

Mental Health Act 1986

Sections 47(4) & 106A

Local Hospital Patient Number:

Grid for Local Hospital Patient Number

Family Name:

Given Names:

Date of Birth:

Sex:

Alias:

Mental Health Statewide Patient Number

Grid for Mental Health Statewide Patient Number

NOTICE OF DEATH OF PERSON UNDERGOING TREATMENT OR CARE FOR A MENTAL DISORDER

Notes to completing this form

The authorised psychiatrist of each approved mental health service and the person in charge of any other 'psychiatric service' within the meaning of section 106, must report to the chief psychiatrist the death of any person receiving treatment or care for a mental disorder which is a 'reportable death' within the meaning of the Coroners Act 1985.

If the deceased is a security patient, a copy of this notice must be sent to (as the case may be):

- Secretary to the Department of Justice; or Secretary to the Department of Human Services; or Chief Commissioner of Police.

Reporting

1. The death of an inpatient that is unexpected, violent or unnatural - the senior clinician on duty must, to the fullest extent possible, complete the first page of this Notice of Death and fax it to the chief psychiatrist on 9096 7697 within 24 hours. A full report must be provided within 2 weeks (see point 2 below).

2. The death of any patient that is unexpected, violent or unnatural - a fully completed Notice of Death and a full clinical summary must be sent to the chief psychiatrist within 2 weeks.

3. The death of any patient that is expected or the result of natural causes - a completed Notice of Death must be sent to the chief psychiatrist as soon as possible.

Further Information

For further information contact the chief psychiatrist on 1300 767 299.

TO THE CHIEF PSYCHIATRIST

GIVEN NAME/S

FAMILY NAME (BLOCK LETTERS) of deceased person

residing at:

last known address of deceased person

The person at the time of their death was:

- Person receiving treatment on a voluntary basis (inpatient, outpatient, or from other psychiatric service)
Involuntary patient subject to:
- involuntary treatment order
- community treatment order
- restricted involuntary treatment order
- restricted community treatment order
- diagnosis, assessment & treatment order
- assessment order
- hospital transfer order
- continued detention and treatment
Security patient subject to:
- restricted hospital transfer order
- hospital security order
Forensic patient
Person subject to a non-custodial supervision order

a patient of:

approved mental health service / psychiatric service

Date of death:

Grid for Date of death

Time of death:

Grid for Time of death

24 hour

Place of death:

Manner of death:

Death was unexpected, unnatural or violent:

- Yes No Unknown (If yes-see notes 1 & 2 opposite)

Inpatient death:

- Yes No

If yes, specify date of admission:

Grid for Date of admission

Date of last community contact:

Grid for Date of last community contact

Date of last inpatient discharge:

Grid for Date of last inpatient discharge

Coroner notified:

- Yes No

Date coroner notified:

Grid for Date coroner notified

Name of treating psychiatrist:

Name of case manager/primary nurse:

Primary psychiatric diagnosis (text and ICD code):

Secondary psychiatric diagnosis (text and ICD code):

Prescribed medication at time of death:

Form completed by:

GIVEN NAME/S

FAMILY NAME (BLOCK LETTERS) of person completing the form

Signed:

Designation:

Date:

Grid for Date



