**P R E – N O T I F I E D D E A T H F O R M**

Please use this form to provide information to Cornwall 111, which may allow doctors who are working during the out-of-hours period to avoid referral to the Coroner. This form will expire at midnight on the 14th day (Including day Patient seen i.e. Seen 01.01.10 Expires 14.01.10).

**PATIENT DETAILS**

Name: - Registered GP: -

Date of Birth: -

Surgery: -

Home Address

Tel No NHS number:

**CLINICAL INFORMATION**

Condition/Diagnosis: -

This patient is terminally ill and I will be able to sign a medical (death) certificate PROVIDED THAT the patient has been seen within 14 days of death (please check date below)

Date last seen

Doctor’s Name (please print):-

Signed: - Electronically submitted Date form submitted: -

**THIS SECTION: - FOR OFFICE USE ONLY**

Input to Adastra by: - Date: -

**PLASE FAX**

PLEASE EMAIL THIS FORM TO Cornwall 111

at kernowhealthcic.patientnotes@NHS.NET