



**DEPARTMENT OF INTERNAL MEDICINE
Monthly Admission and Mortality Census
(Geographical Floors)**

Name of Unit/Floor: _____

Month of Census: _____

**Name of Residents:
(For Census Month)** _____

Total Admissions: _____

**Transfers In:
(From Units/Other services)** _____

**Transfers Out:
(To Units/Other services)** _____

Discharges: _____

Deaths: _____

Please note down the MR numbers for all deaths in the census month.