

**MACOMB COUNTY COMMUNITY MENTAL HEALTH  
PROVIDER MORTALITY REVIEW**

(To be completed by clinically responsible provider Mortality Review Team)

**VENDOR ORGANIZATION NAME:** \_\_\_\_\_

Vendor # \_\_\_\_\_

**PROVIDER NAME:** \_\_\_\_\_

Provider # \_\_\_\_\_

**Consumer Information:**

Consumer: \_\_\_\_\_ Clinical Record # \_\_\_\_\_

**Documents Reviewed:** [List all documents reviewed, i.e.: clinical record, autopsy report]

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**Summary of Findings:** \_\_\_\_\_

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**Identified Areas for Improvement:** \_\_\_\_\_

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**Plan of Action / Recommendations:** \_\_\_\_\_

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**Review Team Members:** \_\_\_\_\_

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**Send to:** MCCMH Office of the Medical Director  
22550 Hall Road  
Clinton Township, MI 48036