



Confidential

GENERAL PRACTITIONER'S CLINICAL SUMMARY

Patient's Name: _____ **Date of Birth:** _____
Name/ Address GP: _____
Address: _____

Details of Current Medical Conditions:
(please indicate how long each was present)

Any other relevant information:

Details of Current Medication:

Alcohol Use/Misuse (please provide details):
Approx. How Many Units Per Week:

History of Drug Abuse: Yes / No
If yes what drugs (if known):

Known Allergies/Adverse Drug Reactions

Is the patient known to be Hep B, Hep C or HIV positive?:
(please provide details)

When last seen by GP (details of complaint):

Reason for Post-Mortem:

Signed: _____

Completed forms should be faxed or e-mailed to the N.I. Regional Forensic Mortuary
admissions@statepathni.org.uk Fax No: 02890 245346