

AUTOPSY CENTER OF CHICAGO

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QUESTIONS FOR THE FAMILY

PLEASE FAX BOTH PAGES OF THIS COMPLETED FORM TO 855-828-8677

Section 1. What is the name of your loved one? _____
What is the birth date of your loved one? _____
What is the age of your loved one? _____
What is the date of death of your loved one? _____
Where did your loved one die? _____

Section 2. Please put in a few sentences why you think your loved one died (or write "Not sure"):

Is there anything in particular you are worried caused your loved one's death that you want to find out? _____

Section 3. Was anyone with your loved one when he or she died? Yes No
Please tell us, briefly, what happened _____

Section 4. Do you think your loved one's death was from natural causes? Yes No
Do you think someone else caused your loved one's death? Yes No

If yes, please let us know who:

- Doctor or health care provider
 Law Enforcement
 Other _____

Has the coroner or medical examiner been notified? Yes No

Was a first autopsy already performed somewhere else? Yes No

Are you working with a lawyer or thinking of working with a lawyer? Yes No

Section 5. Do you think your loved one died from any of these causes?
 Too much medicine Too little medicine Wrong medicine
 Anesthesia Problem during surgery Problem after surgery
 Nursing home abuse Nursing home neglect Wrong diagnosis

Section 6. What medical problems did your loved one have? (check all that apply)

<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Cancer
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Blood clots in the legs
<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Blood clots in the lungs
<input type="checkbox"/> Heart vessel blockages	<input type="checkbox"/> Bed sore
<input type="checkbox"/> Heart rhythm problems	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Other: _____	

Section 7. Did your loved one smoke? Yes No

Section 8. Was your loved one on Coumadin? Yes No
Was your loved one recently taken off of Coumadin? Yes No
If yes, when? _____
Why? _____

Section 9. Was your loved one recently in a hospital? Yes No
When _____
Was your loved one recently in intensive care at a hospital? Yes No
Was your loved one recently discharged from a hospital? Yes No
Was your loved one recently transferred from a hospital to rehab? Yes No

Section 10. Did your loved one have a recent surgery? Yes No
If so, when? _____
What was the surgery? _____

What past surgeries did your loved one have?

<input type="checkbox"/> Heart surgery: bypass	<input type="checkbox"/> Heart surgery: valve	
<input type="checkbox"/> Heart surgery: pacemaker	<input type="checkbox"/> Hip surgery	
<input type="checkbox"/> Knee surgery:	<input type="checkbox"/> Hernia repair	
<input type="checkbox"/> Gallbladder removal	<input type="checkbox"/> Appendix removal	<input type="checkbox"/> Uterus removal
<input type="checkbox"/> Other surgery: _____		

Section 11. What specific questions do you want the autopsy to answer?

What else do you want us to know about your loved one or anything at all?

Section 12. How many **total pages** are you faxing to us? _____