



Please use a ballpoint pen on a firm surface

Hospital	1			
Clinic	2			
Patient Unit Number	3			
Medicare Number	4		100	Individual Reference Number (IRN)
Surname				
Given Names				
Home Address				
5 Suburb/Locality			6 Postcode	
Telephone				
8		Sex	Age	Date of Birth
1 Male 2 Female 3 Indeterminate				9
10		Country of Birth	Admission Weight (neonates)	Date of Birth Accuracy
12		Marital Status	13 Indigenous Status	
1 Never Married 2 Married/De Facto 3 Widowed 4 Divorced 5 Separated 9 Unknown			1 Aboriginal but not TSI orgin 2 TSI but not Aboriginal orgin 3 Both Aboriginal & TSI orgin 4 Neither Aboriginal nor TSI orgin 9 Not stated/inadequately described	
31		Veteran Card Type	69 Veteran Card No.	
G Gold W White N Not Avail				
Occupation				
Religion				
Type of Usual Accommodation				
90 1 House, Flat or other private res. 2 Independent unit (as part of retirement village or similar) 4 Psychiatric Hospital 5 Homeless - Boarding/rooming house 6 Other Accommodation 7 Homeless - no usual residence 8 Homeless - shelter/refuge 9 Unknown A Specialised alcohol/other drug treatment residence B Boarding/rooming house (not homeless) C Residential aged care service D Domestic scale supported living fac. H Hostel or hostel type accomm. M Specialised mental health comm. based residential O Other supported accommodation P Prison/remand centre/youth training centre S Shelter/refuge (not homeless persons' shelter)				
14 Patient Category				
1 Overnight Stay 2 Day Only - Type C 3 Boarder 4 Day Only - Other				
Source of Referral				
16 0 Admit from Leave 1 Other private Medical Practice (excluding psychiatrist) 2 Residential aged care facility 3 Com. Health Service 4 Inter-hospital transfer 5 Outpatient Depart 6 Casualty/Emergency 7 Contracted Service 8 Other 9 Unknown A Administrative Admission E End of Quarter Reporting L Law enforcement agency P Private psychiatric practice R Res Mental Health Service X Retrieval				
15 Admission Category				
1 Elective 2 Emergency 3 Elective Booking List 4 Not applicable				
101 Previous Specialised Treatment (only Mental Health &/or Palliative Care)				
1 No prior hospital admission(s) AND No prior community contact(s) 2 Prior hospital admission(s) AND No prior community contact(s) 3 No prior hospital admission(s) AND Prior community contact(s) 4 Prior hospital admission(s) AND Prior community contact(s) 5 Unknown/not stated				
17		Hospital Insurance	Accommodation	Legal Status
1 Hospital Cover 2 Not Insured 9 Unknown			1 Single > Patients Choice 2 Other > Allocated by Hospital	71 1 Involuntary 2 Forensic 3 Voluntary
Hospital Transferred from				
Only required if admission is an inter hospital transfer				
Contact Person				
Name				
Relationship				
Tel. ()				
Address				

Admission Number		Mental Health Linking Number	
68		83	
Admission Date		Time (24 hr)	
21		67	
Election		Ward on Admission	
1 Hospital 2 Private		54	
		Funding Source	
		95	
Type		Status Changes	
1 Ordinary (<35) 2 Long Stay - Acute 3 Long Stay - Maintenance		Election Type Effective from	
		22 23 24	
		25 26 27	
		28 29 30	
Episode of Care			
1 Acute 2 Maintenance Care 3 Palliative Care 4 Rehabilitation 5 Unqualified Newborn 6 Qualified Newborn 7 Hospital at Home 8 Psychogeriatric Care 9 Geriatric Evaluation & Mgmt I MH Acute J MH Maintenance Care K MH Rehabilitation L MH Psychogeriatric Care			
Funding Source			
01 Compensable-MVA 02 Compensable-WC 03 Compensable-Other 04 Veteran 05 Defence 06 Correctional 07 Overseas-RHCA 08 Non-Medicare 09 Private Health Ins 10 Self-funded 11 Medicare 12 Other Hosp or Public Auth. 13 No charge raised			
Hours in ICU			
40			
Hours on Mechanical Ventilation			
41			

Contracted Service		Periods of Leave	
Hospital 65		1st Leave - From Date & Time	
Patient Unit Number 63		73	
Admission Date 64		74	
		2nd Leave - From Date & Time	
		75	
		2nd Leave - To Date & Time	
		76	
		3rd Leave - From Date & Time	
		77	
		3rd Leave - To Date & Time	
		78	
		4th Leave - From Date & Time	
		79	
		4th Leave - To Date & Time	
		80	
Separation Date		Time (24 hr)	
43		70	
Ward on Discharge		66	
Nature of Separation		42	
0 Discharge on Leave 1 Home 2 Other Hospital - up transfer 3 Nursing Home or hostel 4 Other HC accom. 5 Died - no autopsy 6 Died - autopsy 7 Other Hospital-down transfer 8 Self Discharge 9 Unknown A Administrative Separation E End of Quarter Reporting X Retrieval			
Hospital Transferred to		Only required if separation is an inter hospital transfer	
72		44	
Referral for Further Health Care			
01 Not referred 02 Priv Medical Specialist (exc. priv. psychiatrist) 03 Other Priv. Health Prac. 04 Outpatient/Emerg. Depart. (Acute hospital) 05 Comm. mental health ser. 06 Other comm. health ser. 07 Hospital at Home/ Rehab at Home 08 Disability SA 09 Healthcare @ Home 10 Healthcare @ Home 11 Res. Mental Health Service 12 Transition to Res. Aged Care 13 Transition Care Package 14 Other Res. Health Service 15 Private psychiatrist 16 Drug & Alcohol inpatient fac. 17 Drug & Alc. non-inpatient fac. 18 Outpatient/ED (Psychiatric hospital) 19 Other/Unknown			
Transfer to Discharge Lounge Date		Time (24 hr)	
52		53	
Responsible Medical Officer			
Reason for Admission			

Condition Onset Flag for Principal Diagnosis		Principal Diagnosis as per National Coding Standards		Tick if more codes on next page (staple pages together)	
97		45		8	
Condition Onset Flag		Additional Diagnosis			
97A		46A		97B	
97F		46F		97G	
97K		46K		97L	
				97M	
				97N	
				97O	
				97P	
				97Q	
				97R	
				97S	
				97T	
				97U	
				97V	
				97W	
				97X	
				97Y	
				97Z	
				97AA	
				97AB	
				97AC	
				97AD	
				97AE	
				97AF	
				97AG	
				97AH	
				97AI	
				97AJ	
				97AK	
				97AL	
				97AM	
				97AN	
				97AO	
				97AP	
				97AQ	
				97AR	
				97AS	
				97AT	
				97AU	
				97AV	
				97AW	
				97AX	
				97AY	
				97AZ	
				97BA	
				97BB	
				97BC	
				97BD	
				97BE	
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				97BV	
				97BW	
				97BX	
				97BY	
				97BZ	
				97CA	
				97CB	
				97CC	
				97CD	
				97CE	
				97CF	
				97CG	
				97CH	
				97CI	
				97CJ	
				97CK	
				97CL	
				97CM	
				97CN	
				97CO	
				97CP	
				97CQ	
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Hospital 1, Clinic 2, Patient Unit Number 3, Medicare Number 4, Individual Reference Number (IRN) 100

Home Address 5, Suburb/Locality, Postcode 6

Statistical Local Area 7

Sex 8, Age, Date of Birth 9

Country of Birth 10, Admission Weight (neonates) 11, Date of Birth Accuracy 91

Marital Status 12, Indigenous Status 13

Veteran Card Type 31, Veteran Card No. 69

Type of Usual Accommodation 90, Patient Category 14

Source of Referral 16, Admission Category 15

Previous Specialised Treatment (only Mental Health &/or Palliative Care) 101

Hospital Insurance 17, Legal Status 71

Hospital Transferred from 18

Admission Number 68, Mental Health Linking Number 83, Admission Date 21, Time (24 hr) 67, Election 19, Type 20, Care 51

Election 1 Hospital, 2 Private, Ward on Admission 54, Funding Source 95

Type 1 Ordinary (<35), 2 Long Stay - Acute, 3 Long Stay - Maintenance

Episode of Care 1 Acute, 2 Maintenance Care, 3 Palliative Care, 4 Rehabilitation, 5 Unqualified Newborn, 6 Qualified Newborn, 7 Hospital at Home, 8 Psychogeriatric Care, 9 Geriatric Evaluation & Mgmt

Funding Source 01 Compensable-MVA, 02 Compensable-WC, 03 Compensable-Other, 04 Veteran, 05 Defence, 06 Correctional, 07 Overseas-RHCA, 08 Non-Medicare, 09 Private Health Ins, 10 Self-funded, 11 Medicare, 12 Other Hosp or Public Auth., 13 No charge raised

Hours in ICU 40

Hours on Mechanical Ventilation 41

Contracted Service Hospital 65, Patient Unit Number 63, Admission Date 64

Separation Date 43, Time (24 hr) 70, Ward on Discharge 66

Nature of Separation 0 Discharge on Leave, 1 Home, 2 Other Hospital - up transfer, 3 Nursing Home or hostel, 4 Other HC accom., 5 Died - no autopsy, 6 Died - autopsy, 7 Other Hospital-down transfer, 8 Self Discharge, 9 Unknown, A Administrative Separation, E End of Quarter Reporting, X Retrieval

Hospital Transferred to 72, Referral for Further Health Care 03 Other Priv. Health Prac., 04 Outpatient/Emerg. Depart., 05 Comm. mental health ser., 06 Other comm. health ser., 07 Hospital at Home/ Rehab at Home, 08 Disability SA, 09 Healthcare @ Home, 10 Healthcare @ Home, 11 Res. Mental Health Service, 12 Transition to Res. Aged Care, 13 Transition Care Package, 14 Other Res. Health Service, 15 Private psychiatrist, 16 Drug & Alcohol inpatient fac., 17 Drug & Alc. non-inpatient fac., 18 Outpatient/ED (Psychiatric hospital), 19 Other/Unknown

Transfer to Discharge Lounge Date 52, Time (24 hr) 53

Reason for Admission

Condition Onset Flag for Principal Diagnosis 97, Principal Diagnosis as per National Coding Standards 45, Tick if more codes on next page (staple pages together)

Condition Onset Flag 97, Additional Diagnosis 46, 97A 46A, 97B 46B, 97C 46C, 97D 46D, 97E 46E, 97F 46F, 97G 46G, 97H 46H, 97I 46I, 97J 46J, 97K 46K, 97L 46L, 97M 46M, 97N 46N, 97O 46O

External Cause 98, Condition Onset Flag 47, Place of Occurrence 99, Condition Onset Flag 94, Activity Code 92, Condition Onset Flag 93

49 Procedures/Operations, 85 Procedure Location Indicator, 49A 85A, 49B 85B, 49C 85C, 49D 85D, 49E 85E, 49F 85F, 49G 85G, 49H 85H, 49I 85I, 49J 85J, 49K 85K, 49L 85L



ISAAC PATIENT SUMMARY

(DH Copy)

ISAAC 20a/2

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Hospital 1

Clinic 2

Patient Unit Number 3

Medicare Number 4 100 **Individual Reference Number (IRN)**

Surname

Given Names

Home Address 5 Suburb/Locality Postcode 6

Telephone () **Statistical Local Area** 7

Sex 8 1 Male 2 Female 3 Indeterminate **Age** **Date of Birth** 9

Country of Birth 10 **Admission Weight** 11 (neonates) **Date of Birth Accuracy** 91 1 Accurate 2 Estimate

Marital Status 12 1 Never Married 2 Married/De Facto 3 Widowed 4 Divorced 5 Separated 9 Unknown 13 **Indigenous Status** 1 Aboriginal but not TSI orgin 2 TSI but not Aboriginal orgin 3 Both Aboriginal & TSI orgin 4 Neither Aboriginal nor TSI orgin 9 Not stated/inadequately described

Veteran Card Type 31 G Gold W White N Not Avail **Veteran Card No.** 69

Occupation **Religion**

Type of Usual Accommodation 90 1 House, Flat or other private res. 2 Independent unit (as part of retirement village or similar) 3 Psychiatric Hospital 4 Homeless - Boarding/rooming house 5 Other Accommodation 6 Homeless - no usual residence 7 Homeless - shelter/refuge 9 Unknown A Specialised alcohol/other drug treatment residence B Boarding/rooming house (not homeless) C Residential aged care service D Domestic scale supported living fac. H Hostel or hostel type accomm. M Specialised mental health comm. based residential O Other supported accommodation P Prison/remand centre/youth training centre S Shelter/refuge (not homeless persons' shelter)

Patient Category 14 1 Overnight Stay 2 Day Only - Type C 3 Boarder 4 Day Only - Other

Source of Referral 16 0 Admit from Leave 1 Other private Medical Practice (excluding psychiatrist) 2 Residential aged care facility 3 Com. Health Service 4 Inter-hospital transfer 5 Outpatient Depart 6 Casualty/Emergency 7 Contracted Service 8 Other 9 Unknown A Administrative Admission E End of Quarter Reporting L Law enforcement agency P Private psychiatric practice R Res Mental Health Service X Retrieval

Admission Category 15 1 Elective 2 Emergency 3 Elective Booking List 4 Not applicable

Previous Specialised Treatment (only Mental Health &/or Palliative Care) 101 1 No prior hospital admission(s) AND No prior community contact(s) 2 Prior hospital admission(s) AND No prior community contact(s) 3 No prior hospital admission(s) AND Prior community contact(s) 4 Prior hospital admission(s) AND Prior community contact(s) 5 Unknown/not stated

Hospital Insurance 17 1 Hospital Cover 2 Not Insured 9 Unknown **Accommodation** 1 Single > Patients Choice 2 Other 3 Single > Allocated by Hospital 4 Other **Legal Status** 71 1 Involuntary 2 Forensic 3 Voluntary

Hospital Transferred from **Transfer to Discharge Lounge Date** 52

Contact Person Name

Relationship **Tel.** ()

Address

Admission Number 68

Mental Health Linking Number 83

Admission Date 21 **Time (24 hr)** 67 **Election** 19 **Type** 20 **Care** 51

Election 1 Hospital 2 Private **Ward on Admission** 54 **Funding Source** 95

Type 1 Ordinary (<35) 2 Long Stay - Acute 3 Long Stay - Maintenance

Status Changes **Election** **Type** **Effective from**

22 23 24

25 26 27

28 29 30

Episode of Care 1 Acute 2 Maintenance Care 3 Palliative Care 4 Rehabilitation 5 Unqualified Newborn 6 Qualified Newborn 7 Hospital at Home 8 Psychogeriatric Care 9 Geriatric Evaluation & Mgmt I MH Acute J MH Maintenance Care K MH Rehabilitation L MH Psychogeriatric Care

Funding Source 01 Compensable-MVA 02 Compensable-WC 03 Compensable-Other 04 Veteran 05 Defence 06 Correctional 07 Overseas-RHCA 08 Non-Medicare 09 Private Health Ins 10 Self-funded 11 Medicare 12 Other Hosp or Public Auth. 13 No charge raised

Hours in ICU 40

Hours on Mechanical Ventilation 41

Contracted Service **Hospital** 65 **Patient Unit Number** 63 **Admission Date** 64

Separation Date 43 **Time (24 hr)** 70 **Ward on Discharge** 66

Nature of Separation 0 Discharge on Leave 1 Home 2 Other Hospital - up transfer 3 Nursing Home or hostel 4 Other HC accom. 5 Died - no autopsy 6 Died - autopsy 7 Other Hospital-down transfer 8 Self Discharge 9 Unknown A Administrative Separation E End of Quarter Reporting X Retrieval 42

Hospital Transferred to **Referral for Further Health Care** 03 Other Priv. Health Prac. 04 Outpatient/Emerg. Depart. (Acute hospital) 05 Comm. mental health ser. 06 Other comm. health ser. 07 Hospital at Home/ Rehab at Home 08 Disability SA 10 Healthcare @ Home 11 Res. Mental Health Service 12 Transition to Res. Aged Care 13 Transition Care Package 14 Other Res. Health Service 15 Private psychiatrist 16 Drug & Alcohol inpatient fac. 17 Drug & Alc. non-inpatient fac. 18 Outpatient/ED (Psychiatric hospital) 99 Other/Unknown

Transfer to Discharge Lounge Date 52 **Time (24 hr)** 53

Responsible Medical Officer

Reason for Admission

ISAAC PATIENT SUMMARY (Hospital Other Copy) ISAAC 20a/3