

<b>Email:</b> NIIO@justice.govt.nz <b>Fax:</b> 09 969 6569 <b>Phone:</b> 0800 266 800	<b>Office of the National Duty Coroner</b>	<b>HOSPITAL RECORD OF DEATH</b> <i>(and Notification of Death to Coroner)</i>
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(Complete Patient details or affix hospital label)

<b>Name of Hospital:</b>		<b>Surname:</b>			NHI No.:			
		<b>First Names:</b>			<b>Ward:</b>			
		<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Age:</b>		<b>DOB:</b>	
<b>Date of death:</b>			How long was the patient in hospital this admission?					
<b>Time of death:</b>			How long was the patient in your care?					
<b>Transferred from:</b>			<b>Consultant/Registrar:</b> (with whom you discussed this death)					
Patient underwent surgical or dental operation, or a medical procedure, or a procedure requiring anaesthesia, during this admission or prior to transfer?:							<b>YES</b>	<b>NO</b>
							<input type="checkbox"/>	<input type="checkbox"/>
If YES, specify operation or procedure, and when:							<b>Date:</b>	
							<b>Time:</b>	

<b>Account of this admission (Brief details only required)</b>		Or – Discharge Summary attached: (Tick if applicable) <input type="checkbox"/>	
Your opinion as to the cause of death:			
1 a: Direct cause (Disease, injury or complication)			
1 b: Due to (or as a consequence of)			

Circumstances of Death:		(Please answer all questions)	(TICK)	YES	NO	Unsure
Unknown cause, Self-inflicted, Unnatural, etc	Death was: without known cause / self-inflicted / unnatural / violent / patient admitted due to injury			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical procedure, Anaesthetic, Pregnancy, Childbirth	Death occurred during, or appears to be result of, medical procedure AND was medically unexpected			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Death occurred while person affected by anaesthetic AND was medically unexpected			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Death of woman occurred while she was giving birth, or appears result of her being pregnant or giving birth			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Official Custody / Care	Death occurred in official custody or care (including being subject to Mental Health legislation)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No MCCD	Doctor has not given a MCCD (Certificate as defined in section 21(1) Burial and Cremation Act 1964)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Concerns	A person is expressing concern as to cause of death or hospital treatment of the deceased			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If any of the above boxes are ticked YES or UNSURE then the death must be reported to, or discussed with, the National Duty Coroner						
Medical Certificate	Doctor is prepared to issue a MCCD?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	If you are not signing a MCCD, have Police been notified?			<input type="checkbox"/>	<input type="checkbox"/>	
<b>Note</b> If the Duty Coroner accepts jurisdiction and a post-mortem is likely then the Clinical Notes MUST accompany the body to the mortuary						

<b>Contact Details:</b>	<b>Cellphone:</b>	<b>Pager:</b>	<b>Fax:</b>
<b>Signature of Reporting Medical Practitioner:</b>	<b>Name:</b>	<b>Date and Time:</b>	

For Hospital use only	YES	NO	For Duty Coroner's Use only	YES	NO
Record of Death sent to Duty Coroner:	<input type="checkbox"/>	<input type="checkbox"/>	Discussed with reporting Doctor:	<input type="checkbox"/>	<input type="checkbox"/>
Discussed with Duty Coroner (name):			Or Doctor:		
Received back from Duty Coroner:	<input type="checkbox"/>	<input type="checkbox"/>	Jurisdiction Accepted:	<input type="checkbox"/>	<input type="checkbox"/>
Clinical team notified of response:	<input type="checkbox"/>	<input type="checkbox"/>	PM required:	<input type="checkbox"/>	<input type="checkbox"/>
GP Notified:	<input type="checkbox"/>	<input type="checkbox"/>	Doctor's report in-lieu of PM:	<input type="checkbox"/>	<input type="checkbox"/>
Family notified of death:	<input type="checkbox"/>	<input type="checkbox"/>	Coroner:	<b>Date:</b>	