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Currently logged in as JAMES ARBAUGH | [Log out](#) | [My Profile](#) | [Help](#)[Discard changes](#) | [Print](#)**JAMES ARBAUGH | Admission (HOSPITAL ADMISSION) | (Unsaved****Hospital Admission Form**

LAST NAME	FIRST NAME	DATE OF BIRTH	DOSSIER #
ARBAUGH	JAMES	30/Aug/1977	628098
LOCALITY	ADDRESS	CITY	
OUT DISTRICT	KAY 64	DESCHAPELLES	
PATIENT AGE	GENDER	PARENT (Mother)	
34	M	MIRIAM ARBAUGH	

<b>Services:</b>	INTERNAL MEDICINE *
<b>Durée de l'hospitalisation:</b> (Duration of Hospitalization)	<b>Du (From)</b> 08-Apr-2012 (dd-mmm-yyyy) <b>Au (To)</b> 06-Apr-2012 (dd-mmm-yyyy) Dat dichai ou antre a pa kapab avan dat admisyon an. The discharge date cannot be before the admission date.
<b>Diagnostics(s)</b> (Diagnosis)	1 CHOLERA 2 CHOLERA Ou pa kapab genven von menm diagnosis de (2) fwa. You cannot have the same diagnosis twice 3 MALARIA UNSPECIFIED 4
<b>Traitement ou Procédure</b> (Treatment or Procedure)	1 ANTIBIOTHERAPY 2 ANTIBIOTHERAPY Ou pa kapab genven von menm pwosedri de (2) fwa. You cannot have the same procedure twice
<b>Transféré à</b> (Tranferred to)	
<b>Condition à L'éxeat</b> (Status at Discharge)	<input type="radio"/> CURED <input checked="" type="radio"/> DECEASED <input type="radio"/> DETERIORATION <input type="radio"/> IMPROVEMENT <input type="radio"/> SAME
<b>Patir sans Autorisation</b> (Left without Authorization)	<input type="checkbox"/>
<b>Rendez vous:</b> (Return Visit)	<b>Date de Rendez-vous</b> 10-Apr-2012 (dd-mmm-yyyy) Ou pa kapab antre dat randevou si pasvan an mouri. You cannot enter a return visit date if the patient died.
	<b>Lieu (Place)</b> Dispensaire HAS Ou pa kapab antre ki kote vo bay pasvan an randevou si li mouri. You cannot enter a return visit location if the patient died.
<b>Lieu (Location)</b> HOSPITAL - HAS	<b>Nom du Medecin (Doctor Name)</b> Duane Dowell

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