AMPATH DEATH REPORTING FORM

USAID | AMPATH PARTNERSHIP

This form is to be used for reporting all deaths made known to AMPATH Staff.
<u>Please return this form immediately to your nearest Outreach Worker.</u>
Is the Patient deceased? ☐ **Yes**   ☐ **No**   ☐ **Unknown**
(If the answer is no or unknown, kindly do not use this form).

1. Date of Contact:

☐☐ / ☐☐ / ☐☐☐☐
DD   MM   YYYY

2. Client Category:

☐ **Adult**   ☐ **Pead**

3. First Name: **Middle Name**   **Last Name**

4. Client AMPATH No.

5. Client's Date of Birth:

☐☐ / ☐☐ / ☐☐☐☐
DD   MM   YYYY

6. AMRS Universal ID NO.

7. If child is an OVC, write OVC No.

8. Last AMPATH Clinic Site:

9. DATE OF DEATH:

☐☐ / ☐☐ / ☐☐☐☐
DD   MM   YYYY

10. Is this date confirmed or estimated?   ☐ **Confirmed**   ☐ **Estimated**

11. Where did the person die? ☐ **Home** ☐ **Hospital** ☐ **Unknown** ☐ **Other(Specify)**_____

12. If hospital in #10 above; specify

MTRH In-Patient No_____   **Other Hospital In-Patient No**_____

13. Cause of death (if known)
☐ **Illness**   ☐ **Accident**   ☐ **Murder**   ☐ **Suicide**   ☐ **Other**_____

14. Was Investigation on cause of death done?
☐ **Yes**   ☐ **No**   ☐ **Unknown**

15. If yes, which method?
☐ **Verbal**   ☐ **Postmortem**

16. Death Reported By:

☐ **Spouse**   ☐ **Sibling**   ☐ **Mother**   ☐ **Friend**   ☐ **Grandparent**   ☐ **Father**

☐ **Neighbour**   ☐ **Clinician/Healthcare worker**   ☐**Community Contact**

☐ **Other family members**   ☐ **Caretaker/Caregiver/Guardian**

☐ **Other(Specify)**_____

17. Form Completed By: _____ **Provider ID** _____

Department: _____