



**DEPARTMENT OF INTERNAL MEDICINE**  
**Monthly Admission and Mortality Census**  
**(NG/Heme/Onc)**

**Name of Service:** \_\_\_\_\_

**Month of Census:** \_\_\_\_\_

**Name of Residents:** \_\_\_\_\_  
**(For Census Month)**

<b>Unit</b>	<b>Admissions</b>	<b>Transfer Ins</b>	<b>Transfer Outs</b>	<b>Discharges</b>	<b>Deaths</b>
<b>6P</b>					
<b>6E</b>					
<b>5E</b>					
<b>4E</b>					
<b>4N</b>					
<b>3N</b>					
<b>Others (Specify)</b>					

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