

A — Admission
DA — Discharge to Acute
DH — Discharge to Home
DS — Discharge to SNF

TP — Transfer to Private
TW — Transfer to Welfare
X — Expired

PRIVATE CENSUS REPORT

FACILITY _____

Unit

MONTH _____

RM #	PT. #	PATIENT NAME	1	3	5	7	9	11	13	15	17	19	21	23	25	27	29	31	TOTAL DAYS	DEPOSIT RECEIVED	REMARKS
			2	4	6	8	10	12	14	16	18	20	22	24	26	28	30				
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		PAGE TOTAL — PATIENTS																			