73545 Admission Records

(a)

A facility shall complete for each patient an admission record which shall include the following: (1) Name and Social Security number. (2) Current address. (3) Age and date of birth. (4) Sex. (5) Date of admission. (6) Date of discharge. (7) Name, address and telephone number of person or agency responsible for patient and next of kin. (8) Name, address and telephone number of attending physician and of the podiatrist, dentist or clinical psychologist if such practitioner is primarily responsible for the treatment of the patient. (9) Name, address and telephone number of the designated alternate physician. (10) Admission diagnosis, known allergies and final diagnosis. (11) Medicare and Medi-Cal numbers when appropriate. (12) An inventory including but not limited to: (A) Items of jewelry. (B) Items of furniture. (C) Radios, television and other appliances. (D) Prosthetic devices. (E) Other valuable items, so identified by the patient, family or authorized representative.

(1)

Name and Social Security number.

(2)

Current address.

(3)

Age and date of birth.

(4) Sex. (5) Date of admission. (6) Date of discharge. **(7)** Name, address and telephone number of person or agency responsible for patient and next of kin. (8) Name, address and telephone number of attending physician and of the podiatrist, dentist or clinical psychologist if such practitioner is primarily responsible for the treatment of the patient. (9) Name, address and telephone number of the designated alternate physician. (10)Admission diagnosis, known allergies and final diagnosis. (11)Medicare and Medi-Cal numbers when appropriate. (12)An inventory including but not limited to: (A) Items of jewelry. (B) Items of furniture. (C) Radios, television and other appliances. (D) Prosthetic devices. (E) Other valuable items, so identified by the patient, family or authorized representative. (A) Items of jewelry. (B)

(C)	
Radios, television and	other appliances.
(D)	
Prosthetic devices.	
(E)	

Other valuable items, so identified by the patient, family or authorized representative.

Items of furniture.