A - Admitted   H - Hospital
M - Moved   E - Expired

PATIENTS DAILY CENSUS

Month_____   Page No._____

No.	PATIENTS NAME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1																																
2																																
3																																
4																																
5																																
6																																
7																																
8																																
9																																
10																																
11																																
12																																
13																																
14																																
15																																
16																																
17																																
18																																
19																																
20																																
21																																
22																																
23																																
24																																
25																																
26																																
27																																
28																																
29																																
30																																
31																																
32																																
33																																
34																																
35																																
36																																
37																																
	Daily Total																															

No. Admitted _____   No. Moved _____   No. Hospital _____   No. Expired _____

Total at Midnight _____   Monthly Daily Total _____

BRiGGS Healthcare

PATIENTS DAILY CENSUS