

**STATE OF CONNECTICUT**  
**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Telephone Report to the Office of the Chief Medical Examiner (OCME)**  
**Of Death of a DDS Client**

**Instructions:**

1. Complete the information given below prior to calling the OCME
2. Call the OCME at 1-800-8820 (679-3980 in Hartford calling area)
3. Send a copy to the Regional Health Service Director or STS Medical Director
4. Place a copy of this report in the client's chart

<b>Person reporting the Death: NAME:</b>		<b>Title:</b>	<b>Phone No.</b>
<b>Name of Deceased:</b>	<b>Age:</b>	<b>Race:</b>	<b>Gender:</b>
<b>Address of Deceased:</b>			
<b>Place of Death:</b>		<b>Date &amp; Time death was pronounced:</b>	
<b>Deceased's Primary Physician:</b>	<b>Name:</b>		<b>Phone No.</b>
	<b>Address:</b>		<b>Date of Last Exam by M.D.:</b>
	<b>Professional Affiliation:</b>		<b>Address:</b>
<b>Individual who determined death</b>	<b>Name:</b>		<b>Title:</b>
	<b>Professional Affiliation:</b>		<b>Address:</b>
<b>Was death anticipated?</b>	<b>YES <input type="checkbox"/></b>	<b>NO <input type="checkbox"/></b>	<b>Explain:</b>
<b>Any evidence of injury/abuse?</b>	<b>YES <input type="checkbox"/></b>	<b>NO <input type="checkbox"/></b>	<b>Explain:</b>
<b>Diagnoses prior to Death:</b>			
<b>Current medications (Names, dosages, time last given):</b>			
<b>Brief summary of medical background of deceased and circumstances surrounding death:</b>			
<b>Date and time OCME called:</b>			
<b>Person at OCME to whom you spoke:</b>			
<b>Case Number assigned by Medical Examiner:</b>	<b>OCME Assumed Jurisdiction:</b>		
	<b>YES <input type="checkbox"/></b>	<b>NO <input type="checkbox"/></b>	<b>UNKNOWN <input type="checkbox"/></b>

**Distribution:** Original: Client Master File; Copy – Health Service/Medical Director