

MACOMB COUNTY COMMUNITY MENTAL HEALTH - FOCUS
DEATH REPORT

Name: _____ Case #: _____ Case: _____
Date of Birth: _____ Home Phone: _____ Current Admission: _____
Address: _____ Primary Program: _____
Case Holder: _____

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1. Death Report: General Information

Report Date

[Use Current Date](#)

Date of Death



Time of Death



Place of Death

characters left: 256



Cause of Death

Recent changes in medical or psychiatric status, including notation on most recent hospitalization

characters left: 30000



Summary of condition and treatment preceding death

characters left: 30000



Other relevant history

characters left: 30000



Autopsy Performed

Yes No

Death Expected

Yes No

If there is no autopsy, record a notation why such a request is inappropriate

characters left: 30000



Action taken as a result of death review

characters left: 30000



Name:

Case #:

Case:

Consumer is deceased

Date of Birth

Home Phone

Admission

Address

Primary Program:

Case Holder:

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2. Death Report: Diagnosis

	ICD-9	DSM-IV	Description	Status Date	Status
Pri					
Sec					
Ter					

Substance Abuse Diagnoses

	ICD-9	DSM-IV	Description	Status Date	Status
AXIS I	Pri				
	Specifier / Status Detail:				
Sec					
	Specifier / Status Detail:				
Ter					
	Specifier / Status Detail:				

	ICD-9	DSM-IV	Description	Status Date	Status
AXIS II	Pri				
	Sec				
	Ter				

	ICD-9	DSM-IV	Description	Status Date	Status
AXIS III	Pri				
	Sec				
	Ter				

- | | |
|---|---|
| <input type="checkbox"/> Economic problems | <input type="checkbox"/> Problem with primary support group |
| <input type="checkbox"/> Problem accessing healthcare | <input type="checkbox"/> Problem related to social environment |
| AXIS IV <input type="checkbox"/> Educational problems | <input type="checkbox"/> Problem related to interaction with legal system |
| <input type="checkbox"/> Occupational problems | <input type="checkbox"/> Other psychosocial and environmental problems |
| <input type="checkbox"/> Housing problems | <input type="checkbox"/> Behavioral / Personality issues |

Current GAF Date

AXIS V [Show Functional Assessment Measure History](#)

Diagnostic Formulation

Co-Occurring Consumer Quadrant

Co-Occurring Consumer Quadrant Comments

Additional Information

Diagnosis Made By (Name/Credentials)

Diagnosis Effective Date

History of Diagnosis [lookup](#)

Last Updated

[✓ Spell Check](#)

Record Added

Record Changed

Name:

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3. Death Report: Medications

MCCMH Prescribed Medications (Prior to)
Prescribed Medications

Medication	Dates	Prescribed By	Qty Prescribed

Record Added

Record Changed

Save and Continue to Send Copy to

Save

CANCEL

Back

Home

Name:

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4. Death Report: Send Copy to

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Location: lookup clear Contact Name: <input type="text"/> Purpose: <input type="text"/> <input type="text"/> 		
Location: lookup clear Contact Name: <input type="text"/> Purpose: <input type="text"/> <input type="text"/> 		

[Send to Staff](#)

[Send External Copy](#)

Record Added

Record Changed

Save and Continue to Signatures

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Electronic Signatures

Staff Signature Required By [lookup](#)

Record Added

Record Changed

Save

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