**DISCHARGE INFORMATION RECORD**

**PART I: Must be Completed at Discharge Without Abbreviations or Symbols**

<table>
<thead>
<tr>
<th>CODE</th>
<th>PRINCIPAL DIAGNOSIS: DIAGNOSIS AFTER DIAGNOSTIC WORKUP TO BE THE REASON FOR THIS ADMISSION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SECONDARY DIAGNOSIS: (INCLUDES COMPLICATIONS) CONDITIONS ON THE ADMISSION THAT DID EXIST AT THE TIME OF ADMISSION OR DEVELOPED SUBSEQUENTLY AND ON THAT AFFECTED THE TREATMENT RECEIVED AND OR LENGTH OF STAY. LIST IN ORDER OF IMPORTANCE.</td>
</tr>
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<td>1.</td>
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<td>4.</td>
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<td>5.</td>
<td>PRINCIPAL PROCEDURE: THE PROCEDURE MOST RELATED TO THE PRINCIPAL DIAGNOSIS PERFORMED FOR DEFINITIVE TREATMENT.</td>
</tr>
<tr>
<td>1.</td>
<td>OTHER PROcedures PERFORMED: LIST IN ORDER OF IMPORTANCE.</td>
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<td>2.</td>
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<td>3.</td>
<td>6.</td>
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<td>4.</td>
<td>7.</td>
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</tbody>
</table>

**DISCHARGE DISPOSITION CODES:** (To be completed by appropriate staff)

- ☐ EXPIRED - AUTOPSY (A)
- ☐ SINAI TO HOME HOSPICE (B)
- ☐ SINAI TO OTHER PSYCH (C)
- ☐ SINAI TO INPT HOSPICE (D)
- ☐ EXPIRED - NO AUTOPSY (E)
- ☐ SINAI REH. TO SINAI (G)
- ☐ NURSING HOME (S)
- ☐ HOME (H)
- ☐ LEFT AGAINST MED ADV (L)
- ☐ ASSIST LIV/GRP HOME (K)
- ☐ SINAI TO OTHER REHAB HOSP (O)
- ☐ SINAI TO SINAI REHAB (R)
- ☐ OTHER ACUTE CARE HOSPITAL (T)
- ☐ CHRONIC/SPECIAL HOSPITAL (V)
- ☐ HOME w/HOME HEALTH (X)
- ☐ SINAI PSYC TO SINAI (Y)
- ☐ SINAI TO SINAI PSYC (Z)

**DISCHARGE SUMMARY:**

**DICTATED BY**

**DATE**

**DETAIL WRITTEN NOTE:** NORMAL NB, & STAYS <48 HRS OF MINOR NATURE

**CHIEF COMPLAINT:**

**HISTORY OF PRESENT ILLNESS:**

**PERTINENT FINDINGS OF DIAGNOSTIC WORK-UP:**

**HOSPITAL COURSE:** (Call 2DRUG [23784] if patient has experience an adverse drug reaction.)

**CONDITION ON DISCHARGE:**

**DATE/TIME (24 HR) HOUSE OFFICER/PAS # M.D.**

**DATE/TIME (24 HR) ATTENDING PHYSICIAN/PAS # M.D.**