

DWDA Active File

_____ C&C

_____ KP

_____ OHSU

File start date	
Patient name	
Birthdate	
MD name	
Phone	
Address	

_____ 1-DWD

_____ 2-Illness

_____ 3-Failed ing.

_____ 8-Other cause

_____ 9-Unknown

Forms/Action	Date signed/ completed	Date postmarked or recd by CHS	Comments/follow-up
Patient consent form			
Attending MD form			
Consulting MD form			
Pharmacy form			
Psych form			
Interview form			
Death cert & UCOD			
Date of death			
Dates record updated			
Date record finalized			

Notes:

Chronology & Death Extract Form

- ___ 1-DWD
- ___ 2-Illness
- ___ 3-Failed ing.
- ___ 8-Other cause
- ___ 9-Unknown

Date of birth:	
1st oral request:	
2nd oral request:	
Pt written request:	
Att MD form signed:	
Cons MD form signed:	
Rx form completed:	
Psych form signed:	
Date of death:	

Date Rx written:		
Date Rx obtained:		
Drug:	Grams:	
	1-Secobarbital	
	2-Phenobarbital compound	
	3-DDMP (morphine sulfate)	
98-Other:		

Attending (code) (county)

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Consulting

<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td> </tr> </table>									<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"> </td> </tr> </table>	

Family informed? ___ 1-Yes ___ 2-No ___ 8-NA ___ 9-NS

Death Certificate Information:

Phys signing death certificate

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Sex: 1-M 2-F **Age:** _____

<p>County of residence:</p> <ul style="list-style-type: none"> ___ 03-Clackamas ___ 09-Deschutes ___ 15-Jackson ___ 20-Lane ___ 24-Marion ___ 26-Multnomah ___ 34-Washington <p>_____</p>	<p>Marital status:</p> <ul style="list-style-type: none"> ___ 1-Married ___ 2-Widowed ___ 3-Never married ___ 4-Separated ___ 5-Divorced ___ 6-RDP ___ 9-Unknown 	<p>Race/ethnicity:</p> <ul style="list-style-type: none"> ___ White ___ Black ___ Am Ind ___ Asian ___ NHPI ___ Other ___ Hispanic
<p>Education:</p> <ul style="list-style-type: none"> ___ 1 - <8th grade ___ 2 - 9th-12th grade ___ 3 - HS Grad/GED ___ 4 - Some college ___ 5 - Associate ___ 6 - Bachelor's ___ 7 - Master's ___ 8 - Doctorate ___ 9 - Unknown 	<p>Place of death:</p> <ul style="list-style-type: none"> ___ 1-Private home ___ 2-Assisted living res/ Adult Foster Care/Home ___ 3-Nursing home ___ 4-Hospital ___ 5-Hospice ___ 6-Other ___ 9-Unknown 	<p>Hospice at death:</p> <ul style="list-style-type: none"> ___ 1-Yes ___ 2-No ___ 9-Unknown

Occupation: _____ UCOD (ICD10): _____

Death certificate/forms review completed on: _____