# SENTINEL EVENT AND DEATH REPORT
## CONFIDENTIAL INFORMATION FOR QUALITY IMPROVEMENT AND RISK MANAGEMENT ONLY.  CALIFORNIA EVIDENCE CODE 1157

**IDENTIFYING DATA**

**Client Name:** _____   **Chart #**_____   **Age:** \_\_\_   **Date:** _____

**Meeting Participants:**

_____
_____
_____
_____

**Legal Counsel Present:**                    **Place of Meeting:** _____

**CASE PRESENTATION**

**Recent Admit Date to Mental Health:** _____    **Team/Program Attended:** _____

**Length of Time with Mental Health:** _____

**Date of last contact with Mental Health:** _____

**Nature of last contact with Mental Health:**

_____
_____
_____
_____

**Date of Death/Event:** _____    **Notified of death by:** ☐ **Family** ☐ **Coroner** ☐ **Other:** _____

**Cause of Death:**

_____
_____
_____
_____

**Location of Death:** _____

**Brief History of Mental Health Treatment:**

_____
_____
_____
_____

**AT THE TIME OF DEATH:**    ☐ **Open Chart**        ☐ **Closed Chart**    **Date Closed:** _____

**Presenter:** _____

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**Client Name:** _____   **Chart #**_____   **Date:** _____

**Diagnosis:**
**AXIS I:** _____

**AXIS II:** _____

**AXIS III:** _____

**Substance Abuse History:** _____

**Mental Health Medication History:**
_____
_____
_____

**Outside Medication History:**
_____
_____
_____

**Identification of Reports reviewed:**

**Autopsy Report:**   **X** Yes   ☐ No   ☐ Pending      **Police Report:** ☐ Yes  **X** No  ☐ Pending  ☐ Unknown

**Any special investigation Report: Merced Sun Star obituary 11/21/2008**

**What contributed to the event: (list all events/circumstances that led to death):**

**Human factors:**
_____
_____
_____
_____

**Equipment factors:  None**

**Controllable environmental factors: None**

**Uncontrollable environmental factors: None**

**Follow Up: None**

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**CASE PRESENTATION (CONTINUED)  Page 3 (continued)**

**Client Name:**　　　　　**Chart #**　　　　　**Date:**

**ADMINISTRATIVE  (FOR QUALITY IMPROVEMENT USE ONLY)**

**Were Mental Health procedures followed?:**
_____

**Should there be a change in procedure?:**
_____

**Were responses appropriate?:**
_____

**Suggestion/Problems:**
_____

**THE CONTENTS OF THIS REPORT ARE CONFIDENTIAL AND MAY NOT BE DISCLOSED BY THE PARTICIPANTS IN THIS MEETING**