

Form 1A

Version 11

Office use only

Coroners Act 2003 (Section 12(2)(b))

Medical practitioner report of death to a coroner

Any person who becomes aware of an apparently reportable death must report the death to the coroner.

The State Coroner's Guidelines [Chapter 3: Reporting Deaths](#) explain in detail what makes a death reportable under the Coroners Act.

There are two alternative pathways for clinicians to report a death to the coroner – either to police or directly to the coroner using this Form.

The Form 1A process operates under the *Births Deaths & Marriages Registration Act 2023*, and the Coroners Act, to enable cause of death certificates to be issued in a streamlined way for certain types of reportable deaths.

You must be able to issue a cause of death certificate in order to report the death using this Form.

If you need help preparing a cause of death certificate for your patient, contact Forensic Medicine QLD on (07) 3772 1300.

The Form 1A can only be used to report certain types of reportable death.

Use this Form to report:

1. A **mechanical fall related death** – where injuries resulting from a slip/trip/loss of balance caused by extrinsic factors have either caused the death or led to complications that have hastened the person's death regardless of where or when the fall occurred.
There must be a causal connection between the fall and the death - the mere fact of a recent fall or collapse without traumatic injury proximate to the death does not make the death "fall-related".
2. An apparent **health care related death** – a death is health care related when health care provided to the deceased person or a failure to provide health care has unexpectedly caused or contributed significantly to the person's death.
There must be a causal connection between the health care provision or failure to treat and the death – the mere fact of the timing of a recent health care intervention proximate to the death does not make the death "health care related".
3. A natural causes **death in care** – a person's death from natural causes is reportable as a death in care when the person:
 - (a) had a **disability and was living in supported accommodation** that is not a residential aged care facility
 - (b) was subject to involuntary assessment or inpatient treatment under the *Forensic Disability Act 2011*, the *Mental Health Act 2016* or the *Public Health Act 2005* at the time of their death
 - (c) subject to a child protection order under the *Child Protection Act 1999*; or
 - (d) under guardianship under the *Adoption Act 2009*.
4. A death from **complications of historical traumatic injuries** namely where the person has succumbed to complications of significant injuries/disability (e.g., acquired brain injury, tetraplegia) sustained in a traumatic incident (motor vehicle collision, diving accident, horse riding accident, accidental fall from height etc.) many years ago.
5. When directed to do so by the Coronial Registrar or Coroner.

DO NOT USE THIS FORM TO REPORT ANY OTHER TYPE OF REPORTABLE DEATH

If you are unsure whether the death is reportable or should be reported using the Form 1A, seek advice from in the first instance in the below order:

- Patient safety officer/quality safety manager/local medical administrator; then
- Forensic Medicine Queensland (FMQ) medical professionals on (07) 3722 1300 (business hours), for assistance preparing the death certificate, then
- Coronial Registrar on (07) 3738 7050 (during business hours).

Section A - to be completed by a medical practitioner.

The Form 1A can only be used to report certain types of reportable deaths.

Deaths from other external causes including suicide, homicide, suspicious circumstances, workplace incidents, motor vehicle or other transport accidents, alcohol or drug toxicity, drowning/immersion, burns, poisoning, electrocution, exposure/heat exhaustion, neglect, envenomation or a death in custody or as a result of police operations must be reported to police. The Form 1A is NOT to be used.

If the probable cause of death for an otherwise apparent natural cause death is genuinely not known, report the death to police.

Why are you reporting this death?

- Mechanical fall related death
- Health care related death
- Death in care
- Death due to complications of historical trauma
- Directed by Coronial Registrar or Coroner

Has the death been discussed with the Coronial Registrar or after-hours coroner or a senior hospital administrator?

- Yes
- No

If yes, insert name and date of discussion.

If no, you must ensure the most senior member of the treating team is aware the death is being reported to the coroner before you submit the Form 1A.

Insert name of senior member of treating team

1. Deceased's details

URN _____

Date of birth _____

Date of death _____

Sex:

- Male
- Female
- Another Term

Specify the sex descriptor of the deceased

Family name:

Given names:

Residential Address:

Place of death:

Was the deceased a First Nations person?

- Yes, Aboriginal
- Yes, Torres Strait Islander
- No
- Unknown

Are there any cultural or religious or social imperatives for the urgent release of the body for burial or cremation?

- Yes
- No

If yes, provide details.

2. Treatment prior to death

Did the deceased seek or receive health care before this health care episode that may be relevant?

Yes

No

If yes, select all that apply.

Aged care facility

General Practitioner

Queensland Ambulance Service

Other hospital

Supported disability accommodation

Other, provide details.

3. Deceased's family member details

It is your obligation to advise the nominated family member that the death has been reported to the coroner. Has the family member been informed?

Yes

No

If no, you or another member of the treating team **MUST** ensure the family member is informed as soon as possible.

Once all relevant patient records have been provided to the Coroner Registrar, time to finalisation can be between 3-5 business days. Families are welcome to engage a funeral director in the meantime. The family is encouraged to contact the Coroners Court registry directly by phone (07) 3738 7050 or email CCQF1A@justice.qld.gov.au for updates on the Form 1A investigation.

Family member means the first available person from the following list:

Person nominated by the deceased before death.

Spouse (including de facto spouse)

Adult child

Parent

Adult sibling

Adult with sufficiently close relationship to deceased.

If the deceased was a First Nations person, an appropriate person according to First Nations tradition and custom.

Name:

Address:

Email address:

Contact number:

Has the family member raised any concerns about the circumstances before this health care episode or about the treatment received or end of life care provided?

Yes

No

If yes, please give details of concerns.

The family is encouraged to communicate any concerns in writing directly to the Coroners Court by email – CCQF1A@justice.qld.gov.au.

Does the treating team hold any issues or concerns about treatment, pre-hospital care (including care at another hospital or by another health care provider) or patient transfer?

Yes

No

Don't Know

If yes, please give details.

Has the family member been informed that the coroner may order an autopsy?

Yes

No

If yes, have any concerns been raised by the family member about an autopsy involving internal examination?

Yes

No

If yes, give details of concerns.

4. Medical practitioner details

I am a medical practitioner registered in Queensland.

Yes

No

I was involved in this person's care.

Yes

No

I have knowledge of the cause of death/course of admission.

Yes

No

Name:

Position title:

Phone number

Mobile / pager number:

Fax number:

Signature:

Date: _____

Email the following documents to CCQF1A@justice.qld.gov.au (preferred method) or fax (07 3740 6695):

- Cause of Death Certificate (Form 9) – the Form 9 will be regarded as provisional pending the Form 1A outcome. **If submitting via portal include a downloaded copy of the Form 9.**
- Current admission notes, and other records as specified by Coronial Registrar or after-hours Coroner who directed the Form 1A.