Calderdale & Kirklees Medical Examiner's Office

Referring in to the Medical Examiner's Office, you will need to use the F12 function to access the Clinical Template. Once the process is live, this will be accessed via Ardens.

To make it available, each individual user will need to follow these steps;

1) Press the F12 button on the Keyboard. The Launcher window appears:



2) On the right-hand side, search for "C & K Medical Examiner's Office Referral":



3) From the list returned below, single left mouse click on the Template and drag it to an appropriate letter on the left hand side – ie "M" in this example:



- To use the Template from the deceased patient's record, press F12 on the keyboard followed by the letter associated with the template (also on the keyboard). Remember the patient should be <u>marked as deceased</u> but <u>not</u> deducted.
- 5) The SystmOne referral form needs to be completed first (the top option with the paper & blue/white shield icon)

Changing	the consu ical Exami	Itation date will ner's Office Re	l affect all oth ferral	er data ente	red. To a	avoid this, c	and
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	b c	& K Medical Exar	niner's Office i	Referral			
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6) This is an example of how to fill it out:

Referral to Medical Examiner Service Routine Referral (Patient died) Proposed cause of death for MCCD		Ø
Routine Referral (Patient died) Proposed cause of death for MCCD IA Right Pneumonia		the second se
Proposed cause of death for MCCD IA Right Pneumonia		G
Proposed cause of death for MCCD		
IA Right Pneumonia		
IA Right Pneumonia	- 49	
RIGHTENPHILIUMA	10	Duration of liness
		3 days
IB		Duration of illness
Chronic Obstructive Pulmonary Disease		10 years
10		Duration of illness
Cigarette Smoker		35 years
	1	Duration of illness/es
Essential Hypertension	09	Exector
		Syears
Obesity		1
Obesity Describe (if applicable) any concerns about the death .eave blank if none	or caus	e of death?
Obesity Describe (if applicable) any concerns about the death Leave blank if none	or caus	e of death?
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Obesity Describe (if applicable) any concerns about the death Leave blank if none Name of Doctor who will be writing the MCCD (they must have seen the patient alive in the last 4 weeks of life or during the patient's last illness):	Name Dr J:	e of death?
Obesity Describe (if applicable) any concerns about the death Leave blank if none Name of Doctor who will be writing the MCCD (they must have seen the patient alive in the last 4 weeks of life or during the patient's last illness): Phone number of doctor (direct or mobile) in case	Name Dr J: Conta	e of death?
Obesity Describe (if applicable) any concerns about the death Leave blank if none Name of Doctor who will be writing the MCCD (they must have seen the patient alive in the last 4 weeks of life or during the patient's last illness): Phone number of doctor (direct or mobile) in case Medical Examiner requires a conversation:	Name Dr J: Conta 012:	e of death?

- 7) Then back on the previous screen, click the "Refer to CHFT Medical Examiners" with the lighting rod / arrow icon.
- 8) Final step, as ever for SystmOne, click "Save" to enact the referral.