



EASTERN LOS ANGELES REGIONAL CENTER

1000 S. Fremont Ave. • P.O. Box 7916 • Alhambra, CA 91802-7916 • (626) 299-4700 • FAX (626) 281-1163

VENDOR SPECIAL INCIDENT REPORT FOR CONSUMER DEATH

VENDOR NAME: _____ VENDOR#: _____ REPORT DATE: _____

VENDORING REGIONAL CENTER: ELARC OTHER: _____

If more space is needed, use/attach separate sheet.

SECTION A - IDENTIFYING INFORMATION

Consumer's Name	UCI #	Gender Male Female	Date of Birth	Age
Consumer's Address	Telephone Number	Living with: Self/Spouse	Parent	Residential

Check Applicable boxes: Verbal Non-verbal Ambulatory Non-Ambulatory

Developmental/Mental/Medical Diagnoses:

Parent/Conservator Name, Address, Telephone Number

SECTION B - INFORMATION REGARDING DEATH

Date of Death	Time of Death	Approximate	Location of Death
	AM	Yes	
	PM	No	

Circumstances of Death (Describe what happened, include Time Sequence of Events, Interventions Taken, name & relationship of people present at time of death)

Death was Anticipated Unanticipated

If Anticipated: Was there a DNR (Advanced Directives) in place? No Yes, If Yes, who provided consent?

If Unanticipated: Indicate recent hospitalizations and/or medical visits, including the date, name & address of hospital/attending physician, reason for visit/hospitalization, diagnoses, treatment administered, surgeries, medications, etc.

SECTION C - NOTIFICATIONS

Parent/Family: _____	_____	_____	_____	_____
	Name	Address	Telephone	Date
Community Care Licensing: _____	_____	_____	_____	_____
	Name	Address	Telephone	Date
Health Services Licensing: _____	_____	_____	_____	_____
	Name	Address	Telephone	Date
Law Enforcement: _____	_____	_____	_____	_____
	Name	Address	Telephone	Date
Regional Center: _____	_____	_____	_____	_____
	Name	Address	Telephone	Date
Other: _____	_____	_____	_____	_____
	Name	Address	Telephone	Date

SECTION D - INTERVENTIONS TAKEN

Who found consumer? _____ When & where did they find consumer? _____

Physical description of consumer (breath, color, pulse, position, etc.) _____

What actions were taken by the person who found the consumer (first aid, cleared airway, CPR, etc.) _____

What were the results of these actions? _____

Was 911 contacted? How long after consumer was found? Who contacted 911? What was 911 told? How long did it take for 911 to arrive? _____

Describe the actions taken by the Emergency Services that arrived Law Enforcement Paramedics Fire Dept. County Coroner

Where was consumer transported? By Whom? _____

What activities immediately preceded death? _____

SECTION E - MEDICAL HISTORY

Date of last physician's visit:	Name of physician:	Reason for Visit:				Copy of Record	
		Routine	Illness	Injury	ER Visit	Attached	Requested
Date of last Nursing Assessment:	Name of Nurse:	Copy of Record		Date of most recent lab work:	Copy of Record		
		Attached	Requested		Attached	Requested	

Vendor Special Incident Report for Consumer Death (continued)

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Risk Factors Present Prior to Death (check all that apply & briefly explain)

Choking Risk: _____ Seizures: _____
Special Diet: _____ Recent Injury: _____
Monitored During Meals: _____ Restraint Prior to Death: _____
Medications: _____ Recent Change in Physical Appearance: _____
Recent Medication Change: _____ Recent Change in Behavior/Mood: _____
Other: _____

SECTION F - CORONER INFORMATION

Was a police report completed? No Yes If yes, was a copy of the police report obtained? No Yes
Has the Death Certificate been requested? No Yes Date Requested: _____ Requested from: _____
Was an Autopsy completed? No Yes Has it been requested? No Yes Date: _____
Requested from: _____

Burial Arrangements: Name, Address, Telephone of Mortuary and Cemetery:

SECTION G - REPORT INFORMATION

Name & Title of Person Completing this report: _____ Date Submitted: _____
Vendor Name: _____ Vendor Number: _____
Address: _____ Telephone Number: _____

ELARC USE ONLY:

Date e-mail was sent: _____
Date Report was Printed: _____
Signature: _____