

W1.35:8-262 Chap. 4 Sec. 2, 3
1 OCT 45

TM 8-262

Document
Reserve

NON-CIRCULATING

TECHNICAL MANUAL ADMINISTRATION OF FIXED HOSPITALS ZONE OF INTERIOR

WAR DEPARTMENT
Washington 25, D. C., 1 October 1945

Remove page 4.1 and insert revised page 4.1 herewith.
Add sections 2 and 3, chapter IV.

[AG 300.7 (25 Sep 45)]

BY ORDER OF THE SECRETARY OF WAR:

OFFICIAL:

EDWARD F. WITSELL
Major General
Acting The Adjutant General

G. C. MARSHALL
Chief of Staff

DISTRIBUTION:

AAF (2); AGF (2); ASF (2); S Div ASF (1); SvC (Surg) (2); Dep 8 (2); Army Med
Purchasing O (2); Med Dept Repl Pools (5); T/O & E 8-650 (1). NO OVERSEA
DISTRIBUTION.

Refer to FM 21-6 for explanation of distribution formula.

NTSU LIBRARY

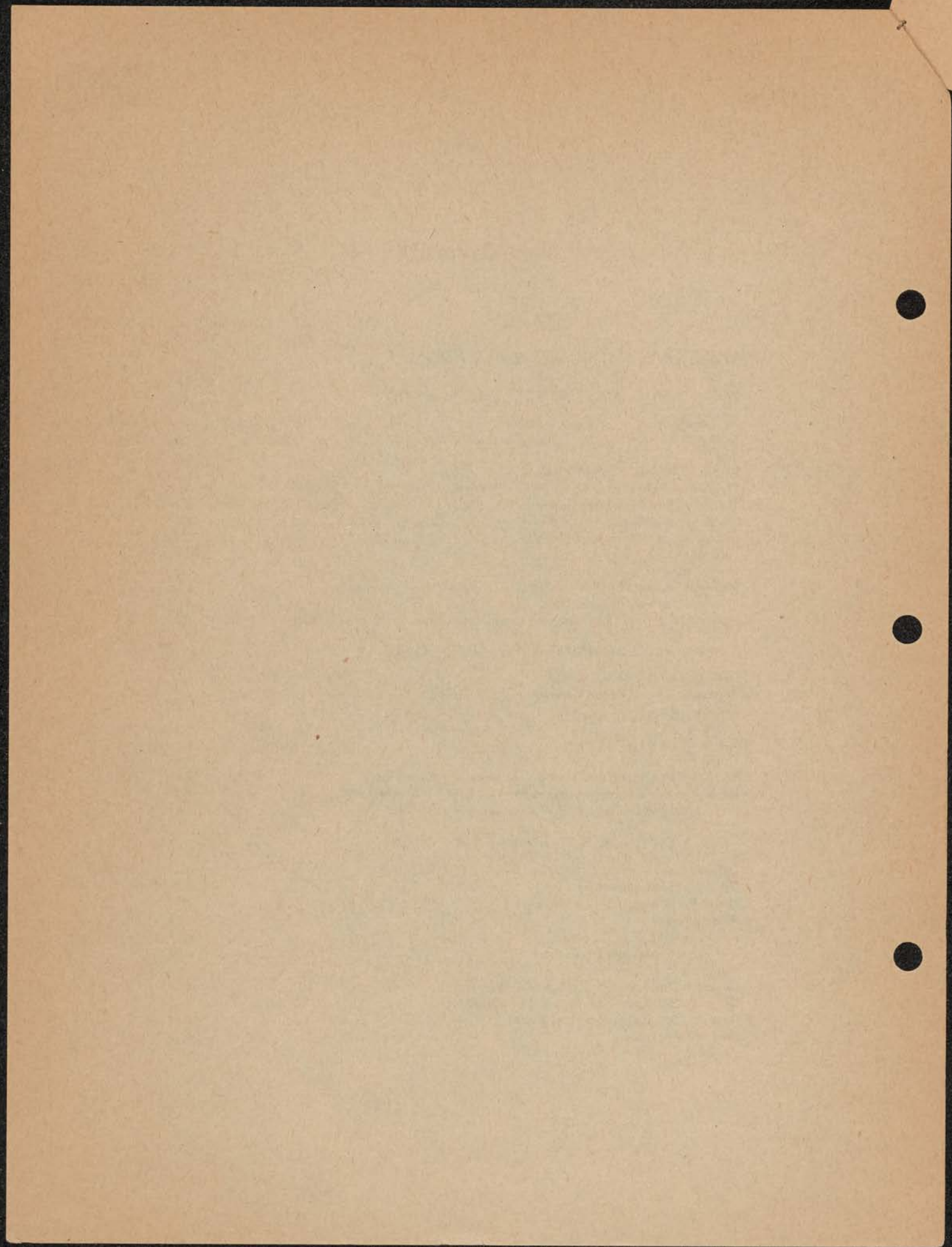
RECEIVED
JAN 10 1964

NON CIRCULATING

CONTENTS

CHAPTER IV. WARD ADMINISTRATION

Section 1. PROCEDURE FOR INTERWARD TRANSFERS	PAGE
Responsibility.....	4.2
Authority for Transfers.....	4.2
Interward Transfer Slip.....	4.3
Interward Transfer Slip—Illustration.....	4.2
Preparation of Interward Transfer Slip—Illustration.....	4.3
Transfer of Patient and Records.....	4.4
Ward Morning Reports—Illustration.....	4.4
Disposition of Interward Transfer Slip.....	4.6
Emergency Transfers.....	4.6
Group Transfers.....	4.6
Interward Transfer Slip, Prepared for Group Transfers—Illustration.....	4.5
Interward Transfers by Telephone.....	4.6
Notice to Agencies Other Than the Information Office of Interward Transfer.....	4.6
 Section 2. WARD MORNING REPORT (WD AGO FORM 8-107)	
Definition and Purpose.....	4.7
Responsibility and Period Covered.....	4.7
Distribution.....	4.7
Contents.....	4.7
Source of Data.....	4.7
Preparation.....	4.7
Ward Morning Report and Sources of Information—Illustration.....	4.8
Instructions for Completion of Ward Morning Report—Illustration.....	4.9
Preparation and Distribution of Ward Morning Report—Flow Chart.....	4.11
 Section 3. DIAGNOSIS SLIP (WD AGO FORM 8-176)	
Definition and Purpose.....	4.12
Diagnosis Slip—Illustration.....	4.12
Use of the Diagnosis Slip.....	4.12
Responsibility.....	4.14
Period Covered.....	4.14
Number of Copies and Distribution.....	4.14
Preparation.....	4.14
Diagnosis Slip, Spaces 1 Through 10—Illustration.....	4.14
Diagnosis Slip, Spaces 11 Through 14—Illustration.....	4.15
Diagnosis Slip, Spaces 15 Through 23.....	4.15
Care in Preparation.....	4.16
Additional Diagnosis Slip—Illustration.....	4.16



Section 2. WARD MORNING REPORT (WD AGO FORM 8-107)

10. DEFINITION AND PURPOSE

The Ward Morning Report (WD AGO Form 8-107) (formerly WD MD Form 72), is a consolidated report of all admissions and dispositions on a particular ward for a 24-hour period. Any event which effects a change in the ward census will be recorded, with the exception of enlisted patients absent on pass of less than 72 hours duration; and officers absent for periods of less than 24 hours, provided such absence is not charged against an officer's accrued leave. This report is the basis for compiling the Consolidated Ward Morning Report (sec. 14, ch. III).

