Statewide Fatal Overdose Reporting Survey

Questions? Please contact:

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Please respond to the overdose incident information requests below.

Hospital name: ________________________________

Patient's medical record number: ________________________________

Patient's first name: ________________________________

Patient's last name: ________________________________

Patient's date of birth: ________________________________

Patient's Gender:

Female

Male

Unknown

Patient's Race:

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White/Caucasian

Other, please describe (e.g. Somali, Hmong, etc.)

Unknown

((choose all that apply))

Patient’s other race ________________________________

Patient’s ethnicity:

Hispanic

Not Hispanic

Unknown

Date of discharge/death: ________________________________

Suspected drug(s) of abuse: ________________________________

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| Manner of death (if known): | ○ Intentional (i.e. suicide)  
| | ○ Unintentional (i.e. accidental overdose)  
| | ○ Unknown  

| The patient: | □ died  
| | □ was admitted to hospital  
| | □ had an unusual or atypical clinical presentation  
| | □ was part of a cluster  
| | ((choose all that apply))  

| Were clinical samples collected for this patient? | ○ Yes  ○ No  
| If yes, was a toxicology screen sent? | ○ Yes  ○ No  

| If yes, please list toxicology results (if available at time of reporting): |  

| Other comments: prompt (e.g. Did the patient have risk factors such as mental health disorder, homelessness, etc.?) |  

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