**REPORT FOR HM CORONER**

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| --- | --- |
| Name of deceased |  |
| Date of Birth |  |
| Date of Death |  |
| Author of report |  |
| Date report completed |  |

1. I am *add name*. I am a *state profession* in Kent County Council’s Approved Mental Health Professional (AMHP) Service based at Invicta House, County Road, Maidstone, Kent ME14 1XX.

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| 1. I am an AMHP duly approved under section 114 MHA so to act. I have been employed by Kent County Council as an AMHP since *state date* and have been approved as an AMHP since *state year*. I am registered *state profession* in England. I have the following qualifications: *list relevant professional qualifications.* 2. I assessed *Insert patient’s name* under the Mental Health Act 1983 on *state date of MHA assessment*. My Assessment Report is attached. 3. I believe the facts stated in this report and exhibit are true and I offer my condolences to the family and friends of *state patient’s name*. |
|  |

Signed:……………………………………………………………

*Add name*

Date: