Attachment G

Weekly Census Report on Client Status

Weekly Census Report on Patient Status (Admitted / Pending / Screened)

Facility: _____ **Ward:** _____ (Unit) Use Separate sheet for each unit **For:** Mon ____ Day ____ Year ____ **Prepared By:** _____

Due **before** close of business day each Monday

No of Beds currently available	Age	Gender	Sub LOC	Specialty	General Location	Other

For **ALL** patients, fill in all appropriate columns.

Family Guidance Center abbreviations are:

CO	Central Oahu	**HNL**	Honolulu Oahu	**LO**	Leeward Oahu	**WO**	Windward Oahu
FCLB	Family Court Liaison Branch	**H**	Hawaii	**M**	Maui	**K**	Kauai

Wait List	
Yes ☐	**No** ☐
If Yes, Enter details below	

A	B	C	D	E	F	G	H	I	J	K
Date of Admission	Patient Name LN, FN	Gender M or F	Sub Loc	Referring Agency (FGC)	Projected Date of Discharge	Actual Date of Discharge	Wait Listed Date	Projected Date of Admission	Screened Date	Comments
		?		?						

FAX to Romel Mendoza at Clinical Services Office: 733-9875.