

Deceased Client Form

Instructions: Fill this form out and return to Corporate Compliance Officer within 24 hours of notification.

Name of Deceased: _____

Address of Deceased: _____

(Indicate whether or not the client was living in his/her own home, with relatives or in a placement, etc.)

Name & Address of Parent, Guardian, or Spouse: _____

List all service providers at time of death and types of services received:

Case Status (at time of death): _____ Date of Discharge: _____

Information Related to the circumstances of the death (Including the probable cause of death, how DBH was notified of the death, etc.):

Please indicate if a member of the client's family or other support group has had contact with DBH since the time of the death:

Is the known cause of death potentially attributable to actions/inactions on the part of DBH? If so, how? _____

- Final documentation complete and chart is closed.

If the death was due to suicide:

1. Are you aware of any facts relating to the suicide risk assessment or documentation thereof prepared for this client that would indicate a deviation from the applicable standard of care? _____
2. Are you aware of any facts relating to the therapeutic response to identified risks that would indicate a deviation from the applicable standard of care? _____
3. Were there indications of escalating risk prior to the suicide? If so, what? _____

If death was due to medical condition, have prescriber complete:

1. Were the medications prescribed by DBH likely to have contributed to the medical risk to this client? _____
2. Were the likely risks of the medication evaluated and documented? _____
3. Please indicate any medications the client was receiving within 90 days prior to death. Were the prescribed medications within standards of care? _____

Reported by: _____ Date: _____ Phone: _____