



CORONER'S GP REFERRAL FORM SWANSEA & NEATH PORT TALBOT

Please e-mail to: Death.Reports@swansea.gov.uk

REPORTED BY DR:		Of:	
CONTACT DETAILS FOR REFERRING DR (so a response can be provided)	Tel:		Email:
DOCTOR OR PARAMEDIC PRONOUNCING LIFE EXTINCT:			
TIME:		DATE OF DEATH:	

PLEASE COMPLETE ALL SECTIONS

DECEASED NAME:			
DATE OF BIRTH:		SEX:	[Please specify]
DECEASED ADDRESS:			
WHERE DIED ADDRESS:			
LOCATION OF BODY:			

FAMILY GP IF DIFFERENT:		TEL NO:	
ADDRESS:			

NEXT OF KIN:		TEL NO:	
RELATION TO DECEASED:			
ADDRESS:		INFORMED:	[Please specify]

ALL UNEXPECTED DEATHS IN PATIENTS LESS THAN 18 YEARS OLD MUST BE REPORTED TO THE POLICE IMMEDIATELY

REASON FOR REFERRAL:

CIRCUMSTANCES OF DEATH AND MEDICAL HISTORY: include as much detail as possible and a copy of the patients medical summary.

--

ARE THERE ANY SAFEGUARDING ISSUES?	[Please specify]
IF YES, PLEASE PROVIDE DETAILS	

IS A PACEMAKER PRESENT?	[Please specify]
IF YES, TYPE OF PACEMAKER:	
NAME OF THE HOSPITAL WHO INSERTED THE PACEMAKER:	

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

1 A)	
1 B)	
1 C)	
2	

SIGNED: (include GMC)	
-------------------------------	--

SEEN AFTER DEATH BY THIS DOCTOR:	[Please specify]
---	--------------------