

**MEDICINE**

Site Serial #:

SITE:

ADDRESSOGRAPH

**RETURN TO:**

September 22, 2004 to

WARD:

**ATTENDING PHYSICIAN DIAGNOSIS FORM**

**A. " MOST SIGNIFICANT" PRE-EXISTING CHRONIC Diseases Conditions:**

- 1. \_\_\_\_\_ 4. \_\_\_\_\_
- 2. \_\_\_\_\_ 5. \_\_\_\_\_
- 3. \_\_\_\_\_ 6. \_\_\_\_\_

**B. FINAL ADMITTING DIAGNOSIS: (\*MOST RESPONSIBLE reason for admission to your unit in slot 1) (Slot 2 to 6: OTHER MAJOR DX's identified on admission to your ward. List in order of IMPORTANCE)**

- \*1.**  4. \_\_\_\_\_
- 2. \_\_\_\_\_ 5. \_\_\_\_\_
- 3. \_\_\_\_\_ 6. \_\_\_\_\_

**C. \*ALL SIGNIFICANT: MEDICAL COMPLICATIONS / MAJOR OPERATIVE & DIAGNOSTIC PROCEDURES occurring AFTER patient is admitted to your unit (List in order of occurrence)**

- |          | M / D / Y |          | M / D / Y |
|----------|-----------|----------|-----------|
| 1. _____ |           | 6. _____ |           |
| 2. _____ |           | 7. _____ |           |
| 3. _____ |           | 8. _____ |           |
| 4. _____ |           | 9. _____ |           |
| 5. _____ |           |          |           |

**D. \*DISCHARGE / TRANSFER READY**  
**Date & Time** that a patient **no longer** requires an **ACTIVE INPATIENT BED** for medical reasons regardless of reason for delay to transfer out; i.e. waiting consults from Social Service or Home care, Long term care placement etc.)

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**E. Discontinuation of Treatment:**

Circle

**YES / NO**

Attending Physician Signature      M / D / Y

- \_\_\_\_\_ Date \_\_\_\_\_
- \_\_\_\_\_ Date \_\_\_\_\_
- \_\_\_\_\_ Date \_\_\_\_\_
- \_\_\_\_\_ Date \_\_\_\_\_
- \_\_\_\_\_ Date \_\_\_\_\_