

**Confidential form to be completed in all deaths involving drugs, solvents or poisons**

This information is essential for the correct coding and monitoring of drug-related deaths.  
 If you have any queries about the form or its completion, please contact Graham Jackson, telephone 0131 314 4229.

Please complete the form and return it, in the pre-paid addressed envelope provided, to:

Vital Events & NHS Branch  
 General Register Office for Scotland  
 Ladywell House  
 Ladywell Road  
 Edinburgh EH12 7TF

Name of deceased

Date of birth

Date of death

Place of death

Usual residence

Questions

(please tick)

1 Was alcohol involved in this death? Yes  No  Not known

If "Yes" what was the blood/alcohol level in mg/100ml?

2 If any other drugs or solvents were involved in this death, please specify the principal drug or solvent found in a fatal dose:- **IF NONE GO TO QUESTION 9**

3 Please specify any other drugs or solvents involved in this death.

4 Was the deceased a known or suspected habitual drug or solvent abuser? Yes  No  Not known

**IF YES GO TO QUESTION 7**

5 Was the deceased a novice or experimenting drug or solvent abuser? Yes  No  Not known

**IF YES GO TO QUESTION 7**

6 Was there any evidence from the police report or autopsy of a long-standing drug or solvent-abusing history?  
 Yes  No  Not Known  N/A

7 Do you believe this overdose to have been:-  
 accidental   
 suicidal   
 homicidal   
 or unknown/uncertain?

8 Were the drugs prescribed to the deceased?  
 Yes  No  Not Known  N/A

9 Any other comments or information which may help in coding this death?