



TCH INPATIENT FRONT SHEET



Cancelled Procedure - Identification Sheet Discharge Summary example



10200

DO NOT WRITE IN THIS BINDING MARGIN

EPISODE No:		FIN. CLASS: Medicare Short Stay		UNIT RECORD No:															
PERSONAL DETAILS		SURNAME		GIVEN NAMES		TITLE													
ADDRESS																			
AGE 1 Year, 8 months		DATE OF BIRTH 23/05/2019		SEX		MARITAL STATUS													
				TELEPHONE HOME		WORK: MOBILE:													
COUNTRY OF BIRTH				ORIGIN		RELIGION													
PERSON TO CONTACT: NEXT OF KIN				PERSON TO CONTACT: OTHER															
NAME:				NAME:															
RELATIONSHIP:				RELATIONSHIP:															
ADDRESS:				ADDRESS:															
PHONE HOME:				PHONE HOME:															
WORK:				WORK:															
MOBILE:				MOBILE:															
PREVIOUS ADMISSION		TCH ADMISSION LAST 7 DAYS				MEDICAL OFFICERS													
ADMISSION DETAILS		ADMIT DATE Friday 15th January 2021	TIME 8:26 am	TYPE Semi-Urgent	CARE TYPE Acute	SOURCE Specialist Medical Practitioner	WARD PDS	SPECIALIST											
DISCHARGE DETAILS		DISCHARGE DATE Friday 15th January 2021	TIME 10:30	DAYS STAY	DESTINATION		GENERAL PRACTITIONER												
EXTERNAL CAUSE OF ACCIDENT, POISONING OR VIOLENCE (Also state where the accident occurred)																			
						P	A	E											
PRINCIPAL DIAGNOSIS						DIAGNOSES	P												
Diagnosis requiring treatment/ Indicate why patient was admitted							A												
(The planned procedure is not a diagnosis)							A												
ADDITIONAL DIAGNOSIS (List all conditions treated)							A												
Any additional complications i.e if cancelled indicate why cancelled						OPERATIONS	O												
PRINCIPAL OPERATION Any procedures/ transfusions etc performed							O												
ADDITIONAL OPERATIONS / PROCEDURES (performed within this admission only)							O												
HISTOLOGY OF NEOPLASM (Where applicable)						P	A	M											
SIGNATURE OF MEDICAL OFFICER Sign here			NAME (Block Letters) Print name here			DATE Enter date			FOLLOW UP What follow up is planned										

IDENTIFICATION SHEET

10200(0518)

10200(0818)