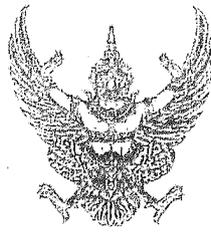


INSTITUTE OF MENTAL HEALTH
 MINISTRY OF PUBLIC HEALTH
 THAILAND



โรงพยาบาลจิตเวชขอนแก่นราชนครินทร์
 _____ HOSPITAL
 NEURO-PSYCHIATRIC PATIENT
 SUMMARY

1. ADMISSION NUMBER _____	เลขประจำตัวประชาชน _____	2. HOSPITAL NUMBER _____
3. PATIENT'S NAME _____	4. DAY OF ADMISSION _____	5. SERIAL NUMBER OF ADMISSION _____
6. PROVISIONAL DIAGNOSIS _____	7. DAY OF DISCHARGE _____	8. LENGTH OF STAY _____
9. FINAL DIAGNOSIS _____	10. AUXILIARY DIAGNOSIS 1. _____	11. AUXILIARY DIAGNOSIS 2. _____
12. OPERATION I _____	13. OPERATION II _____	

14. <u>CONDITION AT DISCHARGE</u> 1. COMPLETE RECOVERY 6. NORMAL CHILD DISCHARGED WITH MOTHER 2. IMPROVED 7. NORMAL CHILD DISCHARGED SEPARATELY 3. NOT IMPROVED 8. DEAD STILLBIRTH 4. NORMAL DELIVERY 9. DEAD 5. UN-DELIVERY	15. <u>TYPE OF DISCHARGE</u> 1. WITH APPROVAL 5. OTHER (SPECIFY) 2. AGAINST ADVICE 8. DEAD AUTOPSY 3. BY ESCAPE 9. DEAD NONAUTOPSY 4. BY TRANSFER
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16. OCCUPATIONAL CONDITIONAL AT DISCHARGE

1. NOT ASSESSED
2. FIT FOR EMPLOYMENT WITHOUT FURTHER TRAINING
3. MAY BE FIT FOR EMPLOYMENT AFTER FURTHER TRAINING
4. UNLIKELY TO BE FIT FOR EMPLOYMENT
5. OTHERS
6. DEAD

IN CASE OF DEATH COMPLETE DEATH CERTIFICATE ON OTHERS SIDE OF FORM

ATTENDING PHYSICIAN _____ SIGNATURE	APPROVED BY _____ SIGNATURE
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FORM-02A / R=00/normal/02/01/2562