11. RESPONSIBILITY AND PERIOD COVERED

The nurse in charge of each ward of the hospital at 2400 daily is responsible for the completion and dispatching of the report for the preceding 24-hour period, and for initiating a report form for the succeeding like period. During the period covered by the report, each nurse in charge of the ward will be responsible for the entries made during her time on duty; however, the accuracy of the completed report will be the responsibility of the nurse signing it.

12. DISTRIBUTION

The report will be prepared in one copy only, and immediately upon completion will be dis-

patched by special messenger to the Admission and Disposition Branch of the Registrar's Office.

13. CONTENTS

The report is designed to give a statistical picture of the census status of the ward for the period, showing all admissions, dispositions, transfers to and from other wards, and patients absent with and without authority.

14. SOURCE OF DATA

The information entered on the Ward Morning Report is obtained from the following sources:

a. The 5" x 3" locator card received from the Admission and Disposition Branch of the Registrar's Office with each patient admitted to the ward (sec. 2, ch. II).

b. Interward Transfer Slip (WD AGO Form 8-169).

c. Further information for the report is obtained under the following circumstances:

(1) The departure or return of any patient, for any reason, will be noted on the report.

(2) Knowledge of the failure of any militarized personnel to return within 24 hours of the expiration of his pass, furlough, or leave will be noted on the report.

15. PREPARATION

The Ward Morning Report will be accomplished throughout the 24-hour period as described in the following illustrations.

1 OCT 45

WARD MORNING REPORT AND SOURCES OF INFORMATION

WARD MORNING REPORT Forward one copy daily to office compiling A & D Sheet at 2400 hours		DATE	WARD NUMBER	BEDS SET UP	PATIENTS PREVIOUS REPORT	TOTAL GAIN OF PATIENTS	TOTAL LOSS OF PATIENTS	PATIENTS REMAINING	VACANT BEDS			
		10 Sep 1945	30	33	28	9	11	26	7			
LIST EVERY PATIENT GAINED OR LOST BY THIS WARD DURING 24 HOUR PERIOD ENDING 2400 HOURS ABOVE DATE												
LAST NAME, FIRST NAME, MIDDLE INITIAL (Print correctly)		ARMY SERIAL NO.	ADMISSIONS				DISPOSITIONS					
			NEW ADM	FROM FUR-LOUGH	FROM LEAVE	FROM AWOL	INTER-WARD TRF FROM	DISCH FROM HOSP	TO FUR-LOUGH	TO LEAVE	TO AWOL	INTER-WARD TRF TO
Mrs. Francis J.		32302885					(as of 0800, 10 Sep.)					✓
P. L. H. #		0726555					✓					
Civilian								22				
3340446												✓
13798564							✓					
12145814							✓					
12068252							(as of 1030, 10 Sep.)					✓
3235053												✓
0164482												✓
12187505												27
12195252								CF				
McCull, Frank		12158001										Q
Dodd, John C		11067928					✓					
Cloud, Jeremiah		36492877										CF
Da Silva, Joseph X		33562789										26
Kelly, Howard E.		13452343										CF

LOCATOR CARD

White GH Dodd, John C.
30 P No 32 164 11 067 928 Pfc
Mrs. Lois M. Dodd (M) Inf Unasgd
17 Holly Street
Madison, Mass 22 W 3 4/12 10 Sep 45
D Capt MWH Direct-Casual

