HOSPITAL IDENTIFICATION AND DIAGNOSIS FORM PHI (1)

DO NOT WRITE IN THIS BINDING MARGIN

FACILITY

U.R. NUMBER

ADMISSION NUMBER

ADMISSION DATE

ADMISSION TIME (0000 - 2359)

SEPARATION DATE

SEPARATION TIME (0000 - 2359)

ZdW
X
XEv
XKZu v
XKPvvvZu
X ,o
XDvPuv

XWZP
XDvvv
XDvo,oZ
XZZo v
XWoo
ooW,u

SOURCE OF REFERRAL/TRANSFER

01. Private med practitioner (excl. psychiatrist)
02. Emergency dept – this hospital
03. Outpatient dept – this hospital
06. Episode change
09. Born in hospital
X Other health care establishment
X Private psychiatrist
X Correctional facility
X Law enforcement agency
X Community service
19. Routine readmission not requiring referral
20. Organ procurement
21. Boarder
23. Residential aged care service
24. Admitted patient transferred from another hospital
25. Non-admitted patient referred from other hospital
29. Other
30. Planned emergency
31. Residential mental health care facility
32. Change of reference period

If **16**, **23**, **24**, **25** or **31** provide facility number

DKK&WZd/KE
X,ulv
XKZZoZZuv
XvZo
X ZvP
X ZPl
X Ewuo
X vo/o
/(ddu

XKPvuv
X
X,ov(
XDrZo
XKZ
XZZo d/
XZZo V
XZouvoZoZo
XZvPlv

WEED
AEAE

d/sWd/Edddh
1. Emergency admission 2. Elective admission
3. Not Assigned

TREATING DOCTOR ON ADMISSION

TREATING DOCTOR ON SEPARATION

DK</Eddh X vZdZvZo X Z v v ul X Eul vuP

DK</EWd,t KDWd EAEWAWA

YEd/&d/KE EhDZ

/E/Edd

ESTIMATED INCIDENT DATE FLAG
1 = Estimated

DKd,ZWd/Ed/
Z((orvvZo

WARD DETAILS (Record additional ward/unit transfers on PHI(2) form)

ADMISSION WARD

ADMISSION UNIT

STANDARD UNIT CODE

STANDARD WARD CODE

ACCOUNT VARIATION DETAILS (Record account variation changes on PHI(2) form)

CHARGEABLE STATUS
1. Public 2. Private Shared 3. Private Single

COMPENSABLE STATUS
1. Workers' Compensation (Qld)
2. Workers' Compensation (Other)
3. Compensable Third Party
4. Other compensable
5. Dept of Veterans' Affairs
6. Motor Vehicle (Qld)
7. Motor Vehicle (Other)
8. None of the above
9. Dept of Defence

PATIENT LEAVE DETAILS (Record additional leave details on PHI(2) form)

DATE OF STARTING LEAVE

TIME OF STARTING LEAVE

DATE RETURNED FROM LEAVE

TIME RETURNED FROM LEAVE

TREATING DOCTOR

SIGNATURE

DATE

Any extra morbidity codes, activity details or mental health details (Y or N), complete and attach PHI (2).

Any SNAP details (Y or N), complete and attach PHI (3).

h r d,d
Time (hhhhhmm)

CONTINUOUS VENTILATION
Time (hhhhhmm)

d *dhh*

XvPov((uoo
X dZ(uooPvv
PvvXv(uooPvv
X&Z(uooPvv
X &(Z(uooPvvXZ(uoo
Pvv
KZd/KE dW
X DvXDouvv
XPouv v X& Xvvv XEoo

FAMILY NAME

GIVEN NAMES

AFFIX PATIENT LABEL

ADDRESS OF USUAL RESIDENCE

No. and Street

Suburb/town

Postcode State

dK&/Zd, Estimated DOB 1. Yes

MARITAL STATUS
1. Never Married
2. Married (registered and de facto)
3. Widowed
4. Divorced
5. Separated
9. Not stated/unknown

KhEdZK&
/Zd,

INDIGENOUS STATUS
X Pvovd/ovPv
X d/ovvPvoPv
X Z Pvo vd/ovPv
X EZPvovd/ovPvXElhvlvv

/E,
/E
1. South Sea Islander Origin XEll
X E / P

SEX
1. Male
2. Female
3. Other

BABY ADMISSION WEIGHT
(where <2500g or <29 days)

FUNDING SOURCE
01. Health Service Budget (not covered elsewhere)
02. Private health insurance
03. Self-funded
04. Worker's compensation
05. Motor vehicle third party personal claim
06. Other compensation
07. Department of Veterans' Affairs
08. Department of Defence
09. Correctional facility
10. Other hospital or public authority (contracted care)
11. Health Service Budget (due to eligibility for Reciprocal Health Care Agreement)
12. Other
13. Health Service Budget (no charge raised due to hospital decision)
99. Not Known

HOSPITAL INSURANCE
7. Hospital Insurance 8. No hospital insurance 9. Not stated/unknown

BAND

CONTRACT ROLE
A = Hosp A, B = Hosp B

CONTRACT TYPE
1=B, 2=ABA, 3=AB, 4=(A)B, 5=BA

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- ov((vAU U vvo

PURCHASER/PROVIDER IDENTIFIER

MEDICARE ELIGIBILITY
1. Eligible 2. Not Eligible 3. Not stated/unknown

MEDICARE NUMBER

DVA PATIENT DETAILS *(Where compensable status = 5)*

DVA FILE NUMBER

CARD TYPE G = Gold W = White

QUALIFICATION STATUS
A = Acute U = Unqualified

(Record qualification status changes on PHI(2) form)

