

Minimum Data Set (MDS) 2.0© Canadian Version

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DISCHARGE FORM

Addressograph

SECTION AA and A: DEMOGRAPHIC INFORMATION			
AA1	UNIQUE REGISTRATION IDENTIFIER		
	RESIDENT NAME		
AA2	SEX	M. Male F. Female O. Other	
AA3a	BIRTH DATE	<div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div>	<div>Year</div> <div>Month</div> <div>Day</div>
AA3b	ESTIMATED BIRTH DATE	Birth date is estimated. 0. No 1. Yes	
AA6	FACILITY NUMBER	<div> <div></div> <div></div><div></div><div></div><div></div> </div> <div> Prov./Terr. Facility Number (See CCRS data submission manual for province/territory abbreviations.) </div>	
AA5a	HEALTH CARD NUMBER	a. Enter the resident's health card number, or enter "0" if unknown or "1" if not applicable. <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	
AA5b	PROVINCE/TERRITORY ISSUING HEALTH CARD NUMBER	b. Enter the Province/Territory code issuing health card number (See CCRS data submission manual for province/territory codes.) <div> <div></div><div></div> </div>	
A6a	HEALTH RECORD NUMBER	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	
A6b	HEALTH REGISTER NUMBER	<div> <div></div><div></div><div></div><div></div><div></div> </div>	
AA9	DISCHARGE TYPE	Primary reason for discharge 06. Discharged—return not anticipated 07. Discharged—return anticipated 08. Discharged prior to completing initial assessment	

SECTION R: DISCHARGE STATUS		
R3a	DISCHARGED TO: FACILITY/ LEVEL OF CARE	a. Code for resident disposition upon discharge 00 Ambulatory Health Service 01 Inpatient Acute Care Service 02 Inpatient Rehabilitation Service (General) 03 Inpatient Continuing Care Service 04 Residential Care Service (24-hour nursing care) 05 Inpatient Psychiatry Service 06 Other/Unclassified Service 07 Inpatient Rehabilitation Service (Specialized) 08 Home Care Service 09 Residential Care Service (board and care) 10 Private Home (no home care) 11 Deceased
R3b	DISCHARGED TO FACILITY NUMBER	b. Facility number <div> <div></div> <div></div><div></div><div></div><div></div> </div> <div> Prov./Terr. Facility Number (See CCRS data submission manual for province/territory codes.) </div>
R4	DISCHARGE DATE	<div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div>

SIGNATURES OF PERSONS COMPLETING THESE ITEMS:		
Signatures	Title	Date