RECOVERY TECHNOLOGY L.L.C.

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Death Report

Date of Report: _____

Client Name:_____ **DOB** _____ **Case #** _____

Race: _____ Sex: _____

Place of Death (Add unit or residence: _____

Legal Admission Status: _____

Guardian (If Applicable): _____

Expected Death:

○ Critically Ill ○ Seriously Ill ○ Chronically Ill ○ Other: _____

Unexpected Death (Explain): _____

Autopsy Requested: ○ Yes ○ No

Autopsy Performed: ○ Yes ○ No If no, explain why: _____

Preliminary report on Cause: _____

Diagnosis:

AXIS I: _____

AXIS II: _____

AXIS III: _____

Recent Changes in Medical, Psychiatric and Psychological Status:

Any Unusual Circumstances Surrounding Death:

Was the resident in restraint or seclusion? If accidental death, include type of accident and how it occurred. If suicide, include indication of need for precautions, precautionary measures taken, and methods used by the resident.

Summary of Medical, Psychiatric and Psychological Conditions and Treatment Immediately Preceding Death:
(Include any life support measures taken and if transferred to a general hospital include date and time).

Medications:
(Dose, route, and time administered)

Last 30 Days: Prescribed by: Last 24 Hours: Prescribed by:

Tentative Cause of Death:

If information requested is "Unknown" and/or "Unavailable", please note reason.

_____	_____
Primary Clinician Signature	Date
_____	_____
Treating Psychiatrist Signature	Date
_____	_____
CEO Signature	Date
_____	_____
Clinical Director Signature	Date
_____	_____
Recipient Rights Officer Signature	Date