





HOSPITAL INPATIENT

MANUAL ABSTRACT REPORTING FORM

Effective with Discharges on or after January 1, 2010

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements (Title 22, Sections 97216 through 97234)

PRINCIPAL DIAGNOSIS

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PRESENT ON ADMISSION

Y = Yes  
 N = No  
 U = Unknown  
 W = Clinically Undetermined  
 blank = Exempt from POA reporting

OTHER DIAGNOSES

a.									
b.									
c.									
d.									
e.									
f.									
g.									
h.									
i.									
j.									
k.									
l.									

PRESENT ON ADMISSION


m.									
n.									
o.									
p.									
q.									
r.									
s.									
t.									
u.									
v.									
w.									
x.									

12. PRINCIPAL PROCEDURE AND DATE

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Month | Day | Year (4-Digit)

13. OTHER PROCEDURES AND DATES

a.																			
b.																			
c.																			
d.																			
e.																			
f.																			
g.																			
h.																			
i.																			
j.																			

k.																			
l.																			
m.																			
n.																			
o.																			
p.																			
q.																			
r.																			
s.																			
t.																			