

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