

SUMMARY HOSPITALIZATION SHEET



DT9128

Institution		
Admission date	Departure date	Length of stay
Year Month Day	Year Month Day	
Immediate cause of death		

- Autopsy
 Registered in a research protocole Code

Admission diagnosis: (disease or affliction warranting admission)	
Main diagnosis (specify if different): <input type="checkbox"/> Identical to admission diagnosis	
Further diagnoses and disorders having an impact on case management during hospitalization (comorbidity)	
Concomitant diagnoses: Chronic diseases not having an impact on case management during hospitalization	
Complications (new morbid phenomena caused or precipitated by an affliction, its medical workup or its treatment)	
Medical, surgical, obstetrical treatment	
Special examinations (diagnostic acts with an invasive technique, risk of complication or that require general anesthesia)	
Blood products or derivatives	<input type="checkbox"/> Yes <input type="checkbox"/> No

SPECIMEN

Footnote (top note) on hospitalization (highlights during hospitalization)

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SPECIMEN

Medication at outset (name of medication, posology, frequency and duration)

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Patient referral – Recommendations at outset, monitoring and follow-up (appointments at outpatient clinic and/or diagnosis services)

Residence Institution: _____ (Name of institution)

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Name of physician or institution (except for the attending physician, authorization from user is mandatory)

Copy to

Copy given to user

**Signature of
physician in charge**

Permit No.

Date

Year

Month

Day