

**NATIONAL PSYCHIATRIC IN-PATIENT REPORTING SYSTEM
PART 1: ADMISSION**

Area from which patient was admitted

Area of Patient's home, hospital or hostel at which patient was residing at the time of admission to hospital. If the patient is resident in Dublin please give postal district where applicable.

1. Address line 1 _____
2. Address line 2 _____
3. County of Residence _____
4. Hospital Name/Unit Name _____
5. Hospital Reference Number 6. Patient Reference Number
7. Date of Present Admission 8. Date of Birth

9. Gender 10. Marital Status 11. Legal Category 12. Order of Admission

MALE	1	SINGLE	1	VOLUNTARY	1	FIRST EVER	1
FEMALE	2	MARRIED	2	NON VOLUNTARY	2	OTHER	2
		WIDOWED	3				
		DIVORCED	4				
		OTHER	5				
		UNKNOWN	6				

13. Ethnicity

<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	<input type="checkbox"/> Other, including mixed race
IRISH 1	AFRICAN 5	CHINESE 7	OTHER 9 Please specify: _____
IRISH TRAVELLER 2	OTHER BLACK 6	OTHER ASIAN 8	
ROMA 3	BACKGROUND	BACKGROUND	
OTHER WHITE 4			
BACKGROUND			

14. Country of Birth _____

15. Occupation _____

A. Occupation of Patient _____
If patient is unemployed or retired please indicate previous occupation

B. Is the PATIENT presently Employed 1 Student 4
Unemployed 2 House duties 5
Retired 3 Unknown 6

C. If PATIENT is a student or engaged in home duties or never worked please state occupation of head of household/principal earner.

D. Employment Status of Holder of Occupation A or C

Employer 1	Employee 3
Self employed without paid employees 2	Assisting Relative 4

(not receiving a fixed wage or salary)

16. DIAGNOSES

ICD 10 CODE	ICD 10 CODE
Diagnosis 1 F <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Diagnosis 2 F <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

PART 2: DISCHARGE

17. Reason for Discharge **Discharge** 1
Death 2

18. Date of Discharge

19. Diagnosis if different from admission

ICD 10 CODE	ICD 10 CODE
Diagnosis 1 F <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Diagnosis 2 F <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>