HP37: Notification of Hospitalization

Purpose

The *Notification of Hospitalization* (HP37) form documented any hospitalization overnight or longer that may have occurred for non-deceased participants since the HDFP Fifth-Year Visit. It was to be accompanied by a hospital discharge summary (including discharge diagnoses) . (See **Section 17.7.6** of the *Manual of Operations* for details).

FORM 1 2

NOTIFICATION OF HOSPITALIZATION

(For non-deceased participants)

1. Program Number: 3 4 | 5 6 7 8 9 | 10 11

BATCH NØ. (2) 18 19 20 21 22 23 24 25

(1) 12 13 14 15 16 17

Coordinating Center

2. Name: _____ / _____ / _____
First Middle Last

3. Date of completion of this form:

(3) Month 26 27 | Day 28 29 | 19 Year 30 31

4. Hospitalization Sequence Number (from HP35, Item 23a): (5) 32 33

Unreported Hospitalization: (6) 34

5. Hospitalization Unconfirmed: (7) 35 → Skip to 11

6. Name of Hospital: (8) 36

Address: _____ State | Zip Code

7. Hospital Admission Date: (4) Month 37 38 | Day 39 40 | 19 Year 41 42

8. Discharge Date: (9) Month 43 44 | Day 45 46 | 19 Year 47 48

Copy of discharge summary, including discharge diagnosis, enclosed?

(10) Yes 1 | No 2 49

Specify reason: (11) 50

10. This notification completed by: _____ (12) 51 52

Coordinating Center Use Only:		
(13)	53 54 55	56
(14)	57 58 59	60
(15)	61 62 63	64
(16)	65 66 67	68
(17)	69 70 71	72

CENTURY DATE (18) 73 74 75 76 77

UPDATE NØ. (19) 78 79 80

DATE FØRM RECEIVED (20) 81 82 83 84 85 86

DATE FØRM LAST PRØCESSED (21) 87 88 89 90 91 92

6/7/80

HP 37