

# Hospitals Discharge Form

## Patient identification

Patient NHI (mandatory)

Patient's family name  Patient's first given name

Patient's second 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)	<input type="text"/>	
Other diagnosis/procedure/external cause which may affect level of care	<input type="text"/>	Date <input type="text"/>
Other diagnosis/procedure/external cause which may affect level of care	<input type="text"/>	Date <input type="text"/>
Other diagnosis/procedure/external cause which may affect level of care	<input type="text"/>	Date <input type="text"/>
Other diagnosis/procedure/external cause which may affect level of care	<input type="text"/>	Date <input type="text"/>
Other diagnosis/procedure/external cause which may affect level of care	<input type="text"/>	Date <input type="text"/>

## Supplementary information