CONTRACT LEAVE DETAILS
Complete table when patient transferred for contract service at another hospital

DATE TRANSFERRED FOR CONTRACT

DATE RETURNED FROM CONTRACT

FACILITY NUMBER CONTRACTED TO

MORBIDITY CODES
(e.g. ICD-10-AM)
PD - Principal Diagnosis
OD - Other Diagnosis
M - Morphology
EX - External Cause
PR - Procedure

CONTRACT FLAG (CF) (if applicable)
1. Contracted admitted procedure
2. Contracted non-admitted procedure

DIAGNOSIS ONSET TYPE (COF)
1. Condition present on admission to the episode of care
2. Condition arises during the episode of care

	ICD TYPE	ICD CODE	PROCEDURE DATE	CF	COF
1.	P D				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

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PATIENT ACTIVITY PAGE

FACILITY

U.R. NUMBER

ADMISSION NUMBER

ADMISSION DATE

ADMISSION TIME (0000 - 2359)

SURNAME

SEX 1. Male 2. Female 3. Other

GIVEN NAME(S)

DATE OF BIRTH

EXTRA MORBIDITY CODES

OD - Other Diagnosis, M - Morphology, EX - External Cause, PR - Procedure

CONTRACT FLAG (CF) (if applicable)

1. Contracted admitted procedure 2. Contracted non-admitted procedure

DIAGNOSIS ONSET TYPE (COF)

1. Condition present on admission to the episode of care
2. Condition arises during the episode of care

CONGENITAL ANOMALIES

FETUS NUMBER

ICD CODE

1. Singleton or first of a multiple pregnancy
2. Second of a multiple pregnancy
3. Third of a multiple pregnancy
4. Fourth of a multiple pregnancy
5. Fifth of a multiple pregnancy
6. Sixth of a multiple pregnancy

ABORTION TYPE

1. Missed abortion
2. Medical termination
3. Surgical termination
4. Feticide
5. Spontaneous abortion
9. Not applicable

	ICD TYPE	ICD CODE	PROCEDURE DATE	CF	COF
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					

	ICD TYPE	ICD CODE	PROCEDURE DATE	CF	COF
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					

WARD DETAILS - Complete the fields below for any additional admission or standard ward/unit transfers

ADMISSION WARD	ADMISSION UNIT	STANDARD UNIT CODE	STANDARD WARD CODE	DATE OF TRANSFER (0000-2359)	TIME OF TRANSFER

PATIENT LEAVE DETAILS - Complete table every time patient goes on leave

DATE OF STARTING LEAVE	TIME OF STARTING LEAVE	DATE RETURNED FROM LEAVE	TIME RETURNED FROM LEAVE

CONTRACT LEAVE DETAILS - Complete table when patient transferred for contract service at another hospital.

DATE TRANSFERRED FOR CONTRACT	DATE RETURNED FROM CONTRACT	FACILITY NUMBER CONTRACTED TO

ACCOUNT VARIATION CHANGE DETAILS

CHARGEABLE STATUS CHANGE

1. Public
2. Private Shared
3. Private Single

DATE OF CHANGE

COMPENSABLE STATUS CHANGE

1. Workers' Compensation (Qld)
2. Workers' Compensation (Other)
3. Compensable Third Party
4. Other compensable
5. Dept of Veterans' Affairs
6. Motor Vehicle (Qld)
7. Motor Vehicle (Other)
8. None of the above
9. Dept of Defence

DATE OF CHANGE

QUALIFICATION STATUS CHANGE DETAILS

QUALIFICATION STATUS
A = Acute U = Unqualified

DATE OF CHANGE

MENTAL HEALTH DETAILS - Required for all admitted episodes where the standard unit code is in the range PYAA to PYZZ (Mental Health Unit).

TYPE OF USUAL ACCOMMODATION

EMPLOYMENT STATUS

PENSION STATUS

FIRST ADMISSION FOR PSYCHIATRIC TREATMENT

REFERRAL TO FURTHER CARE

MENTAL HEALTH LEGAL STATUS INDICATOR

PREVIOUS SPECIALISED NON-ADMITTED TREATMENT

NURSING HOME TYPE PATIENT DETAILS

START DATE	END DATE

PALLIATIVE CARE DETAILS (where care type is 30)

FIRST ADMISSION FOR PALLIATIVE CARE TREATMENT
1. No previous admission for palliative care treatment
2. Previous admission for palliative care treatment

PREVIOUS SPECIALISED NON-ADMITTED PALLIATIVE CARE TREATMENT
1. No previous non-admitted service contact for palliative care treatment
2. Previous non-admitted service contact(s) for palliative care treatment

NOTE: THIS FORM MUST BE COMPLETED FOR EVERY OCCASION OF PATIENT ACTIVITY OR WHERE EXTRA MORBIDITY CODES ARE TO BE REPORTED, AND MUST BE RETURNED TO THE STATISTICAL COLLECTIONS AND INTEGRATION UNIT WITH THE CORRESPONDING IDENTIFICATION AND DIAGNOSIS SHEET. ATTACH MULTIPLE ACTIVITY FORMS AS REQUIRED.

DO NOT WRITE IN THIS BINDING MARGIN

HOSPITAL IDENTIFCATION AND DIAGNOSIS FORM - ACTIVITY PAGE PHI (2) JULY 2021