**MONTHLY CENSUS SURVEY FORM**

**Census form to be completed at the close of previous month and submitted monthly by the 10th of the following month.**

1. Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Month: \_\_\_\_\_\_\_\_\_\_\_\_\_
3. Year: \_\_\_\_\_\_\_\_\_\_\_\_\_
4. Average daily census for Post-Acute Care: \_\_\_\_\_\_\_\_\_\_\_\_\_
5. Average daily census for Chronic Long-Term Care: \_\_\_\_\_\_\_\_\_\_\_\_\_
6. Number of nursing home admissions this month that came from a hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_
7. Please enter the total number of unplanned hospital admissions that occurred this month: \_\_\_\_\_\_\_\_\_\_\_\_\_
8. Please enter the total number of transfers to the emergency department that occurred this month: \_\_\_\_\_\_\_\_\_\_\_\_\_

\*If patient is transferred to the ED, then admitted to the hospital, do not count this as an ED transfer.