



PATIENT IDENTIFICATION WORKSHEET FOR INFANTS BORN IN 2021

NETWORK ID: HOSPITAL ID:

Please use this and the Length of Stay Calculation Worksheet (on the following page) to calculate data elements reported on your 2021 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 2021 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: (MM-DD-YYYY) ____-____-_____

W4b. Time of Birth: ____:____AM/PM

W5. Date of Admission: (MM-DD-YYYY) ____-____-_____

W6. Date of Day 28: (MM-DD-YYYY) ____-____-_____

W7. Date of Week 36: (MM-DD-YYYY) ____-____-_____

W8. Date of Initial Discharge, Transfer, or Death: (MM-DD-YYYY) ____-____-_____

W9. Date of Final Discharge or Death: (MM-DD-YYYY) ____-____-_____