

To be completed by the Service Provider/Manager of the program within 12 hours of the death of an adult who received Home Activity support from CLBC or of an adult who died during a CLBC funded Community Inclusion Activity.

1. GENERAL INFORMATION			
Has the PARIS file been changed to indicate Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Deceased (Last name, first name)		Date of Birth (YYYY/MM/DD)	Gender
Was Deceased of Aboriginal Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of Death (YYYY/MM/DD)		Time of Death	Place of Death
Address of Deceased		City	Postal Code
Living Situation and/or Service <input type="checkbox"/> Independently <input type="checkbox"/> Living w/ Relative <input type="checkbox"/> Home Sharing/Live-in Support <input type="checkbox"/> Independent Living <input type="checkbox"/> Outreach Support <input type="checkbox"/> Cluster Apartment Living <input type="checkbox"/> Staffed Residential			
Service Provider Agency		Service Provider Contact	Area Code and Phone Number
Primary Caregiver or Manager of the Home			Area Code and Phone Number
CLBC Facilitator or Analyst			Area Code and Phone Number
Family Committee Contact(s)			Area Code and Phone Number
Nature of Family Committee Involvement			
Did the deceased ever live in an institution? (check box if applicable) <input type="checkbox"/> Glendale <input type="checkbox"/> Woodlands <input type="checkbox"/> Alder Lodge <input type="checkbox"/> Tranquille <input type="checkbox"/> Pearson Hospital <input type="checkbox"/> Queen Alexandra Hospital <input type="checkbox"/> Riverview <input type="checkbox"/> Sunnyhill <input type="checkbox"/> Extended Care Facility			
Has the PARIS file been changed to			
2. NOTIFICATION		Time Notified	Area Code & Phone Number
<input type="checkbox"/> Police Officer's Name:			
<input type="checkbox"/> Coroner's Name:			
<input type="checkbox"/> Family/Committee/Advocates Name:			
<input type="checkbox"/> Licensing Officer's Name (if involved):			
<input type="checkbox"/> Physician's Name:			
3. MEDICAL HISTORY			
Medical Diagnosis: including syndromes and dominant disability – list.			

CONSULTANTS: List names of medical, nursing, rehabilitation, nutrition/dysphagia, dental, etc., nature of involvement and most recent contact.

**4. HEALTH HISTORY**

Current Health Care Plan within the last six months  Yes  No

Were advanced directives in place for the individual  Yes  No

Was a do not resuscitate (DNR) order on the individual's file  Yes  No

Please list any reportable/non-reportable critical incident reports filed during the past three months.

Please describe the onset of circumstances leading to death, including the nature of the symptoms, date(s) of contact with physician and/or HSCL Nurse and/or other community support, periods of hospitalization(s), treatments provided, family and CLBC involvement (attach additional paper if required).

If known, state the cause of death.

If applicable, describe any questions and/or issues arising from the circumstances surrounding the individual's death.

**FOR CLBC OFFICE USE ONLY**

Date (YYYY/MM/DD)

Paris Number

Office Code

Name of Facilitator/Analyst Reporting

CLBC Manager

Date & Time You Were Notified of Death

Who Notified You of the Death

Area Code and Phone Number

Please provide a brief summary of service that CLBC provided:

Please note any other action taken by yourself or your manager:

**Disclaimer**

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Community Living Authority Act, the Community Care and Assisted Living Act, the Coroners Act, and the Financial Administration Act. Under certain circumstances, the collected information may be subject to disclosure as per the Freedom of Information and Protection of Privacy Act. Any questions about the collection, use or disclosure of this information should be directed to the Director, Quality Assurance, (604) 664-0101, 7<sup>th</sup> Floor, 1200 West 73<sup>rd</sup> Ave, Vancouver, BC V6P 6G5.