

SECTION I: DISCHARGE CODES, TRANSFER STATUS, DEMOGRAPHIC DATA

1.a. Primary admission diagnosis:

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[Specify if diagnosis is not ICD coded]

1.b. Primary discharge diagnosis:

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[Specify if diagnosis is not ICD coded]

2. Record the ICD-CM diagnoses and procedure codes from the hospital discharge index (or Eligibility Form):

2a.									
2b.									
2c.									
2d.									
2e.									
2f.									
2g.									
2h.									
2i.									
2j.									
2k.									
2l.									
2m.									
2n.									
2o.									
2p.									
2q.									
2r.									
2s.									
2t.									
2u.									
2v.									
2w.									
2x.									
2y.									
2z.									

CHIE

2a1.									
2b1.									
2c1.									
2d1.									
2e1.									
2f1.									
2g1.									
2h1.									
2i1.									
2j1.									
2k1.									
2l1.									
2m1.									
2n1.									
2o1.									
2p1.									
2q1.									
2r1.									
2s1.									
2t1.									
2u1.									
2v1.									
2w1.									
2x1.									
2y1.									
2z1.									

2a2.							
2b2.							
2c2.							
2d2.							
2e2.							
2f2.							
2g2.							
2h2.							
2i2.							
2j2.							
2k2.							
2l2.							
2m2.							
2n2.							
2o2.							
2p2.							
2q2.							
2r2.							
2s2.							
2t2.							
2u2.							
2v2.							
2w2.							
2x2.							
2y2.							
2z2.							

2a3.							
2b3.							
2c3.							
2d3.							
2e3.							
2f3.							
2g3.							
2h3.							
2i3.							
2j3.							
2k3.							
2l3.							
2m3.							
2n3.							
2o3.							
2p3.							
2q3.							
2r3.							
2s3.							
2t3.							
2u3.							
2v3.							
2w3.							
2x3.							
2y3.							
2z3.							

Questions 3-4a deleted

5.a. Does this person have health insurance?

Yes..... Y

No..... N

Unknown..... U

→ →

Go to item 6a

Questions 5b1, 5b2 deleted

5b.3. Does this person have Medicaid insurance?

Yes..... Y

No..... N

Unknown..... U

6.a. Date of arrival at this hospital.....

		/			/			
Month			Day			Year		

b. Arrival at this hospital (24-hour clock)

		:		
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7. Did an emergency medical service unit transport the patient to this hospital?

Yes..... Y

No..... N

Unknown..... U

TRANSFER INFORMATION

8.a. Was the patient transferred from or to another acute care hospital?

Yes..... Y

No..... N

Unknown..... U

→ →

Go to item 11.

8.b. Was this an in-catchment hospital?

Yes..... Y

No..... N

b.1. Hospital Code:

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If 96 - 99, specify: →

Hospital Name: _____
City and State: _____

8.c. Date of admission to that hospital (mm-dd-yyyy):.....

		/			/				
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c.1. Was the patient transferred a second time?

Yes.....Y

No.....N

→

Go to item 11.

8.d. Was this an in-catchment hospital?

Yes.....Y

No.....N

d.1. Hospital Code:

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 If 96 - 99, specify: →

Hospital Name: _____
City and State: _____

8.e. Date of admission to that hospital (mm-dd-yyyy):.....

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Questions 9 deleted

Question 10 deleted

SECTION II: ADMINISTRATIVE INFORMATION

11. Abstractor number:

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12. Date abstract completed (mm/dd/yyyy) :.....

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13. Source of information abstracted:

Medical Record (Paper chart)..... P

Medical Record (Electronic chart)..... E

Medical Record (Both paper and electronic chart)..... B