CARE

Client Assignment and Registration System
Texas Department of Mental Health and Mental Retardation

CARE-DTH	**Death Review** (Action Code 331)	Rev. 12/9/94

Last Name/ ☐☐☐☐☐☐☐☐☐☐☐☐\☐☐☐

Suffix ☐☐☐

Client ID ☐☐☐☐☐☐☐☐☐

First Name ☐☐☐☐☐☐☐☐☐☐

Local Case Number ☐☐☐☐☐☐☐☐☐

Middle Name ☐☐☐☐☐☐☐☐☐

Log Number ☐☐☐☐☐☐

Component ☐☐☐

Action   Add: ☐   Change: ☐   Delete: ☐

Review Date ☐☐–☐☐–☐☐
MM   DD   YY

Review Time ☐☐–☐☐–☐☐
HH   MM   A/P

Location of Death ☐☐
1 = Nursing Home
2 = Jail
3 = Acute Care Hospital
4 = Personal Home
5 = Campus Residential Location
6 = Community Residential Location
7 = Other
99= Unknown at This Time

Was this death ruled a suicide? ☐
1 = Not a Suicide
2 = Suspected Suicide
3 = Confirmed Suicide
4 = Unknown

Yes   No   Unknown
Was an autopsy performed? ☐   ☐   ☐

Completed By:_____   Date:_____

Death Review (CARE-DTH)

Field Name	Type	Contents
LAST NAME	R	Person's last name.
SUFFIX	O	Person's last name suffix. (e.g., Jr, Sr, II)
FIRST NAME	R	Person's first name.
MIDDLE NAME	O	Person's middle name.
LOG NUMBER	O	Number assigned to the death review. (May be entered for Change/Delete functions.)
CLIENT ID	O	Person's statewide identification number.
LOCAL CASE NUMBER	R	Person's local case number.
COMPONENT	R	Component code.
ACTION ADD	O/R	You must check this box if data is to be added to CARE.
ACTION CHANGE	O/R	You must check this box if data is a change to data already in CARE.
ACTION DELETE	O/R	You must check this box if data is to be deleted from CARE.
REVIEW DATE	R	Date of the person's death review. MMDDYY format.
REVIEW TIME	R	Time of the person's death review. HHMM A/P format.
LOCATION OF DEATH	R	Location of the person's death. 1=Nursing Home, 2=Jail, 3=Acute Care Hospital, 4=Personal Home, 5=Campus Residential Location, 6=Community Residential Location, 7=Other, 99=Unknown at This Time
WAS THIS DEATH RULED A SUICIDE?	R	One-digit code to indicate whether the person's death was ruled a suicide. 1=Not a Suicide, 2=Suspected Suicide, 3=Confirmed Suicide, 4=Unknown
WAS AN AUTOPSY PERFORMED?	R	Yes, no, or unknown to indicate whether an autopsy was performed.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.