

HOSPITAL

Maryland 20910

ADMISSION RECORD

DISCHARGE DATE AND TIME

INPATIENT ACCOUNT NUMBER	BIRTHDATE	AGE	SEX**	MS	ADMISSION TYPE	ROOM / BED	PT. TYPE	ADMISSION DATE AND TIME
PATIENT NAME AND ADDRESS					EMPLOYER / STATUS		MEDICAL RECORD NUMBER	
PATIENT NO. / PHONE					RELATIVE NAME / ADDRESS		LANGUAGE	
GUARANTOR NAME					REL. TO PATIENT		ACC DATE / TIME	
PATIENT NO. / PHONE					PHONE #S		IM	
PRIMARY INSURANCE					SECONDARY INSURANCE			
SUBSCRIBER					SUBSCRIBER			
POLICY NUMBER					POLICY NUMBER			
GROUP					GROUP			
PRECERT # / PHONE					PRECERT # / PHONE			
COMMENTS:					COMMENTS:			
PHYSICIAN NAME					ALLERGIES			
ONE					INFECTION CONTROL:			
SPECIALTY					PREV. ADM.			
ADMITTING DIAGNOSIS(ES)					DATE			
REFERRING FACILITY					REGISTRAR			
IRCH					COMMENTS			
/ D					ED			

Must be completed before patient is allowed to leave - USE NO ABBREVIATIONS AND/OR SYMBOLS

ICD-9-CM CODES

**PRINCIPAL DIAGNOSIS:** The condition established, after study, to be chiefly responsible for occasioning the admission of the patient.

**DIAGNOSIS:**

1. \_\_\_\_\_

1. \_\_\_\_\_

**SECONDARY DIAGNOSIS:** All other conditions that exist at the time of admission or develop subsequently which affect the treatment received and/or the length of stay. Exclude diagnoses not pertinent to this admission.

2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

**PRINCIPAL PROCEDURE:** One which was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or was necessary to take care of a complication. This procedure is one most related to the principal diagnosis.

1. \_\_\_\_\_

7. \_\_\_\_\_

DATES: PROCEDURES

**SECONDARY SURGICAL AND/OR NON-SURGICAL PROCEDURES:** All other operating room and other significant procedures.

2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

8. \_\_\_\_\_  
9. \_\_\_\_\_  
10. \_\_\_\_\_  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

INITIAL CANCER STAGE (circle)  
T \_\_\_ N \_\_\_ M \_\_\_ : 0 I II III IV UNABLE TO STAGE

SIGNATURE ATTENDING PHYSICIAN OR SURGEON AND PHYSICIAN NUMBER

DRG	ABSTRACTOR'S INTS.	PIRS INTS.
-----	--------------------	------------

HEALTH INFORMATION MANAGEMENT