Hospice: Pre-Registration and Report of Death

Southern Minnesota Regional Medical Examiner's Office

This form is for hospice patients expected to die outside of a hospital or licensed nursing home facility.

Instructions: Complete pre-registration portion of the form upon registering patient with hospice agency. Email completed pre-registration to DLRSTPRSMEODA@mayo.edu or fax to 507-266-6658.

Registering Hospice Agency Name	Registration County	Registration Date

Pre-Registration

Patient Name *(Last, Full Legal First, Middle)*		
Birth Date *(Month DD, YYYY)*	Sex ☐ Male ☐ Female	
Attending Physician		
Attending Hospital Name		Registration Number
City	State	Phone *(xxx-xxx-xxxx)*
Anticipated Terminal Diagnosis and Co-Morbidities *(Be specific)*		

☐ **Legal Next of Kin** (If there is no living spouse, list any living adult children as legal next of kin.)

☐ **Legal Person Appointed Under MN Statute 145C** (Fax a copy with pre-registration form.)

Name *(Last, Full Legal First)*	Phone *(xxx-xxx-xxxx)*

Instructions: Complete death reporting portion of the form within 12 hours of patient death. Email completed form to DLRSTPRSMEODA@mayo.edu or fax to 507-266-6658.

Death Reporting

Death Place *(e.g., decedent residence, assisted living, hospice house)*			Death Date *(Month DD, YYYY)*
Address			Death Time *(hh:mm)*
City	County	State	ZIP Code

Were any of the following conditions present (regardless of time)?

- ☐ Fall, injury, or other trauma resulting in fracture or neurologic disorder
- ☐ Neurogenic bladder
- ☐ Paraplegia/Quadriplegia
- ☐ Choking/Dysphagia due to trauma
- ☐ Neglect/Abuse
- ☐ Traumatic brain injury
- ☐ Mesothelioma (asbestos or work related exposures)
- ☐ Work related injury
- ☐ Rhabdomyolysis
- ☐ Gunshot wound
- ☐ Suicide attempt
- ☐ Medication error
- ☐ Suspicious circumstances/Homicide

If any box is checked, the death must be reported to the Medical Examiner's Office via Law Enforcement Dispatch in the county of death.

Investigator Contacted