**EDRT Meeting Summary**

This form should be completed and distributed approximately 2-3 weeks prior to the EDRT meeting so members can conduct a search of their records for relevant case information.

**Elder Death Review Team**

Case Review(s) for Click or tap to enter a date. Meeting

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| --- | --- | --- | --- | --- |
| Review # | Name of Deceased: Click or tap here to enter text. | | | |
|  | Street Address: Click or tap here to enter text. | | | |
|  | City: Click or tap here to enter text. | | Zip: Click or tap here to enter text. | |
|  | Date of Birth: Click or tap here to enter text. | Date of Death: Click or tap to enter a date. | | Age: Click or tap here to enter text. |
|  | Marital Status:Choose an item. | Race: Choose an item. | | Ethnicity: Choose an item. |
|  | Gender: Choose an item. | | Autopsy: Yes No | |
|  | Physician’s Name: Click or tap here to enter text. | | Place of Death: Click or tap here to enter text. | |
|  | Cause of Death: Click or tap here to enter text. | | | |
|  | Special Considerations: Click or tap here to enter text. | | | |

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| --- | --- | --- | --- | --- |
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|  | Marital Status:Choose an item. | Race: Choose an item. | | Ethnicity: Choose an item. |
|  | Gender: Choose an item. | | Autopsy: Yes No | |
|  | Physician’s Name: Click or tap here to enter text. | | Place of Death: Click or tap here to enter text. | |
|  | Cause of Death: Click or tap here to enter text. | | | |
|  | Special Considerations: Click or tap here to enter text. | | | |

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|  | Gender: Choose an item. | | Autopsy: Yes No | |
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|  | Cause of Death: Click or tap here to enter text. | | | |
|  | Special Considerations: Click or tap here to enter text. | | | |