

Hospitalization Form

Patient Name

Site ID:

Subject ID:

 -

Hospital:

Phase Number:

ED visit:

0 1 2

AdmissionDate

 / /

DischargeDate

 / /

Admission (Select One)

- Emergency Department (ED) - via Ambulance
- MD referral
- ED - Ambulatory
- Direct admission from ED to inpatient unit
- Other:

Discharged Diagnosis (ICD-9)

Diagnosis 1

Diagnosis 6

Diagnosis 11

Diagnosis 16

Diagnosis 2

Diagnosis 7

Diagnosis 12

Diagnosis 17

Diagnosis 3

Diagnosis 8

Diagnosis 13

Diagnosis 18

Diagnosis 4

Diagnosis 9

Diagnosis 14

Diagnosis 19

Diagnosis 5

Diagnosis 10

Diagnosis 15

Diagnosis 20

Procedures (ICD-9) None

Procedure 1

.

Procedure 2

.

Procedure 3

.

Procedure 4

.

Procedure 5

.

Procedure 6

.

Procedure 7

.

Procedure 8

.

Procedure 9

.

Procedure 10

.

Procedures (CPT Code) None

Procedure 1

Procedure 2

Procedure 3

Procedure 4

Procedure 5

Procedure 6

Procedure 7

Procedure 8

Procedure 9

Procedure 10

Discharged (Select One)

Home

Hospice

Home Care

Deceased

Skilled Nursing / Convalescent

Other (specify): _____

Admission to inpatient hospital (ED only)

Is the hospital audit on file in the UCSF research chart?

Yes No

Primary editor:

/ /

Secondary editor:

/ /

Tertiary editor:

/ /

Notes:

