



**DEPARTMENT OF INTERNAL MEDICINE
Monthly Admission and Mortality Census
(MICU Service)**

Name of Unit: _____

Month of Census: _____

Name of Residents: _____
(For Census Month)

Units	Admissions	Transfers In	Transfers Out	Discharges	Deaths
MICU					
CCU					
SICU					

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