



DISTRICT 9 CORONER

Serving Harvey and McPherson Counties

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HARVEY/MCPHERSON COUNTIES - HOSPICE REPORT OF DEATH WORKSHEET

(316)284-6967

EMAIL: garellano@harveycounty.com

Patient: _____ DOB: _____ Age: _____

Address: _____ Sex: _____ Race: _____

Law Enforcement Agency Present: _____

Location of Death Agency/Address: _____

Date of Pronouncement: _____ Time of Pronouncement: _____

Agency/Name of Pronouncement: _____

Name of Hospice Agency: _____ Time Notified: _____

Hospice Nurse: _____ Phone: _____

Arrival Time: _____

Attending Physician: _____ Physician Contacted: _____

Patients Primary Physician: _____

Next of Kin: _____ Phone: _____

Funeral Home: _____

CIRCUMSTANCES OF DEATH

1. Specific/major diagnosis: _____

2. Date admitted to Hospice: _____

3. Date of recent falls: _____ Type Trauma: _____

4. Date of recent surgery: _____ Type of surgery: _____

5. Name of Physician signing Death Certificate: _____

6. Frequency of Visits/Nursing: _____ Home Health Aide: _____

7. Was patient ambulatory or bedbound: _____

8. What was the patient's condition the last 3 days? _____

9. Prescribed medication: _____

10. Were medications administered appropriately?: _____

11. Who Administered medications?: _____

12. Was a DNR present?: _____

Reviewed by Death Investigator: _____ Date cleared & release: _____

Person filling out this form: _____ Contact Phone: _____