DAILY FLOOR CENSUS

For the 24 Hours Ended Midnight

FLOOR_____ SECTION_____ DATE_____ 20_____

ADMITTED		(Record Total on LINE 2 of Summary)			**DISCHARGED**		(Record Total on LINE 5 of Summary)		
HOSP. NO.	ROOM NO.	NAME	TIME		HOSP. NO.	ROOM NO.	NAME	TIME	

RECEIVED by Transfer from Other Floor		(Record Total on LINE 3 of Summary)		**DISCHARGED** by Transfer to Other Floor		(Record Total on LINE 6 of Summary)	

DIED (Record Total on LINE 7 of Summary)				**SUMMARY FOR DAY**			
				LINE NO.		NO. OF ADULTS & CHILDREN	NUMBER OF NEWBORN
				1	Remaining Last Report		
				2	Admitted		
STILLBIRTHS (Not to be Recorded on Summary)				**3**	Received by Transfer from Other Floor		
				4	TOTAL (Sum of lines 1, 2 & 3)		
				5	Discharged		
TRANSFERRED (Not to be Recorded on Summary)				**6**	Discharged by Transfer to Other Floor		
FROM	TO			**7**	Died		
				8	TOTAL OF DISCHARGES and DEATHS (Sum of lines 5, 6 & 7)		
				9	Remaining 12:00 Midnight (Line 4 Minus Line 8)		

Record the number of patients remaining at 12:00 Midnight (Line 9 of Summary of this report) on Line 1 of Summary of next day's report before sending this form to bookkeeping department.

SIGNED_____