



Licensed Nursing Home Death Reporting

This form collects information that is not part of the medical record. **Discard after use.**

Instructions: This form should be filled out at the time of patient death. For use by licensed nursing homes in which the patient is under the care of a Mayo Clinic Rochester provider.

Fax completed form to 507-266-6757, or save and email to RSTOFFICEDECAFF@mayo.edu within two hours of death.

***Include diagnoses list and perimortem nursing notes (includes three days prior to death).**

| | | |
|-----------------------------|---|-----------------------------|
| Mayo Clinic Number | Patient Name (First, Middle, Last) | Birth Date (Month DD, YYYY) |
| Death Date (Month DD, YYYY) | Death Time (hh:mm) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | |

Individual Reporting Death

| | | |
|--|-------|---|
| Name (First, Middle, Last) | Phone | Date (Month DD, YYYY) |
| <input type="checkbox"/> Check if hospice patient (continue to complete form); hospice agency: | | Time (hh:mm) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Hospice Certifying Physician | | |

Death Location

| | | |
|----------|---------|-------|
| Facility | Address | Phone |
|----------|---------|-------|

Legal Next of Kin Information

| | | |
|----------------------------|-----------------------|-------|
| Name (First, Middle, Last) | Deceased Relationship | Phone |
|----------------------------|-----------------------|-------|

Funeral Home

| | |
|------|-------|
| Name | Phone |
|------|-------|

Autopsy or Anatomical Bequest Requested

| |
|---|
| <input type="checkbox"/> No <input type="checkbox"/> Yes, contact the Office of Decedent Affairs at 507-293-7800 <input type="checkbox"/> Advance Directive <input type="checkbox"/> Legal next of kin consent |
|---|

Medical Examiner (ME) Reportable Criteria

| | |
|---|--|
| <p>Were any of the following conditions present (regardless of time)?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fall, injury, or other trauma resulting in fracture or neurologic disorder <input type="checkbox"/> Neurogenic bladder <input type="checkbox"/> Paraplegia or quadriplegia <input type="checkbox"/> Choking or dysphagia due to trauma <input type="checkbox"/> Neglect or abuse <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Mesothelioma (asbestos or work-related exposures) <input type="checkbox"/> Work-related injury <input type="checkbox"/> Rhabdomyolysis <input type="checkbox"/> Gunshot wound <input type="checkbox"/> Suicide attempt <input type="checkbox"/> Medication error <input type="checkbox"/> Potentially non-natural circumstances/homicide <p>If any box is checked, the death must be reported to Medical Examiner's Office via Law Enforcement Dispatch at 507-285-8580.</p> | <input type="checkbox"/> no ME reportable criteria |
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