W.D., A.G.O., FORM NO. 8-169
1 JULY 1944

INTERWARD TRANSFER SLIP

LAST NAME	FIRST NAME	MIDDLE INITIAL	ARMY SERIAL NUMBER	GRADE
Da Silva	Joseph X		33562789	Pfc
REMARKS (IF NECESSARY)		TRANSFERRING WARD	RECEIVING WARD	DATE
Nasopharyngitis		26	30	10 Sep 45
SIGNATURE OF TRANSFERRING AUTHORITY (TYPED NAME AND GRADE NOT REQUIRED)		M B Brown		
TRANSFER COMPLETED		SIGNATURE OF PERSONNEL ON RECEIVING WARD (TYPED NAME AND GRADE NOT REQUIRED)		
REMARKS (IF NECESSARY)		E. W. Smith		
INSTRUCTIONS		1. Transferring authority has one copy only prepared at time of transfer. 2. Interward transfer slip will accompany patient and clinical records to new ward. 3. Forward slip to Information Office immediately after transfer is completed. 4. Required concurrence will normally be obtained by telephone and will be held to a minimum.		

th) ✓
✓
1800, 10 Jan) ✓
L GAIN 9 TOTAL LOSS 11
zie Chenelle, 1st Lt (M) C

1 OCT 45

TM 8-262
CHAPTER IV

INSTRUCTIONS FOR COMPLETION OF WARD MORNING REPORT

WARD MORNING REPORT Forward one copy daily to office completing A & D Sheet at 2400 hours	DATE	WARD NUMBER	BEDS SET UP	PATIENTS PREVIOUS REPORT	TOTAL GAIN OF PATIENTS	TOTAL LOSS OF PATIENTS	PATIENTS REMAINING	VACANT BEDS
	10 Sep 1945	30	33	28	9	11	26	7

Entries in the spaces at the top of the form will be made as follows:

DATE - Covering the period from 0000 to 2400 hours.

WARD NUMBER - Refers to the ward reporting. Where several rooms or similar small units are administered and otherwise considered to compose a ward, the ward number may refer to such units.

BEDS SET UP - The actual number of beds set up and available for occupancy without regard to the number authorized.

PATIENTS PREVIOUS REPORT - Figure will be the same as "Patients Remaining" on the previous report.

TOTAL GAIN OF PATIENTS - Figure will be the same as "Total Gain" at bottom of form.

TOTAL LOSS OF PATIENTS - Figure will be the same as "Total Loss" at bottom of form.

PATIENTS REMAINING - Number of patients actually to be accounted for at 2400 hours. Figure is proved by adding the figures of "Patients Previous Report" and "Total Gain of Patients" and subtracting from the total the figure of "Total Loss of Patients."

VACANT BEDS - Figure proved by subtracting figure in "Patients Remaining" from figure in "Beds Set Up."

LIST EVERY PATIENT GAINED OR LOST BY THIS WARD
DURING 24 HOUR PERIOD ENDING 2400 HOURS ABOVE DATE

Entries under "ADMISSIONS" and "DISPOSITIONS" will be made as follows:

Admissions:

NEW ADM - Checked for a patient admitted to the ward for whom a clinical record has first been opened on the date covered by the report. A transfer from quarters would not be entered here, unless a clinical record were being opened for the first time during this period of hospitalization.

FROM FURLOUGH - Checked when an enlisted man returns from furlough.

Example: Line 5.

Return from absence on detached service or temporary duty is also checked in this column.

FROM LEAVE - Checked when an officer returns from leave. Example: Lines 2 and 19. See "From Furlough" above.

FROM AWOL - Return of a patient from absence without leave. The hour and the date need not be shown. Example: Line 6.

A patient admitted from a status of absent without leave, not previously a patient in the hospital, will be checked in the column "New Adm."

INTERWARD TRF FROM - Transfers from another ward will be indicated by the number of the transferring ward (Example: Lines 3 and 16); transfers from quarters by "Q"; transfers from convalescent facility by "CF" (Example: Line 11); transfers from reconditioning facility by "RF" (Example: Line 18).

Dispositions:

DISCH FROM HOSP - Checked for patient transferred to another hospital, discharged to duty, retired, discharged by CDD, or deceased. (Example: Lines 4 and 17).

TO FURLOUGH - Checked when an enlisted man departs on furlough. (Example: Line 8).

Checked also for departure on detached service or temporary duty.

TO LEAVE - Checked when an officer departs on leave. (Example: Line 9). See "To Furlough" above.

TO AWOL - Checked when patient is absent without leave. The hour and date will be entered. (Example: Lines 1 and 7). If the absentee returns before the report is forwarded at 2400, the entry will be lined out.

INTERWARD TRF TO - Transfers to another ward, quarters, convalescent facility, or reconditioning facility will be indicated as described in "Interward Trf From" above. (Example: Lines 10, 12, 14, and 16).

ADMISSIONS					DISPOSITIONS				
NEW ADM	FROM FURL	FROM LEAVE	FROM AWOL	INTER- WARD TRF FROM	DISCH FROM HOSP	TO FURL	TO LEAVE	TO AWOL	INTER- WARD TRF TO
(As of 0800, 10 Sep)				22					✓
✓									
(As of 1030, 10 Sep)									✓
					CF				27
✓									R
									CF
					26				RF
(Deaths)									
✓									
(As of 1800, 10 Jan)									✓
1	1	2	1	4	2	1	1	3	4
TOTAL GAIN					TOTAL LOSS				
9					11				

Each column totaled.

