



Hospital Number:

--	--	--	--

Network ID Number:

--	--	--	--	--

PATIENT IDENTIFICATION WORKSHEET FOR INFANTS BORN IN 2017

Please use this and the Length of Stay Calculation Worksheet (on the following page) to calculate data elements reported on your 2017 forms.

*Admission/Discharge Form
Transport/Post-Transport Form*

Please use the Delivery Room Death forms for infants who meet the Delivery Room Death Criteria. Refer to the CPQCC Manual for 2017 when completing worksheets and forms.

***Do Not Submit This Worksheet to CPQCC
Keep on File at Your Center***

W1. Patient's Name: _____

W2. Mother's Name: _____

W3. Patient's Medical Record Number: _____

W4a. Date of Birth: $\frac{\quad}{MM} / \frac{\quad}{DD} / \frac{\quad}{YYYY}$ W4B. Time of Birth $_ _ : _ _$ AM/PM

W5. Date of Admission: $\frac{\quad}{MM} / \frac{\quad}{DD} / \frac{\quad}{YYYY}$

W6. Date of Day 28: $\frac{\quad}{MM} / \frac{\quad}{DD} / \frac{\quad}{YYYY}$

W7. Date of Week 36: $\frac{\quad}{MM} / \frac{\quad}{DD} / \frac{\quad}{YYYY}$

W8. Date of Initial Discharge, Transfer or Death: $\frac{\quad}{MM} / \frac{\quad}{DD} / \frac{\quad}{YYYY}$

W9. Date of Final Discharge or Death: $\frac{\quad}{MM} / \frac{\quad}{DD} / \frac{\quad}{YYYY}$