VERMONT OXFORD NETWORK
PATIENT LOG 2010

PATIENT LOGS INCLUDE PROTECTED HEALTH CARE INFORMATION FOR YOUR INTERNAL USE ONLY
DO NOT SUBMIT THIS PATIENT LOG TO VERMONT OXFORD NETWORK

Center Number_____ **Center Name** _____

Network ID Number	**Patient Name**	**Medical Record Number**	**Birth Date**	**DR Death?** (Yes/ No)	**Birth Location** (Inborn/ Outborn)	**If Outborn, Date of Admission**	**If Outborn, Transfer Code of Hospital from which Transferred**[1]	**Initial Disposition** (Home, Transfer, Died, Still Hospitalized at First Birthday)	**Date of Initial Disposition**	**If Transferred, Transfer Code of Hospital to which Transferred**[1]	**Date Record First Sent to VON**

[1] http://www.vtoxford.org/tools/transferlist.aspx

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VERMONT OXFORD NETWORK
TRANSFER LOG 2010

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Center Number_____ **Center Name**_____

Network ID Number	**Patient Name**	**Birth Date**	**Transfer Hospital Name**	**Post Transfer Disposition** (Home, Transferred Again, Died, Readmitted, Still Hospitalized at First Birthday)	**Readmitted after Initial Transfer?** (Yes/No)	**If Readmitted after Initial Transfer, Disposition after Readmission** (Home, Transferred Again, Died, Still Hospitalized at First Birthday)	**Transferred More than Once?** (Yes/No)	**If Transferred More than Once, Ultimate Disposition** (Home, Transfer, Died, Still Hospitalized at First Birthday)	**Date Infant Discharged Home, Died or First Birthday** (whichever is soonest)

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