TOTALS

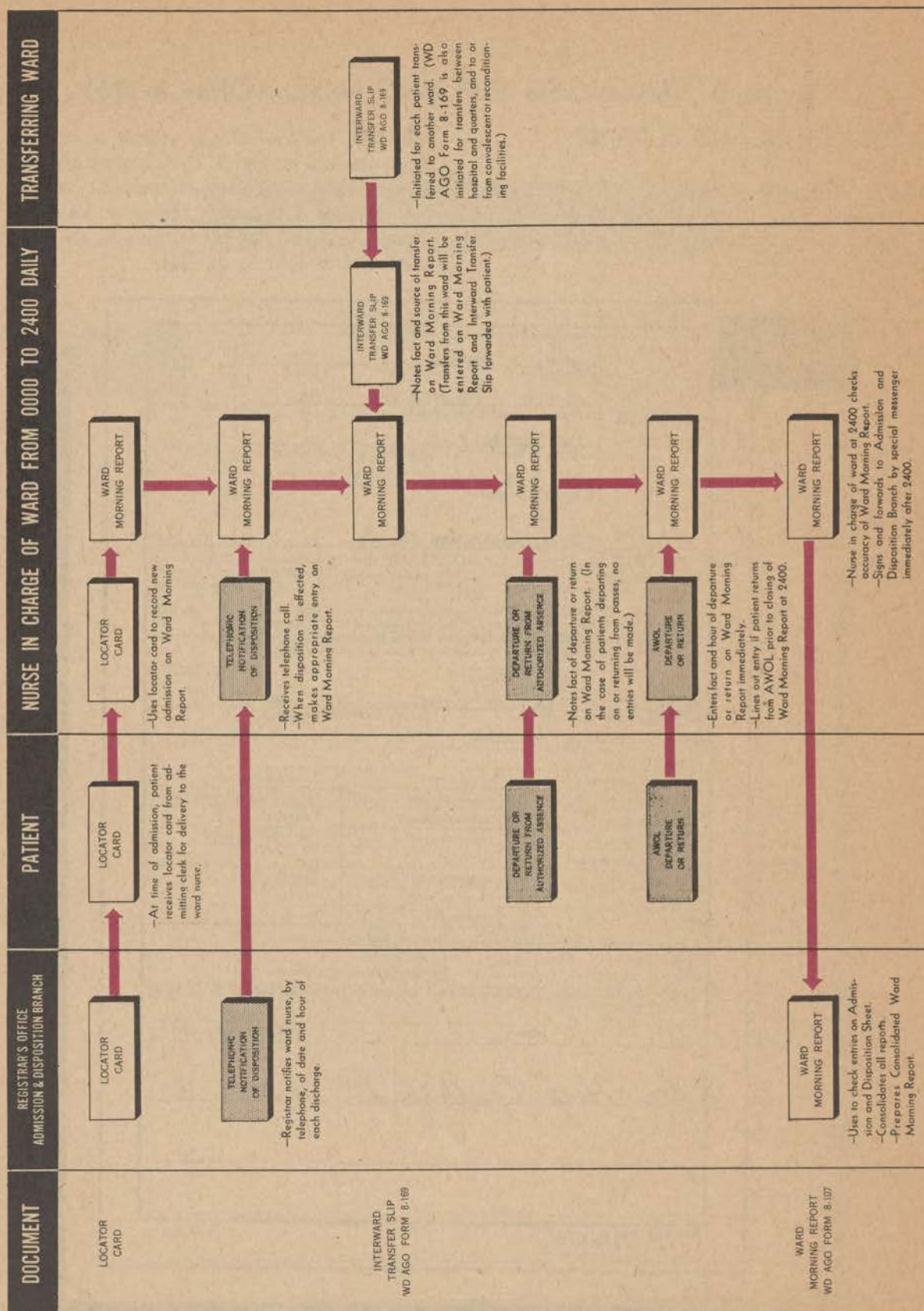
Will show the total ADMISSIONS and DISPOSITIONS.

SIGNATURE

SIGNATURE - The nurse who completes and forwards the Ward Morning Report at 2400 signs her name and rank in this space. Her signature certifies that she is responsible for the accuracy of the data in the report.

Tracie Chanell, 1st Lt A MC

PREPARATION AND DISTRIBUTION OF WARD MORNING REPORT



1 OCT 45

Section 3. DIAGNOSIS SLIP (WD AGO FORM 8-176)

16. DEFINITION AND PURPOSE

a. The Diagnosis Slip (WD AGO Form 8-176) is a record of each patient's clinical status during his period of hospitalization in a particular installation.

b. The purpose of the record is to keep the Registrar and statistical clerk constantly informed of a patient's medical status and any change therein, and it becomes, therefore, an important source of information in maintaining the statistical locator cards (sec. 2, ch. III).

