

Hospitals Discharge Form

Patient identification

Patient NHI (mandatory)

Patient's family name

Patient's second given name

Patient's first given name

Patient's third given name

Patient information

Date of birth

Sex (M or F)

NZ resident (Y or N)

Ethnicity

1.

2.

3.

Address

Suburb

City / Town

Postcode

Country/region

Event information

Health facility name

HAF code

Admission date

Discharge date

Admission type

Discharge type

Principal purchaser

Infants born at the facility

Birth weight (g)

Gestation in weeks

Mother's NHI

Mother's age

Postnatal/neonatal admissions (aged less than 29 days)

Weight on admission (g)

Diagnosis and procedure data

Principal diagnosis
(reason for admission)

Other diagnosis/procedure/external
cause which may affect level of care

Date

Other diagnosis/procedure/external
cause which may affect level of care

Date

Other diagnosis/procedure/external
cause which may affect level of care

Date

Other diagnosis/procedure/external
cause which may affect level of care

Date

Other diagnosis/procedure/external
cause which may affect level of care

Date

Supplementary
information

Printable Medical Discharge Report

Thomas J. Falen, Aaron Liberman



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