Arizona Unexplained Death Case Report

State ID | **County ID** | **Date received by county** 8/4/08

Patient Information

Last name | **First name** | **MI**

Address | **City**

State | **Zip Code**

Date of birth | **Sex** ☐ Male ☐ Female

Phone

County or tribal residence

Race
- ☐ White
- ☐ Black
- ☐ Asian/Pacific Islander
- ☐ Native American
- ☐ Other
- ☐ Unknown

Ethnicity
- ☐ Hispanic
- ☐ Non-Hispanic
- ☐ Unknown

Pregnant
- ☐ Yes
- ☐ No

Family Member Information

Patient's family member's name | **Phone** | **Patient's family member's address** | **City or town**

Medical Information

Date of illness onset | **Date of death** | **Suspected cause of death**

Medical history/course of illness (summarize or attach extra sheet)

Significant laboratory tests done/results (summarize or attach extra sheet)

Autopsy done? Yes ☐ No ☐ **Date of autopsy**

If Yes, summarize findings

Case status
- ☐ Open
- ☐ Close

Notes on closing

Report Source Information

Physician or ME or other reporting source | **Name**

Facility | **Phone**

Address | **City** | **State** | **Zip code**

Comments