|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Private Hospitals Discharge Form** For supply of statistical information by hospitals (ADF96) | | | | | | | | | | |  |
| **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)* | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 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** |  | | | | | | | | | | | |

Fax to 04 816 2897 or mail to Private Hospitals, National Collections & Reporting, Ministry of Health, PO Box 5013, Wellington 6140 July 2016