

SECTION 4: AUTOPSY INFORMATION

Autopsy Completed
Accepted by Medical Examiner/Coroner

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown

SECTION 5: CLINICAL SUMMARY

DESCRIPTION OF PATIENT STATUS AND PROGRESS (OR LACK OF PROGRESS) TOWARD TREATMENT GOALS *(Psychiatric status, if available; results of most recent drug/alcohol screening, e.g., urinalysis, breathalyzer, blood work; reliability in presenting for scheduled appointments; compliance with treatment recommendations; and/or involvement in services provided).*

DESCRIPTION OF SERVICES PROVIDED TO PATIENT BY REPORTING FACILITY IN THE SIX MONTHS PRECEDING DEATH

DESCRIPTION OF EVENTS DIRECTLY RELATED TO THE PATIENT DEATH *(Relevant background information; when symptoms were first noted, treatment services provided; diagnostic procedures and laboratory findings; patient response; the circumstances of death; reports yet to be completed; and any other pertinent information).*