HOSPITAL ADMISSION, FOLLOW UP AND DISCHARGE FORM		
Date of Admission: / _ _ /	Name of health facility: Osukuru Health Center III Tororo District Hospital Buteba Health Center III Other facility If Other facility, specify:	
(if more space needed, use back of this form)		
Summary of hospitalization:		
Diagnoses at Discharge*:		
Primary Diagnosis:	Dx code:	
Other Diagnosis:	Dx code:	
Other Diagnosis:	Dx code:	
Other Diagnosis:	Dx code:	
* All diagnoses and treatments given during admission need to be a Post Discharge Plan/Notes:	dded to appropriate Clinic Visit Form	
Date of Discharge: _ / /	Initials:	_