

Statewide Fatal Overdose Reporting Survey

Questions? Please contact:

Terra Wiens | terra.wiens@state.mn.us | 651-201-5449



or

**Please fax the completed form to:
1-800-267-1058**

Nate Wright | nate.wright@state.mn.us | 651-201-4237

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:

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.?)