FRONT

1. LAST NAME, FIRST NAME, MIDDLE INITIAL <u>Sand, Herman L.</u>				*REQUIRED ONLY WHEN STENCIL PROCEDURE IS USED
2. REGISTER NO. <u>13 530</u>	3. ARMY SERIAL No.* <u>31 760 110</u>	4. GRADE* <u>Pfc</u>		
5. ORGANIZATION AND ARM OR SERVICE* <u>Inf unassd</u>				
6. AGE* <u>23</u>	7. RACE* <u>W</u>	8. LENGTH OF SER.* <u>3 3/12</u>	9. DATE OF ADMISSION* <u>2 Aug 45</u>	
10. SOURCE OF ADMISSION* <u>Trfd, Letterman GH, Cal</u>				
INSTRUCTIONS: Original of INITIAL REPORT must be forwarded to Registrar by 1200 of the day following admission. File duplicate copy with clinical record. Answer all items. The information need only be tentative, but should be as correct as possible. A CORRECTED REPORT will be submitted without delay when any information submitted on the initial report is found to be incorrect, as in a change of diagnosis. AN ADDITIONAL REPORT will be submitted when supplemental information (including additional diagnoses) becomes available or when a condition is cured.				
11. DATE <u>2 Aug 45</u>	12. WARD OFFICER <u>R. R. Evans, Capt MC</u>		13. WARD NO. <u>17</u>	
14. TYPE OF REPORT (Check one) ☒ INITIAL ☐ CORRECTED ☐ ADDITIONAL		15. TYPE OF PATIENT (Check one) ☐ STA. HOSP. ☐ REG. HOSP. ☒ GEN. HOSP.		
16. SPECIALTY (Check one)				
☐ GENERAL MEDICINE	☐ NEUROSURGERY	☐ TROPICAL DISEASES		
☐ GEN & ORTH SURGERY	☐ CLOSED WARD NP	☐ OPHTHALMOLOGIC SURGERY		
☐ OPEN WARD NP	☐ VASCULAR SURGERY	☐ TRENCH FOOT		
☐ THORACIC SURGERY	☐ TUBERCULOSIS	☐ SKIN DISEASES		
☐ PLAST & MAX-FAC SUR	☐ ARTHRITIS			
☐ DEAF	☐ NEUROSYPHILIS	☐ FEMALE		
☐ BLIND	☐ RHEUMATIC FEVER	☐ PW OFFICER		
☒ AMPUTEE	☐ NEUROLOGY	☐ PW EM		
17. PROBABLE DISPOSITION (Check one) IN APPROXIMATELY <u>180</u> DAYS ☐ FULL DUTY ☐ LIMITED DUTY ☐ RETIREMENT ☒ CDD TO OWN CARE ☐ TRANSFER TO VAF ☐ TRANSFER TO OTHER HOSPITAL				
18. HOSPITAL RECORDS REQUESTED (For probable CDD, record all previous hospitalization in U. S. Do not include records on ward.)				
HOSPITAL		DATE OF HOSPITALIZATION		
A. <u>Sta Hosp, Cp Croft, SC</u>		<u>12 Dec 43</u>		
B.				
C.				

WD AGO FORM 8-176
1 JUL 1945

16-45374-1

1 OCT 45

TM 8-262
CHAPTER IV

DIAGNOSIS SLIP WD AGO 8-176

BACK

19. DIAGNOSIS: (If an injury is involved, boxes 21 and 22 must also be completed.)		20. LINE OF DUTY (Check)					
		YES	NO	EPTS	AR 35-1440	AW 107	UND
A. <i>amputation, traumatic right leg following shell blast</i> ✓							
B. <i>Malaria "Old"</i> ✓							
C.							
21. INJURY REPORT							
A. DATE AND HOUR OF INJURY <i>3 June 45</i>							
B. WHERE INCURRED <i>China</i>							
C. HOW INCURRED <i>W & A</i>							
22. IS INVESTIGATING OFFICER REQUIRED? YES ☐ NO ☐							
23. REMARKS (Enter here additional facts not furnished elsewhere on this form; as clothing, pay data, decorations, etc., which may be due the soldier. Be complete.) <i>Pd to incl mo of Jun Claims Purple Heart award Requires full issue of clothing</i>							

U. S. GOVERNMENT PRINTING OFFICE 16-45374-1

1 OCT 45

17. USE OF THE DIAGNOSIS SLIP

a. The Diagnosis Slip may be accomplished as an "initial", "corrected", or "additional" record, as defined below, depending upon current circumstances. The latter two forms are supplemental to the initial record. When a Diagnosis Slip is prepared, it will be checked in the appropriate box in space 14 to indicate whether it is an initial, corrected, or additional report. The three types are defined as follows:

(1) An initial report is prepared for each patient on admission to the hospital. It is initiated by the Admission and Disposition Branch of the Registrar's Office and completed by the ward officer.

(2) A corrected report is accomplished when data submitted on the initial report are determined to have been in error, as in a change of diagnosis. It will indicate that the original data reported are no longer correct, and the records will be changed.

(3) An additional report will be submitted when supplemental information, such as an additional diagnosis, becomes available; or when a cured condition is reported. In such cases, it will be assumed that all previously reported data are still correct and are to remain on the records.

18. RESPONSIBILITY

Although initiated by the Admission and Disposition Branch of the Registrar's Office, the prime responsibility for the completeness and accuracy of the Diagnosis Slip lies with the ward officer actually treating the patient concerned. Furthermore, he is responsible for accomplishing and forwarding corrected and additional forms of the record as described in paragraph 20.

19. PERIOD COVERED

The initial Diagnosis Slip, with any supplemental corrected or additional forms, will cover the entire period of a patient's hospitalization at an individual medical installation.

