

HOSPITAL ADMISSION, FOLLOW UP AND DISCHARGE FORM

Date of Admission: | || || || / | || || || / | || || ||
day month year

Reason for Admission:

Name of health facility:

- ☐ Nagongera Health Center IV
☐ Tororo District Hospital
☐ Other facility

If Other facility, specify: _____

Lab results and follow-up investigations done during hospitalization:

(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 added to appropriate Clinic Visit Form

Post Discharge Plan/Notes:

Date of Discharge : | || || || / | || || || / | || || ||
day month year

Initials: _____