Print Reset Email Form

PATRICK K. O'NEIL, F-ABMDI

CORONER OF WILL COUNTY, ILLINOIS

HOSPICE PRE-REGISTRATION FORM

☐ NEW ☐ READMISSION ☐ UPDATE

Reporting Agency: _____

Agency Phone Number: _____ **Date of report:** _____

Patient Information:

Name: _____ Date of Birth: _____

Sex: _____ Race: _____ SSN: _____ Marital Status: _____

Address: _____

Street City State Zip

Patient Location: _____

(Ex.: residence, name of hospital, name of nursing home, hospice home, or specify other)

Next of Kin Information:

Name: _____ Phone: _____ Relationship: _____

Address: _____

Street City State Zip

Date of Admission to Hospice: _____ Registrar: _____

Terminal Diagnosis: _____

Comorbidity: _____

Medications: _____

_____

Attending Physician: _____ Phone: _____

Funeral Home: _____ Phone: _____

Are there any falls, trauma, injuries, or overdoses to report that may have contributed to the terminal diagnosis given above? (Ex.: delayed death due to car accident, homicide or suicide, near drowning, drug overdoses, surgical misadventure, paraplegia, anoxic encephalopathy, history of fall with fractures or head injuries, aspiration of food or foreign object) ☐ No ☐ Yes

Any signs of abuse or neglect? ☐ No ☐ Yes

If the answer is yes to any of these questions you MUST notify the Coroner at time of death at (815)727-8455

Please fax this completed form to the Will County Coroner's Office at (815)727-8816 within 24 hours of patient admission.

FOR OFFICE USE ONLY

Follow up by: _____ Date: _____

Contact & Notes:

Office: (815) 727-8455
158 N. Scott Street

Fax: (815) 727-8816
Joliet, Illinois 60432