

PRIVATE CENSUS REPORT

A - Admission
 DA - Discharge to Acute
 DH - Discharge to Home
 DS - Discharge to SNF

TP - Transfer to Private
 TW - Transfer to Welfare
 X - Expired

FACILITY _____

Unit _____ MONTH _____

RM #	PT. #	PATIENT NAME	1	3	5	7	9	11	13	15	17	19	21	23	25	27	29	31	TOTAL DAYS	DEPOSIT RECEIVED	REMARKS
			2	4	6	8	10	12	14	16	18	20	22	24	26	28	30				
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PAGE TOTAL — PATIENTS																					

