**Notice of Death**

**Patient details**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | |  | |  | | | | |
| Hospital No |  | |  | | | |  | |  | |
| Date of Birth |  | | Religion | |  | | | |  | |
| Date of death | |  | Time | |  | | | Age | |
| Ward |  | |  | | | |  | |  | |

**Bereavement information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Next of kin |  | | Relationship |  | |  |
| Best contact numbers | |  |  | |  |  |
|  | |  |  | |  |  |

**Clinical details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| High Risk | | | Yes | | | | No | | |  | | |  | |
| Qualify risk | | |  | | | |  | | |  | | |  | |
| Pacemaker/ICD fitted | | | | Yes | | | No | | |  | | |  | |
| Cornea donation offered | | | | | Yes | | | No | | |  |  | | | |
| If not offered state why | | | | |  | | |  | | |  |  | | | |
| Family decision: | | Proceed | | | | **National referral centre must be contacted 0800 432 0559** | | | | | | | |
| Declined | | | | | | | | | | | | | | | |
| **List all property with patient** | |  | | | | | |  | | |  |  | | | |
|  | |  | | | | | |  | | |  |  | | | |
|  | |  | | | | | |  | | |  |  | | | |
| Print name |  | | | | | | | Sign |  | | |  | | | |

Mortuary use only

|  |  |
| --- | --- |
| Location | Size |