



TCH INPATIENT FRONT SHEET



Day Case Episode - Identification Sheet Discharge Summary example



\*10200\*

DO NOT WRITE IN THIS BINDING MARGIN

EPISODE No:		FIN. CLASS: <b>Medicare Short Stay</b>		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											
							A											
ADDITIONAL DIAGNOSIS (List all conditions treated)						OPERATIONS	A											
Any additional complications							O											
							O											
PRINCIPAL OPERATION						OPERATIONS	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