



MINISTRY OF HEALTH

MANATU HAUORA

ADF96

Patient identification

National Health Index number

Form for patient identification with fields for Family name, First given name, Second given name, and Third given name.

DISCHARGE FORM

FORM FOR THE SUPPLY OF STATISTICAL INFORMATION BY HOSPITALS

Patient information

Form for patient information including Date of birth, Gender, NZ resident, Ethnic group, Patient's usual residential address, Suburb, City/town, Country/region, and Domicile code.

Event information

Form for event information including Event type, Health agency facility name (HAF), HAF code, Admission date, Discharge date, Admission source, Admission type, Discharge type, Principal purchaser, Health agency, Specialty code, Weight on admission (g), Referral date, First consultation date, Waiting list date, Surgical priority, Days on leave, and Suppress (Y/N).

Cancer patients

Form for cancer patients including Occupation code, Country of birth, Morphology description, Morphology code, Basis, Stage, Laboratory code, Melanoma invasion level, and Melanoma thickness.

Infants born in hospital

Form for infants born in hospital including Birth weight, Gestation period, Birth status, Age of mother, and Birth location.

Diagnosis and procedure data

Form for diagnosis and procedure data with multiple rows for Principal diagnosis code, Principal diagnosis description, and Other diagnosis, procedure or external cause code with corresponding descriptions and dates.

Supplementary information:

Large empty box for supplementary information.

