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| **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 |
|       |  |       |

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| **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 |       |

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| **Event information** |
|  |
| Health facility name |       |  | HAF code |   |   |   |   |
|  |
| Admission date |   |   |   |   |   |   |   |   | Discharge date |   |   |   |   |   |   |   |   |
|  |
| Admission type |       | Discharge type |       | Principal purchaser |       |

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| **Infants born at the facility** |
|  |
| Birth weight *(g)* |       | Gestation in weeks |       |
|  |
| Mother’s NHI |   |   |   |   |   |   |   | Mother’s age |       |

|  |  |  |
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| **Postnatal/neonatal admissions (aged less than 29 days)** | Weight on admission *(g)* |       |

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| **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