BRITISH COLUMBIA | Ministry of Health

PROFESSIONAL SERVICES
Admission/Discharge

CLIENT ID	RESP. H.U. NO.	OFFICE I.D. NO.	HNC / CPO AREA	ACTIVE CARE ☐ LTC ☐ HNC ☐ CPO	INACTIVE CARE ☐ LTC ☐ HNC ☐ CPO

NAME (FAMILY SURNAME)	GIVEN NAME	INITIAL	PHONE NO.

ADDRESS	CITY	POSTAL CODE

GENDER ☐ M ☐ F	BIRTHDATE Y Y Y Y | M M | D D	AGE	MARITAL STATUS 1 ☐ S 2 ☐ M 3 ☐ W 4 ☐ D 5 ☐ SEP 6 ☐ AL SPOUSE 98 ☐ UNKNOWN	PERSONAL HEALTH NUMBER

CLIENT GROUP ☐ 1A-ACUTE ☐ 1B-END OF LIFE ☐ 1C-LONG TERM SUPPORTIVE ☐ 1D-MAINTENANCE ☐ 1E-REHAB	ABORIGINAL ORIGIN ☐ YES ☐ NO ☐ 98	ACQUIRED BRAIN INJURY ☐ YES ☐ NO	DEVELOPMENTAL DISABILITY ☐ YES ☐ NO	HA CLIENT #

NAME OF CONTACT PERSON 1	NAME OF CONTACT PERSON 2	PHONE NO. (S)

ADDRESS OF CONTACT PERSON 1	ADDRESS OF CONTACT PERSON 2	REFERRAL SOURCE
		REFERRAL DATE Y Y Y Y | M M | D D

ADMIT EFFECTIVE DATE Y Y Y Y | M M | D D	PHYSICIAN NO.	REFERRING PHYSICIAN	PHONE NO.

RESPONSIBLE PHYSICIAN	PHONE NO.

OTHER PHYSICIANS INVOLVED IN CARE	PHONE NO.

HOSPITAL NO.	HOSPITAL NAME	WARD	ADMIT NO.

CARE GROUP TYPE	EXTENDED BENEFITS? ☐ YES ☐ NO	OTHER FUNDING? ☐ YES ☐ NO	ORG. SERVICE TYPE	LIVES ALONE?

PRIMARY DIAGNOSIS	ALLERGIES

SECONDARY DIAGNOSIS	

OPERATION	DATE Y Y Y Y | M M | D D

VISITS	MONTH						VISITS (SUB TOTAL)

DISCHARGE EFFECTIVE DATE Y Y Y Y | M M | D D	EST. PROGRAM STAY	PROJECTED GOALS	PATIENT OUTCOME	DISPOSITION	TOTAL VISITS

LOCAL INFORMATION

Personal information on this form is collected for operations of Professional Services within the community. The information will be used to determine the applicant's functional and self care capabilities and for provincial health care planning purposes. Personal information will be used and disclosed in accordance with the privacy protection provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use and disclosure of the information, you should contact your home care nurse, physiotherapist, or occupational therapist at your local health unit, which is listed in the blue pages of the telephone book under Health Authorities.

HLTH 305.1 REV. 2009/07/07