HOSPITAL

a LifeBridge Health center

MR7040-023-S

DISCHARGE INFORMATION RECORD

PART I: Must be Completed at Discharge Without Abbreviations or Symbols HEALTH INFORMATION MANAGEMENT DEPARTMENT USE ONLY: CODER ID __________ DHG______	ADMISSION DATE	DISCHARGE DATE

CODE	PRINCIPAL DIAGNOSIS: DIAGNOSIS AFTER DIAGNOSTIC WORKUP TO BE THE REASON FOR THIS ADMISSION
	1.
	SECONDABY DIAGNOSIS: (INCLUDES COMPLICATIONS) CONDITIONS ON THIS ADMISSION THAT CO EXISTED AT THE TIME OF ADMISSION OR DEVELOPED SUBSEQUENTLY AND OR THAT AFFECTED THE TREATMENT RECEIVED AND OR LENGTH OF STAY. LIST IN ORDER OF IMPORTANCE. 1.
	2.
	3.
	4.
	5.
	PRINCIPAL PROCEDURE: THE PROCEDURE MOST RELATED TO THE PRINCIPAL DIAGNOSIS PERFORMED FOR DEFINITIVE TREATMENT. 1.
	OTHER PROCEDURES PERFORMED: DIST IN ORDER OF IMPORTANCE. 1.
	2. 5.
	3. 6.
	4. 7.

DISCHARGE DISPOSITION CODES: (To be completed by appropriate staff)

- ☐ EXPIRED - AUTOPSY (A)
- ☐ SINAI TO HOME HOSPICE (B)
- ☐ SINAI TO OTHER PSYCH (C)
- ☐ SINAI TO INPT HOSPICE (D)
- ☐ EXPIRED - NO AUTOPSY (E)
- ☐ SINAI REH. TO SINAI (G)
- ☐ HOME (H)
- ☐ LEFT AGAINST MED ADV (L)
- ☐ ASST LIV/GRP HOME (K)
- ☐ SINAI TO OTHER REHAB HOSP (O)
- ☐ SINAI TO SINAI REHAB (R)
- ☐ NURSING HOME (S)
- ☐ OTHER ACUTE CARE HOSPITAL (T)
- ☐ CHRONIC/SPECIAL HOSPITAL (W)
- ☐ HOME W/ HOME HEALTH (X)
- ☐ SINAI PSYC TO SINAI (Y)
- ☐ SINAI TO SINAI PSYC (Z)

DISCHARGE SUMMARY:

DICTATED BY ______________________ DATE ______________

DETAIL WRITTEN NOTE: NORMAL NB, & STAYS <48 HRS OF MINOR NATURE

CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS:

PERTINENT FINDINGS OF DIAGNOSTIC WORK-UP:

HOSPITAL COURSE: (Call 2DRUG [23784] if patient has experienced an adverse drug reaction.)

CONDITION ON DISCHARGE:

DATE/TIME (24 HR) ______ HOUSE OFFICER/PAS # ______ M.D. ______ DATE/TIME (24 HR) ______ ATTENDING PHYSICIAN/PAS # ______ M.D.