MEDICAL ABSTRACT - NATIONAL HOSPITAL DISCHARGE SURVEY

A. PATIENT IDENTIFICATION

1. Hospital number

2. HDS number

3. (Item deleted)

4. Date of admission

5. Date of discharge

6. Residence ZIP Code

B. PATIENT CHARACTERISTICS

7. Date of birth

8. Age – Complete only if date of birth not given

9. Sex – Mark (X) one

10. Ethnicity – Mark (X) one

11. Race – Mark all that apply

12. Marital status – Mark (X) one

C. ADMINISTRATIVE INFORMATION

13. Type of Admission – Mark (X) one

14. Source of Admission – Mark (X) one

15. Status/Disposition of patient – Mark (X) appropriate box(es)

16. Expected source(s) of payment

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(Over)
### D. MEDICAL INFORMATION

#### 17. Final Diagnoses (including E-code diagnoses) (Enter ICD-9-CM codes as well as narrative if available)

**Principal:**

**Other/additional:**

#### 18. Surgical and Diagnostic Procedures (Enter ICD-9-CM codes as well as narrative if available)

**Principal:**

**Other/additional:**

<table>
<thead>
<tr>
<th>Date of procedure(s)</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

☐ NONE

Completed by

Date

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