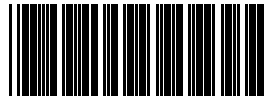


SUMMARY HOSPITALIZATION SHEET



DT9128

Institution		
Admission date Year Month Day	Departure date Year Month Day	Length of stay
Immediate cause of death		

- Autopsy
- Registered in a research protocole Code

Admission diagnosis: (disease or affliction warranting admission)	
Main diagnosis (specify if different): <input type="checkbox"/> Identical to admission diagnosis	
Further diagnoses and disorders having an impact on case management during hospitalization (comorbidity) <hr/> <hr/> <hr/> <hr/> <hr/>	
Concomitant diagnoses: Chronic diseases not having an impact on case management during hospitalization <hr/> <hr/> <hr/> <hr/>	
Complications (new morbid phenomena caused or precipitated by an affliction, its medical workup or its treatment) <hr/> <hr/> <hr/> <hr/>	
Medical, surgical, obstetrical treatment <hr/> <hr/> <hr/> <hr/>	
Special examinations (diagnostic acts with an invasive technique, risk of complication or that require general anesthesia)	
Blood products or derivatives	<input type="checkbox"/> Yes <input type="checkbox"/> No

Overleaf

User's name	File no.
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Footnote (top note) on hospitalization (highlights during hospitalization)

Medication at outset (name of medication, posology, frequency and duration)

Patient referral – Recommendations at outset, monitoring and follow-up (appointments at outpatient clinic and/or diagnosis services)

Residence Institution: _____
(Name of institution)

Copy to

Name of physician or institution (except for the attending physician, authorization from user is mandatory)

Copy given to user

Signature of physician in charge

Permit No.

Date

Year Month Day