO GIVE A CAUSE OF DEATH WITH REFERENCE TO THE CORONER? (COMPLETE BELOW)**  **IF THE CAUSE OF DEATH CANNOT BE GIVEN PLEASE FORWARD A LIST OF THE CURRENT MEDICATION WITH THIS REFERRAL.** | | | | |
| **1A)** |  | | | |
| **1B)** |  | | | |
| **1C)** |  | | | |
| **1D)** |  | | | |
| **2)** |  | | | |

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| --- | --- |
| **SIGNED:** |  |
| **SEEN AFTER DEATH BY THIS DOCTOR:** |  |