**ELECTRONIC DEATH REPORTING FORM (EDRF)**

**Please complete ALL questions on this form, save the form and send it to the Coroner by email to:**

coronersofficerssomerset@avonandsomerset.pnn.police.uk

|  |  |
| --- | --- |
| **Question** |  |
| **Reporting Doctor** |  |
| Reported by (name) |  |
| Place of Work/Hospital/Department |  |
| Grade (if Hospital Doctor) |  |
| Mobile Number |  |
| Bleep Number |  |
| Email address |  |
| **Death** |  |
| Doctor or Paramedic who declared life extinct |  |
| Time of Death |  |
| Date of Death |  |
| Place of Death |  |
| If Hospital Death, date of admission |  |
| Current location of body |  |
| **Deceased** |  |
| Full Name |  |
| Home Address |  |
| Date of Birth |  |
| Gender |  |
| Hospital number (if any) |  |
| Name of treating consultant (if any) |  |
| **GP Details** |  |
| Name of GP |  |
| Surgery Address |  |
| Phone Number |  |
| **Next of Kin** |  |
| Name |  |
| Address |  |
| Phone Numbers |  |
| Relationship to Deceased |  |
| Whether Next of Kin informed |  |
| **Reason for Referral (see notes)** |  |
| Reason for Referral |  |
| Brief circumstances of death |  |
| Brief medical history (if known) |  |
| Brief medication history (if known) |  |
| Particular family concerns (if any) |  |
| Whether reported to police |  |
| **Cause of Death** |  |
| Apparent Medical Cause of Death (if known/unknown) |  |
| Are you able to issue MCCD? |  |
| Proposed details of MCCD (if known) | Ia)Ib)Ic)II) |
| **Other** |  |
| Any incident or concern about medical or other care provided (relevant to the death) |  |
| Is pacemaker in place? |  |

Somerset Coroner 24/10/18