

CENSUS REPORT

Today's date: _____

Current Census: _____

This form notifies all departments of changes affecting the facility census and/or resident status.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> ADMINISTRATION | <input type="checkbox"/> SOCIAL SERVICES | <input type="checkbox"/> MEDICAL RECORDS | <input type="checkbox"/> THERAPY |
| <input type="checkbox"/> ADMISSIONS | <input type="checkbox"/> ACTIVITIES | <input type="checkbox"/> LAUNDRY | <input type="checkbox"/> BUSINESS OFFICE |
| <input type="checkbox"/> DIETARY | <input type="checkbox"/> NURSING SERVICES | <input type="checkbox"/> HOUSEKEEPING | |

Resident: _____ Room no.: _____ Physician: _____

Admitted to: _____ Date: _____

Discharged to: _____ Date: _____ Reason: _____

Transferred from room no.: _____ to room no.: _____ Date: _____ Bedhold: Yes No

Leave of absence: Date _____ Expected date of return: _____

Expired: Date _____

Comments: _____

Person completing this form: _____
Signature/Title *Date*