



1. REPORTING MTF						2. MTF LOCATION		ADMISSION AND CODING INFORMATION																
1	2	3	4	5	6	7	8	(State or Country Code.) For use of this form, see AR 40-400; the proponent agency is OTSG																
A														4. PAY GRADE		5. SEX								
3. REGISTER NUMBER						NAME (Last, First, Middle Initial)						16		17		18								
9	10	11	12	13	14	15																		
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE	9. ETHNIC		RELIGION												
19	20	21	22	23	24	25	26	27	28	29	30	31	BACK-GROUND											
10. LENGTH OF SERVICE				ETS		11. FMP				12. SOCIAL SECURITY NUMBER														
32	33	34			35	36					37	38	39	40	41	42	43	44	45					
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS					HOUR OF ADMISSION			BRANCH / CORPS										
						46																		
14. FLYING STATUS			15. BENEFICIARY CATEGORY									16. ZIP CODE OF RESIDENCE												
47	48	49	50	51	52										53	54	55	56	57	58	59	60	61	
17. UNIT LOCATION (State or Country Code)			18. MOS							19. TRAUMA			PREV. ADMISSION											
62	63	64							65	66	67	68	69	70	71				YEAR			<input type="checkbox"/> NO		
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION						WARD			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE															
72									ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)															
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE																		
21. TYPE OF DISPOSITION				22. MTF TRANSFERRED TO						23. DATE OF DISPOSITION (YYYYMMDD)														
73	74	75						76	77	78	79	80	81	82	83	84	85	86	87	88				
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM						26. DATE THIS ADMISSION (YYYYMMDD)														
89	90	91	92	93						94	95	96	97	98	99	100	101	102	103	104	105	106		
27. LOCATION OF OCCURRENCE				28. MTF OF INITIAL ADMISSION						29. DATE INITIAL ADMISSION (YYYYMMDD)														
107	108	(Battle Casualty Only)						109	110	111	112	113	114	115	116	117	118	119	120	121	122			
FOR LOCAL USE																								
ADMITTING OFFICER (Signature, as required)											SIGNATURE OF ADMITTING CLERK													
																								

ADMISSION AND CODING INFORMATION

30. AGE AT DISP				31. AUTOPSY Y / N		32. UNDERLYING CAUSE OF DEATH / SEP			33. RESIDUAL DISABILITY						34. DO NOT USE - DATA FILLER #1						35. CAUSE OF INJURY		
123	124	125	126			127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142		
36. FIRST DIAGNOSIS (Principal Diagnosis)						37. SECOND DIAGNOSIS						38. THIRD DIAGNOSIS											
143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166
39. FOURTH DIAGNOSIS						40. FIFTH DIAGNOSIS						41. SIXTH DIAGNOSIS											
167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190
42. SEVENTH DIAGNOSIS						43. EIGHTH DIAGNOSIS																	
191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206								
44. FIRST PROCEDURE (Principal Diagnosis)						45. SECOND PROCEDURE						46. THIRD PROCEDURE											
207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230
47. FOURTH PROCEDURE						48. FIFTH PROCEDURE						49. SIXTH PROCEDURE											
231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254
50. SEVENTH PROCEDURE						51. EIGHTH PROCEDURE																	
255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270								
52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES						53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES						54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y / N								
271	272					273	274					275	276	277									
0	0					0	0					0	0										

ADMISSION AND CODING INFORMATION

REPORTING MTF					REGISTER NUMBER																
A																					
56. TOTAL SICK DAYS (All Facilities)					57. BED DAYS THIS MTF				58. BED DAYS OTHER FED MTFS				59. BED DAYS CIV. HOSPITALS				60. BASSINET DAYS (Neonatal)				
279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	
61. QUARTER DAYS					62. MEDICAL HOLDING DAYS				63. COOPERATIVE CARE DAYS				64. CONVALESCENT LEAVE DAYS				65. SUPPLEMENTAL CARE DAYS				
300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319		
66. OTHER DAYS					67. TOTAL SICK DAYS - THIS MTF					68. BED DAYS - ICU				69. BED DAYS - ADMITTING				70. CLINIC SERVICE (Second)			
320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	CLINIC SERVICE	337	338	339	340
71. BED DAYS SECOND CLINIC SERVICE					72. CLINIC SERVICE (Third)				73. BED DAYS THIRD CLINIC SERVICE				74. CLINIC SERVICE DISPOSITION				75. BED DAYS DISPOSITION CLINIC SERVICE				
341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360		
76. CONVALESCENT LEAVE RECOMMENDED					77. PATIENT ACUITY - DAYS I				78. PATIENT ACUITY - DAYS II				79. PATIENT ACUITY - DAYS III				80. PATIENT ACUITY - DAYS IV				
361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379			
81. PATIENT ACUITY - DAYS V					82. PATIENT ACUITY - DAYS VI				83. DO NOT USE THIS SPACE					84. TYPE RECORD							
380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399		

FOR LOCAL USE