

Data Collection Sheet Example

MRN:

Sex: Male Female

Race: White Black/African American Other

Ethnicity: Hispanic Non-Hispanic

Date of birth: ____/____/____

Date of admission: ____/____/____ Date of discharge: ____/____/____

Discharge disposition: Home NH LTAC Transfer Hospice/Death

Comorbidities:

Hypertension No Yes

CHF No Yes

MI No Yes

Laboratory Values

| | Admission Value | Value_1 | Date_time_1 | Value_2 | Date_time_2 | Addl... |
|----------|-----------------|---------|-------------|---------|-------------|---------|
| Hgb | | | | | | |
| WBC | | | | | | |
| Ferritin | | | | | | |
| | | | | | | |

Vital signs

| | Admission Value | Value_1 | Date_time_1 | Value_2 | Date_time_2 | Addl... |
|---------|-----------------|---------|-------------|---------|-------------|---------|
| Sys BP | | | | | | |
| Dias BP | | | | | | |
| Pulse | | | | | | |
| RR | | | | | | |
| | | | | | | |

Symptoms:

Headache: No Yes

Sore throat: No Yes

Back pain: No Yes

ETC.