# SUMMARY HOSPITALIZATION SHEET

DT9128

Institution

| Admission date Year | Month | Day | Departure date Year | Month | Day | Length of stay |
|---|---|---|---|---|---|---|
| | | | | | | |

Immediate cause of death

☐ Autopsy

☐ Registered in a research protocole

Code

Admission diagnosis:
(disease or affliction warranting admission)

Main diagnosis (specify if different):

☐ 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 ☐ Yes ☐ No

**Overleaf**

| User's name | File no. |
|---|---|
| | |

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

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

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

☐ Residence ☐ Institution: _____
(Name of institution)

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

☐ Copy given to user

| **Signature of physician in charge** | | Permit No. | **Date** | Year | Month | Day |
|---|---|---|---|---|---|---|
| | | | | | | |



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