



# DAVIDSON COUNTY EMERGENCY SERVICES

## DOA Information Form

935 N. Main St. Lexington, NC 27292 336-242-2270 Fax: 336-249-7863

Date: \_\_\_\_\_ Incident #: \_\_\_\_\_ Call Location: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Social Security #: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relation: \_\_\_\_\_

Next of Kin Address: \_\_\_\_\_ NOK Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Has deceased been sick? Yes  No  Length of Illness: \_\_\_\_\_

Nature of Illness: \_\_\_\_\_

DNR present? Yes  No

Medications: \_\_\_\_\_

Deceased last seen alive by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Body discovered by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility to receive body: \_\_\_\_\_ Authorized by: \_\_\_\_\_

Investigating Officer: \_\_\_\_\_ Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_