

## HP37: Notification of Hospitalization

### Purpose

The *Notification of Hospitalization* (HP37) form documented any hospitalization overnight or longer that may have occurred for non-deceased participants since the HDFP Fifth-Year Visit. It was to be accompanied by a hospital discharge summary (including discharge diagnoses) . (See **Section 17.7.6** of the *Manual of Operations* for details).

FORM 1121

### NOTIFICATION OF HOSPITALIZATION

(For non-deceased participants)

Program Number: 34 56789 1011

BATCH NO. 18 19 20 21 22 23 24 25

2. Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last

①

12	13	14	15	16	17
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Coordinating Center

3. Date of completion of this form:

③ Month 26 27 Day 28 29 Year 30 31

4. Hospitalization Sequence Number (from HP35, Item 23a):

⑤ 32 33

Unreported Hospitalization: ⑥ 34

5. Hospitalization Unconfirmed: ⑦ 35 → Skip to 11

6. Name of Hospital: ⑧ 36

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

7. Hospital Admission Date: ④ Month 37 38 Day 39 40 Year 41 42

8. Discharge Date: ⑨ Month 43 44 Day 45 46 Year 47 48

Copy of discharge summary, including discharge diagnosis, enclosed?

⑩ Yes 1 No 2

Specify reason: ⑪ 50

10. This notification completed by: \_\_\_\_\_ ⑫ 51 52

Coordinating Center Use Only:

⑬ 53 54 55 . 56

⑭ 57 58 59 . 60

⑮ 61 62 63 . 64

⑯ 65 66 67 . 68

⑰ 69 70 71 . 72

⑱ CENTURY DATE 73 74 75 76 77

⑲ UPDATE NO. 78 79 80

⑳ DATE FORM RECEIVED 81 82 83 84 85 86

㉑ DATE FORM LAST PROCESSED 87 88 89 90 91 92