DAILY CENSUS REPORT

Section: _____   Date: _____   Time: _____

(A) ADMISSIONS

		ROOM #
1.	_____	
2.	_____	
3.	_____	
4.	_____	
5.	_____	
6.	_____	

(B) TEMPORARY TRANSFERS/REFERRALS TO OTHER FACILITY OR LEAVES – RETURNED

		ROOM #
1.	_____	
2.	_____	
3.	_____	
4.	_____	
5.	_____	
6.	_____	

(C) LIVE DISCHARGES

		ROOM #	# DAYS LOS
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		
6.	_____		

(D) DEATHS

		ROOM #	# DAYS LOS
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		
6.	_____		

(E) TEMPORARY TRANSFERS/REFERRALS TO OTHER FACILITY OR LEAVES

	PATIENT NAME	ROOM #	NAME OF FACILITY OR PLACE	EXPECTED RETURN DATE
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			
6.	_____			

CENSUS SUMMARY

1. ACTUAL CENSUS from last report (line 9) _____

2. Admissions (A) _____

3. Returned from temporary transfers, referrals to other facility or leaves (B) _____

4. Subtotal (add lines 1, 2 & 3) _____

5. Live discharges (C) _____

6. Deaths (D) _____

7. Temporary transfers, referrals to other facility or leaves (E) _____

8. Subtotal (add lines 5, 6 & 7) _____

9. ACTUAL CENSUS (subtract line 8 from line 4) _____

DISCHARGE PATIENT DAYS

a. Live discharges (line 5) _____

b. Deaths (line 6) _____

c. Total discharge patient days (add lines a & b) _____

PATIENT DAYS OF CARE

a. ACTUAL CENSUS (line 9) _____

b. Admitted and discharged same day _____

c. Total patient days of care (add lines a & b) _____

BRIGGS Healthcare®   **DAILY CENSUS REPORT**