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
   - MALE
   - FEMALE

10. Marital Status
    - SINGLE
    - MARRIED
    - WIDOWED
    - DIVORCED
    - OTHER
    - UNKNOWN

11. Legal Category
    - VOLUNTARY
    - NON VOLUNTARY

12. Order of Admission
    - FIRST EVER
    - OTHER

13. Ethnicity
    - White
    - Black
    - Asian
    - Other, including mixed race

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
       - Unemployed
       - Retired
    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
       - Self employed without paid employees
       - Employee
       - Assisting Relative
       - (not receiving a fixed wage or salary)

16. DIAGNOSES
    ICD 10 CODE

PART 2: DISCHARGE

17. Reason for Discharge
    - Discharge
    - Death

18. Date of Discharge

19. Diagnosis if different from admission
    ICD 10 CODE