20. NUMBER OF COPIES AND DISTRIBUTION

a. The Diagnosis Slip, whether initial, corrected, or additional slips, will be prepared in one original and one carbon copy.

b. Distribution of the three types of slips is as follows:

(1) *Initial slip.* Initiated by the Admission and Disposition Branch of the Registrar's Office

and both copies forwarded to the ward with the patient. Upon completion by the ward officer, the original will be forwarded to the Registrar. The duplicate copy will become a part of the patient's clinical records during his period of hospitalization, and will be destroyed at time of disposition of the patient.

(2) *Corrected and additional slips.* Initiated by the ward officer treating the patient, or by the representative of the Reconditioning Service actually giving exercises to the patient. The original is forwarded to the Registrar immediately on completion; the duplicate is retained with the patient's clinical records. Final disposition of corrected and additional slips is the same as described in (1) above for initial slips.

21. PREPARATION

a. The initial Diagnosis Slip will be initiated by the Admission and Disposition Branch of the Registrar's Office at the time of the patient's admission to the hospital. The admitting clerk will enter on the form the information required by spaces 1 to 10, inclusive. In those hospitals using the mechanical method of reproducing admission records, the forms will be processed by mimeograph or similar device. The forms will be forwarded to the ward with the patient.

DIAGNOSIS SLIP, SPACES 1 THROUGH 10

DIAGNOSIS SLIP	1. LAST NAME, FIRST NAME, MIDDLE INITIAL				*REQUIRED ONLY WHEN STENCIL PROCEDURE IS USED
	Sand, Herman L.				
	2. REGISTER NO.	3. ARMY SERIAL NO.*	4. GRADE*		
	13 530	31 760 110	Pfc		
	5. ORGANIZATION AND ARM OR SERVICE*				
	Inf unassg				
6. AGE*	7. RACE*	8. LENGTH OF SER.*	9. DATE OF ADMISSION*		
23	W	3 3/12	2 Aug 45		
10. SOURCE OF ADMISSION*					
Trfd, Letterman GH, Cal					
INSTRUCTIONS: Original of INITIAL REPORT must be forwarded to Registrar by 1200 of the day following admission. File duplicate copy with clinical record. Answer all items. The information need only be tentative, but should be as correct as possible. A CORRECTED REPORT will be submitted and dated when report is made.					

SPACES 1 THROUGH 10 COMPLETED BY ADMITTING CLERK.

1 OCT 45

TM 8-262
CHAPTER IV

b. On receipt of the slips, the ward officer will fill in spaces 11 to 14, inclusive.

DIAGNOSIS SLIP, SPACES 11 THROUGH 14

When either of the additional diagnoses becomes available or when a condition is cured.

11. DATE <i>2 Aug 45</i>	12. WARD OFFICER <i>R. R. Evans, Capt MC 17</i>	13. WARD NO. <i>17</i>
14. TYPE OF REPORT (Check one) ☒ INITIAL ☐ CORRECTED ☐ ADDITIONAL		15. TYPE OF PATIENT (Check one) ☐ STA. HOSP. ☐ REG. HOSP. ☒ GEN. HOSP.

SPACES 11 THROUGH 14 COMPLETED BY WARD OFFICER IMMEDIATELY UPON RECEIPT OF THE FORM ON THE WARD.

c. After examination of the patient, the ward officer will complete the form by entering the

professional data as it may apply to the patient in the remaining spaces, and forward the original copy to the Registrar. Completion of an initial report will be accomplished within 48 hours after admission of the patient. The information entered thereon should be as exact as possible, but submission of the slips will not be delayed pending results of laboratory or other examinations, and will be forwarded even though the information is tentative.

d. Corrected and additional slips, when necessary as defined in paragraph 17a (2) and (3), will be initiated by the ward officer, or by the representative of the Reconditioning Service actually giving exercises to the patient concerned. On such slips, spaces 1 and 2 only will be completed in addition to the corrected or added professional information.

DIAGNOSIS SLIP, SPACES 15 THROUGH 23

When either of the additional diagnoses becomes available or when a condition is cured.

15. TYPE OF PATIENT (Check one) ☐ STA. HOSP. ☐ REG. HOSP. ☒ GEN. HOSP.	
16. SPECIALTY (Check one)	
GENERAL MEDICINE	NEUROSURGERY
GEN & ORTH SURGERY	CLOSED WARD NP
OPEN WARD NP	VASCULAR SURGERY
THORACIC SURGERY	TUBERCULOSIS
PLAST & MAX-FAC SUR	ARTHRITIS
DEAF	NEUROSYPHILIS
BLIND	RHEUMATIC FEVER
☒ AMPUTEE	NEUROLOGY
17. PROBABLE DISPOSITION (Check one) IN APPROXIMATELY <i>180</i> DAYS ☐ FULL DUTY ☐ LIMITED DUTY ☐ RETIREMENT ☒ CDD TO OWN CARE ☐ TRANSFER TO VAF ☐ TRANSFER TO OTHER HOSPITAL	
18. HOSPITAL RECORDS REQUESTED (For probable CDD, record all previous hospitalization in U. S. Do not include records on ward.)	
HOSPITAL	DATE OF HOSPITALIZATION
A. <i>Sta Hosp, Cp Craft, SC</i>	<i>12 Dec 43</i>
C.	

