

Date Form Completed:  /  /   
 DD                      MMM                      YYYY  
 Form Completed by:

CSCC ID: {subject.name}  
 Center code: {center.name}  
 Hospital code: {center.hospital.name}

This report covers the following period: **Start date:** {STARTDT} through **End date:** {ENDDT}

**Encounter Summary-Acute Care Events (THIS IS NOT FOR ROUTINE SCHEDULED VISITS)**

Click the "Add" button for each encounter.

Date of Encounter			Admission Status		Most Important Symptoms/Presenting Problems/Diagnoses: (up to 3)	
<input type="text" value="AFSM:ENCDA"/> / <input type="text" value="AFSM:ENCMO"/> / <input type="text" value="AFSM:ENCYR"/> Day/Month/Year			Admitted to hospital?		Symptom/Diagnosis #1: <input type="text" value="AFES:DIAG1"/>	
			Date of discharge:		Other, specify: <input type="text" value="AFES:DIAG1SP"/>	
			<input type="checkbox"/> (AFES:PERFYN) Yes → <input type="text" value="AFES:DISCDA"/> / <input type="text" value="AFES:DISCMO"/> / <input type="text" value="AFES:DISCYR"/> Day/Month/Year		Symptom/Diagnosis #2: <input type="text" value="AFES:DIAG2"/>	
					Other, specify: <input type="text" value="AFES:DIAG2SP"/>	
			<input type="checkbox"/> (AFES:PERFYN) No → <input type="text" value="AFES:VISTYP"/>		Symptom/Diagnosis #3: <input type="text" value="AFES:DIAG3"/>	
					Other, specify: <input type="text" value="AFES:DIAG3SP"/>	

Add Entry

Comments for page:

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Form Completion Help

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