



Court Reference

Coroners Court of Victoria 1300 309 519 <http://www.coronerscourt.vic.gov.au>

Fields marked with an asterisk (\*) are mandatory and must be completed.

### Do you need to complete this form?

If you are a medical practitioner and you have received a unique court reference number from staff at Coronial Admissions and Enquiries, please complete and submit this form.

If a reportable or reviewable death has occurred at your health service, and you do not have a court reference number, please contact Coronial Admissions and Enquiries staff on 1300 309 519 to report the death and to discuss if you are required to complete this form.

Court Reference \*:  /   
e.g. #####/###

### Deceased's Details

Deceased's name unknown

Surname  Given name 1  Given name 2

DOB  Sex  M  F Date of admission to hospital \*  UR number \*

e.g. dd/mm/yyyy

e.g. dd/mm/yyyy

Hospital where death occurred \*

Admission diagnosis \*

Date of death \*  Time of death \* Hour:  Mins:

e.g. dd/mm/yyyy

Location of death \*

### Medical Practitioners' Details

#### Your Details (certifying doctor)

Title \*  Surname \*  Given name \*

Position \*  Registration number \*  Best contact number \*   
( )  
Area code

#### Primary Treating Consultant (at time of death)

Same as above

Title  Surname  Given name

Speciality

Is the General Practitioner known? \*      Yes      No

SAMPLE

**Known Treating Units (within this admission)**

**Medical Specialities**

- Anaesthetics
- Cardiology
- Clinical haematology
- Clinical pharmacology
- Emergency
- Endocrinology
- Gastroenterology
- General practice
- General medicine
- Geriatrics
- Immunology
- Infectious diseases
- Intensive care
- Neonatology
- Neurology
- Oncology
- Paediatric medicine
- Psychiatry
- Radiation oncology
- Rehabilitation
- Renal
- Respiratory
- Rheumatology
- Other:

**Surgical Specialities**

- Cardiothoracic
- Colorectal
- ENT
- Faciomaxillary
- General surgery
- Gynaecology
- Neurosurgery
- Obstetrics
- Ophthalmology
- Orthopaedics
- Paediatric
- Plastic
- Thoracic
- Urology
- Vascular
- Other:

**Medical Procedures**

Did this person have any medical procedures during this hospital admission?

**Anaesthetic**

- General anaesthetic
- Local anaesthetic
- Conscious sedation
- Regional anaesthetic
- Intensive care sedation
- Spinal / epidural anaesthetic
- Other

**Diagnostic & Therapeutic Procedures**

Procedure	Date (e.g. dd/mm/yyyy)	Time (hh:mm)	Diagnostic	Therapeutic
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

In your opinion may this death be causally related to any of the above procedure(s)?: \*  Yes  No

Clinical summary (include relevant past medical history and medications) \*

Possible cause of death \*

Issues to be addressed by the forensic pathologist

Had this person attended any other form of healthcare in the 7 days prior to this admission? \*

Yes    No    Unknown

Was the patient pregnant in the last 12 months? \*

Yes    No    Unknown

Was the deceased, immediately before their death, an involuntary patient according to the *Mental Health Act 1986*? \*

Yes    No    Unknown

Was the deceased, immediately before their death, in custody or care? \*

Yes    No    Unknown

Is the deceased the second or subsequent child of either parent to have died? \*

Yes    No    Unknown

Are you aware of anyone expressing concern as to the cause of death or the medical treatment? \*

Yes    No

Are you aware of any strong family objections or wishes regarding the coronial process? \*

Yes    No

### Declaration

**I understand and acknowledge that:**

- The information provided in this application is true and complete to the best of my knowledge.
- This application forms a legal document and penalties exist for providing false or misleading information.

By ticking this checkbox I confirm that I have read and understood all the statements above. \*

Name of person completing this application \*

Date \*

### Privacy Statement

The information collected in this form is being collected by the Coroners Court of Victoria and is pursuant to section 33 of the *Coroners Act 2008*. Section 33 states that the medical practitioner who was responsible for the medical care immediately before death or who was present at or after death must give any information that the Coroner requests for the purpose of the investigation.

The Coroners Court is exempt from the *Health Records Act 2001* and the *Information Privacy Act 2000* and its privacy principles. However, the Coroners Court takes all reasonable steps with regards to the collection, use, disclosure and handling of health and personal information held by the Coroners Court.



## Contact Us

Coroners Court of Victoria

Telephone: 1300 309 519

Fax: 1300 546 989

Email: [CAE@coronerscourt.vic.gov.au](mailto:CAE@coronerscourt.vic.gov.au)

Website: <http://www.coronerscourt.vic.gov.au>

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