WD AGO FORM 8-176
1 JUL 1945

10-45374-1

SPACES 15 THROUGH 23 COMPLETED BY WARD OFFICER BY 1200 OF DAY FOLLOWING ADMISSION

19. DIAGNOSIS: (If an injury is involved, hours 21 and 22 must also be completed.)	20. LINE OF DUTY (Check)					
	YES	NO	EPTS	AW 140	AW 107	UND
<i>amputation, traumatic right leg, following shell blast</i>						
<i>Malaria "Old"</i>						
21. INJURY REPORT DATE AND HOUR OF INJURY <i>3 June 45</i>						
WHERE INCURRED <i>China</i>						
HOW INCURRED <i>W-LA</i>						
22. IS INVESTIGATING OFFICER REQUIRED? YES ☐ NO ☒						
23. REMARKS (Enter here additional facts not furnished elsewhere on this form; as clothing, pay data, decorations, etc., which may be due the soldier. Be complete.) <i>Pd to incl mo of Jun Claims Purple Heart award Requires full issue of clothing</i>						

1 OCT 45

22. CARE IN PREPARATION

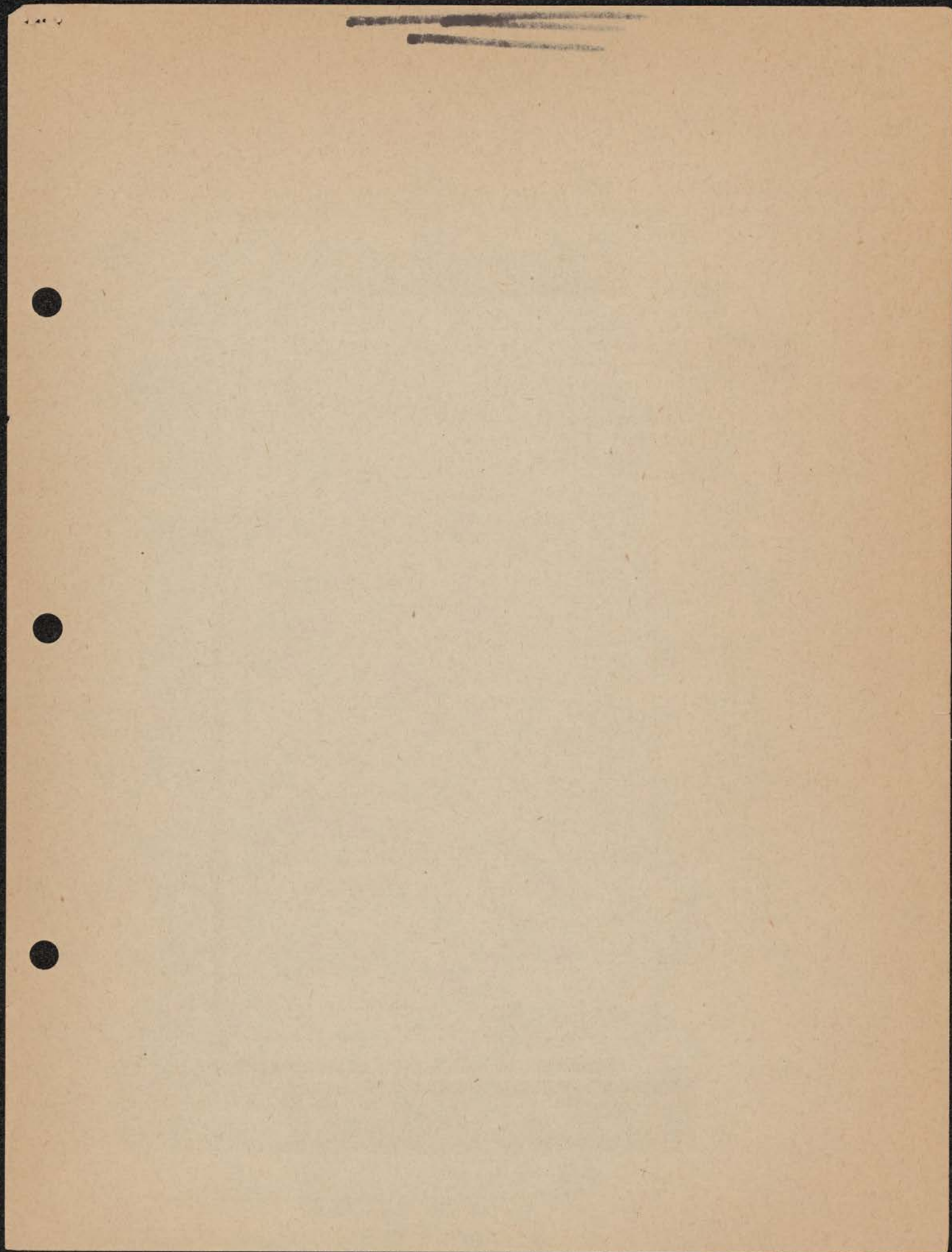
The Diagnosis Slip is the source of the majority of data entered on the patient's statistical locator

card, and it is therefore essential that the ward officer accomplish each form completely and accurately before submitting it to the Registrar. Moreover, he will promptly accomplish and submit corrected and additional slips when necessary.

