|  |  |  |
| --- | --- | --- |
| COFA4 | Office of H.M. Coroner  The Medico-Legal Centre, Watery Street, Sheffield S3 7ES | |
|  | | |
| **Once complete, please send this form to:** [**coronersofficers@sheffield.gov.uk**](mailto:coronersofficers@sheffield.gov.uk)  Contact Telephone Number: 0114 2738721 | | |
|  | | |

**GP REFERRAL**

|  |  |  |
| --- | --- | --- |
| **Referrer Details** | | |
| Name of GP Surgery |  |  |
| Name of GP Making Referral |  |  |
| Telephone |  | *Please give your direct number, not a general one so the Coroner's Officer can contact you to discuss your referral further* |
| Email |  |  |
| GMC Number |  |  |
| **Deceased Details** | | |
| Full Name |  |  |
| Forename |  |  |
| Surname |  |  |
| Address Line 1 |  |  |
| Address Line 2 |  |  |
| Address Line 3 |  |  |
| Town |  |  |
| County |  |  |
| Post Code |  |  |
| Gender |  |  |
| Date of Birth |  | *use format DD.MM.YYYY* |
| Date of Death |  | *use format DD.MM.YYYY* |
| Time of Death |  |  |
| Marital Status (if known) |  |  |
| Birthplace (if known) |  |  |
| Occupation (if known) |  |  |
| Date Reported |  | *use format DD.MM.YYYY* |
| Funeral Director (if known) |  |  |
| Reported by (if not GP) |  | *Add N/A if same person* |
| **Place of Death** | | |
| Place of Death |  | *Standard if deceased died in Hospital or Hospice, enter name in line 1. If deceased died at home, select home and no further info needed. Otherwise please enter full address details* |
| Address Line 1 |  |  |
| Address Line 2 |  |  |
| Address Line 3 |  |  |
| Town |  |  |
| County |  |  |
| **Cause of Death** | | |
| Reason for referral |  |  |
| Relevant past medical history |  |  |
| Relevant past medication |  |  |
| If you are prepared to offer a cause of death, please state it below |  |  |
| Ia |  |  |
| Ib |  |  |
| Ic |  |  |
| II |  |  |
| Body now believed to be located at |  | *Please give details of mortuary or funeral home where body lying if known* |
| Are there any electronic or radioactive devices in the body? Please state |  |  |
| **Next of Kin** | | |
| Title |  | *Insert not known if information is unavailable* |
| Forename |  |  |
| Surname |  |  |
| Address Line 1 |  |  |
| Town |  |  |
| Postcode |  |  |
| Relationship |  |  |
| Landline |  |  |
| Mobile |  |  |
| NOK Consent to hold info? |  |  |