

## PPS Patient Data Collection Form

Hospital \_\_\_\_\_

Chapter \_\_\_\_\_

Month/Yr \_\_\_\_\_

No. of Discharges \_\_\_\_\_

Number	Patient Initial	Type of patient (Old/ New)	Sex (M/F)	Weight (kg.)	Date of birth (mm/dd/yyyy)	Date admitted (mm/dd/yyyy)	Date discharged (mm/dd/yyyy)	Outcome (Discharged/ Died)	Primary diagnosis	ICD No.	Secondary diagnosis	ICD No.

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