ADDITIONAL DIAGNOSIS SLIP

BACK		FRONT																																	
19. DIAGNOSIS: (If an injury is involved, boxes 21 and 22 must also be completed.) A. <i>Malaria "Old"</i> B. <i>Cured 1 Aug</i>		20. LINE OF DUTY (Check) <table border="1"> <tr> <td>YES</td> <td>NO</td> <td>EPTS</td> <td>AR 35-1440</td> <td>AW 107</td> <td>UND</td> </tr> </table>		YES	NO	EPTS	AR 35-1440	AW 107	UND																										
YES	NO	EPTS	AR 35-1440	AW 107	UND																														
21. INJURY REPORT A. DATE AND TIME B. WHERE INCURRED C. HOW INCURRED 22. IS INVESTIGATION 23. REMARKS (E.g., trauma, etc.)		DIAGNOSIS SLIP 1. LAST NAME, FIRST NAME, MIDDLE INITIAL <i>Sand, Herman L.</i> 2. REGISTER NO. <i>13 530</i> 3. ARMY SERIAL NO.* 4. GRADE* 5. ORGANIZATION AND ARM OR SERVICE* 6. AGE* 7. RACE* 8. LENGTH OF SER.* 9. DATE OF ADMISSION* 10. SOURCE OF ADMISSION* *REQUIRED ONLY WHEN STENCIL PROCEDURE IS USED INSTRUCTIONS: Original of INITIAL REPORT must be forwarded to Registrar by 1200 of the day following admission. File duplicate copy with clinical record. Answer all items. The information need only be tentative, but should be as correct as possible. A CORRECTED REPORT will be submitted without delay when any information submitted on the initial report is found to be incorrect, as in a change of diagnosis. AN ADDITIONAL REPORT will be submitted when supplemental information (including additional diagnoses) becomes available or when a condition is cured. 11. DATE <i>8 Aug 45</i> 12. WARD OFFICER <i>A. R. Evans M C</i> 13. WARD NO. <i>17</i> 14. TYPE OF REPORT (Check one) ☐ INITIAL ☐ CORRECTED ☒ ADDITIONAL 15. TYPE OF PATIENT (Check one) ☐ STA. HOSP. ☐ REG. HOSP. ☒ GEN. HOSP. 16. SPECIALTY (Check one) <table border="1"> <tr> <td>GENERAL MEDICINE</td> <td>NEUROSURGERY</td> <td>TROPICAL DISEASES</td> </tr> <tr> <td>GEN & ORTH SURGERY</td> <td>CLOSED WARD NP</td> <td>OPHTHALMOLOGIC SURGERY</td> </tr> <tr> <td>OPEN WARD NP</td> <td>VASCULAR SURGERY</td> <td>TRENCH FOOT</td> </tr> <tr> <td>THORACIC SURGERY</td> <td>TUBERCULOSIS</td> <td>SKIN DISEASES</td> </tr> <tr> <td>PLAST & MAX-FAC SUR</td> <td>ARTHRITIS</td> <td></td> </tr> <tr> <td>DEAF</td> <td>NEUROSYPHILIS</td> <td>FEMALE</td> </tr> <tr> <td>BLIND</td> <td>RHEUMATIC FEVER</td> <td>PW OFFICER</td> </tr> <tr> <td>AMPUTEE</td> <td>NEUROLOGY</td> <td>PW EM</td> </tr> </table> 17. PROBABLE DISPOSITION (Check one) IN APPROXIMATELY _____ DAYS ☐ FULL DUTY ☐ LIMITED DUTY ☐ RETIREMENT ☐ CDD TO OWN CARE ☐ TRANSFER TO VAF ☐ TRANSFER TO OTHER HOSPITAL 18. HOSPITAL RECORDS REQUESTED (For probable CDD, record all previous hospitalization in U. S. Do not include records on ward.) <table border="1"> <thead> <tr> <th>HOSPITAL</th> <th>DATE OF HOSPITALIZATION</th> </tr> </thead> <tbody> <tr> <td>A.</td> <td></td> </tr> <tr> <td>B.</td> <td></td> </tr> <tr> <td>C.</td> <td></td> </tr> </tbody> </table>		GENERAL MEDICINE	NEUROSURGERY	TROPICAL DISEASES	GEN & ORTH SURGERY	CLOSED WARD NP	OPHTHALMOLOGIC SURGERY	OPEN WARD NP	VASCULAR SURGERY	TRENCH FOOT	THORACIC SURGERY	TUBERCULOSIS	SKIN DISEASES	PLAST & MAX-FAC SUR	ARTHRITIS		DEAF	NEUROSYPHILIS	FEMALE	BLIND	RHEUMATIC FEVER	PW OFFICER	AMPUTEE	NEUROLOGY	PW EM	HOSPITAL	DATE OF HOSPITALIZATION	A.		B.		C.	
GENERAL MEDICINE	NEUROSURGERY	TROPICAL DISEASES																																	
GEN & ORTH SURGERY	CLOSED WARD NP	OPHTHALMOLOGIC SURGERY																																	
OPEN WARD NP	VASCULAR SURGERY	TRENCH FOOT																																	
THORACIC SURGERY	TUBERCULOSIS	SKIN DISEASES																																	
PLAST & MAX-FAC SUR	ARTHRITIS																																		
DEAF	NEUROSYPHILIS	FEMALE																																	
BLIND	RHEUMATIC FEVER	PW OFFICER																																	
AMPUTEE	NEUROLOGY	PW EM																																	
HOSPITAL	DATE OF HOSPITALIZATION																																		
A.																																			
B.																																			
C.																																			

MALARIA "OLD," REPORTED ON INITIAL DIAGNOSIS SLIP,
CURED. CURE REPORTED TO OFFICE OF THE REGISTRAR
BY MEANS OF AN ADDITIONAL DIAGNOSIS SLIP.



~~LIBRARY~~
NTSU LIBRARY

12-22-45

