

**PART C**

**System of Medicine**

**Hospital / Nursing Home:**

**Tamil Nadu Clinical Establishment Regulation Act Registration no. :**

**Admission and Discharge Register of Patients**

S. No	Name of the Patient and address	Mobile No.	Age	Sex	Hospital IP No.	Date of Admission	Provisional Diagnosis	Investigations if any	Final diagnosis	Treatment	Date of Discharge	Result Cured / Same condition / Referred / Expired	Additional information if any	Initial of the Medical officer
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1.														
2.														
3.														
4.														

Note: If electronic records are maintained and / or existing registers capture this information, a monthly print outs / copy shall be taken and signed by the Hospital authorities.

2. The hospital shall maintain individual case sheets for the patients