



Discharge Abstract Database Data Acute

DAD-ACUTE

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1. Transfer from Facility: _____

2. Admission Date:

□	□	□	□	/	□	□	/	□	□
YYYY					MM			DD	

 Unknown

Enter as much of the date as is known. If no details available, check Unknown.

3. Alternate Level of Care (ALC) Days: _____

4. Estimated Length of Stay (ELOS): _____ . _____

5. Transfer to Facility: _____

6. Discharge Date:

□	□	□	□	/	□	□	/	□	□
YYYY					MM			DD	

 Unknown

Enter as much of the date as is known. If no details available, check Unknown.

7. Case Mix Group (CMG): _____

8. CMG Year: _____

9. Rehab length of stay (LOS): _____

10. Resource Intensity Weight (RIW): _____ . _____

11. Atypical/Typical Course of Care: _____

12. Participant Postal Code: _____ - _____

13. Special Care Unit #1: _____

14. Special Care Unit Days #1: _____ . _____

15. Special Care Unit #2: _____

16. Special Care Unit Days #2: ____ . ____

17. Special Care Unit #3: _____

18. Special Care Unit Days #3: ____ . ____

Data Collection Details

Collected by: (please print name)		Initial Here:		Date of Data Extract:	YYYY-MM-DD
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