**POORNIMA AYURVEDIC MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, RAICHUR**

**ADMISSION RECORD**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name: Middle Name: Surname: | | | | | | |
| Age: Sex: Ward: Bed No: Room No: | | | | | | |
| Occupation: Marital Status: UHID No: OP No: IP No: | | | | | | |
| Permanent Address: | | | | | | |
| Emergency/Local Address: | | | | | | |
| Date of Admission Time: Date of Discharge: Time: | | | | | | |
| Advance Rs Paid: Receipt No: Hospital Days: Contact No: | | | | | | |
| Provisional Admission Diagnosis |  | | | | | |
| Final Diagnosis |  | | | | | |
| Medical Procedures |  | | | | | |
| Parasurgical/Surgical Procedures |  | | | | | |
| Consultation Department |  | | | | | |
| Result | Recovered | Improved | Unchanged | Worse | Other | Expired |
| Cause of Death |  | | | | | |
| Name & Signature of Consultant |  | | | | | |
|  | In case of transfer  The case is transferred to\_\_\_\_\_\_\_\_\_\_\_\_Dept under the care of Dr\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sign\_\_\_\_\_\_\_\_ | | | Referral  Dr\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hospital Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |