# BHRUT logo newREFERRAL TO MEDICAL EXAMINER SERVICE

Timely burial/faith death Rationale for this: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

x

**Information regarding the deceased person**

|  |  |
| --- | --- |
| First name(s): | Family name: |
| Date of birth: | Age: |
| NHS number: | Female/Male/Another gender identity |
| Usual residential address of deceased (including postcode): | |
| Death occurred at the above address: Yes No      If no, please state address where the death occurred: | |
| Date of death:  Time of death: | Occupation(s) of deceased[[1]](#footnote-1): |
| Death verified by: | |

**Information regarding the person who will register the death (e.g. Next Of Kin/Informant)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Relationship: | Phone number(s): | Aware of death (Y/N): |
|  |  |  |  |
|  |  |  |  |

**Suggested cause of death**

|  |
| --- |
| 1a |
| 1b |
| 1c |
| 2 |
| **Reasons to refer to the coroner? (if none, please state ‘None’):** |
|  |

**Details of Attending Practitioner who is completing MCCD**

|  |  |
| --- | --- |
| Name of practice: | |
| Doctor’s name: | GMC number: |
| Date doctor last saw patient (in life): | Doctor’s contact no: |

**Any other relevant information?**

|  |
| --- |
| e.g. Have any concerns been raised by those involved with the care/family members?  Was any hazardous implant placed in the body (such as a pacemaker, radioactive material or ‘Fixion’ nail). If ‘Yes’, has it been removed?  Did the deceased undergo any surgical operation in the 12 months before death? If so please state operation type; date; surgeon’s name; and state whether in your opinion the operation could have contributed to or hastened death. |

**Next Steps**

Submit the following to [**bhrut.medicalexamineroffice@nhs.net**](mailto:bhrut.medicalexamineroffice@nhs.net)

Last 3-6 months of patient consultations (or longer depending on how often the patient visited the service) and details of their final illness

Completed ‘Referral to Medical Examiners’ form

Past medical history

Current medications

Any relevant correspondence from secondary care doctors e.g. clinic letters or discharge letters

From this information the Medical Examiner will review the case and, if required, contact the attending doctor directly via the given mobile number or email to agree the cause of death.

Once agreed, the Medical Examiner Officers will contact the given next of kin to discuss the cause of death only and answer any queries.

It is the responsibility of the GP practise to contact the family and discuss further information regarding the registration process and funeral director information.

1. If a patient has signs of an occupational/industrial-related condition and their work history is unknown, then a referral to the Coroner may be warrented. [↑](#footnote-ref-1)