

DISTRICT: _____ FACILITY: _____ MONTH: _____ YEAR: _____

DISEASES (New Cases Only)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTALS	#
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Completed By (Name): _____ Designation: _____ Sign: _____ Date: _____

OVER 5 YEARS - DAILY OUTPATIENT MORBIDITY SUMMARY SHEET

DISEASES (New Cases Only)	DISTRICT: _____ FACILITY: _____ MONTH: _____ YEAR: _____																															TOTALS	#					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31							
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Completed By (Name): _____

Designation: _____

Sign: _____

Date: _____

District:	EXPECTED REPORT		
Month:	TOTAL REPORTS RECEIVED AT DISTRICT LEVEL		
NOTE: Complete every line- leave no blanks. If the health institution does not provide a specific service, write "NS" ("No Service"). If the institution provides the service, but workload data are unavailable, write "NR" ("Not Recorded"). At the end of each month, this form should be completed in 2 copies and delivered by the 5th day of the following month. (January statistics should be posted by 5th February, February statistics by 5th March, and so forth) The copies should be distributed as follows: Original Form should be sent to the District Medical Records Office; The Copy should be retained by the Facility's Records Office.			
A. OUTPATIENT SERVICES			
A.1 GENERAL OUTPATIENTS(FILTER CLINICS)	NEW	RE- ATT	TOTAL
A.1.1 Over 5 - Male			
A.1.2 Over 5 - Female			
A.1.3 Children Under 5 - Male			
A.1.4 Children Under 5 - Female			
A.1.5 TOTAL GENERAL OUTPATIENTS			
A.2. CASUALTY			
A.3 SPECIAL CLINICS(if recorded separately from General Filter Clinics)			
A.3.1 E.N.T. Clinic			
A.3.2 Eye Clinic			
A.3.3 TB and Leprosy			
A.3.4 Sexually Transmitted Infections			
A.3.5 Psychiatry			
A.3.6 Othorpaedic Clinic			
A.3.7 All other Special Clinics (Medicine, Paediatrics, Surgery)			
A.3.8 TOTAL SPECIAL CLINICS			
A.4 MCH/FP CLIENTS			
A.4.1 CWC Attendances			
A.4.2 ANC Attendances			
A.4.3 PNC Attendances			
A.4.4 FP Attendances			
A.4.5 TOTAL MCH/FP			
A.5 DENTAL CLINIC			
A.5.1 Attendances (Excluding fillings and extractions)			
A.5.2 Fillings			
A.5.3 Extractions			
A.5.4 TOTAL DENTAL SERVICES			
A.6 TOTAL OUTPATIENT SERVICES (A.1.5 + A.2 + A.3.8 + A.4.5 + A.5.4)			
A.7 MEDICAL EXAMINATIONS (except p3)			
A.8 MEDICAL REPORTS (incl. P3, compensation, insurance, etc)			
A.9 DRESSINGS			
A.10 INJECTIONS			
A.11 STITCHING			
A.12 P.O.P			

B. INPATIENT SERVICES					
B.1 INPATIENTS	GENERAL ADULTS	GENERAL PAEDIATRICS	MATERNITY Mothers Only	AMENITY	TOTAL
B.1.1 Discharges					
B.1.2 Deaths					
B.1.3 Absconders					
B.1.4 TOTAL DISCHARGES, DEATHS, etc.					
B.1.9 Admissions					
B.1.10 Paroles					
B.1.11 Occupied Bed Days- NHIF Members					
B.1.11a Occupied Bed Days- Non-NHIF Members					
B.1.12 Well Persons Days					
B.1.5 Beds- Authorized					
B.1.6 Beds- Actual Physical					
B.1.7 Cots- Authorized					
B.1.8 Cots- Actual Physical					

B.3 OPERATIONS	Number
B.3.1 Minor Surgeries (excluding circumcision)	
B.3.2 Circumcision	
B.3.3 Major Surgeries	

E. MORTUARY	Number
E.1 Body days	
E.2 Embalment	
E.3 Post-mortem	
E.4 Unclaimed body days	

B.2 MATERNITY SERVICES	Number
B.2.1 Vaginal delivery (includes Normal and assisted delivery)	
B.2.2 Caesarian Sections	
B.2.3 Fresh still birth	
B.2.4 Macerate still birth	

D. PHARMACY - No. of prescriptions	Number
D.1 Common Drugs	
D.2 Antibiotics	
D.3 Special Drugs	
D.4 For Children	

C. SPECIAL SERVICES (includes both inpatients and outpatients)				
C.1	Laboratory- Number of Tests	Routine	Special	Total
C.2	X-Ray- Number of Examinations	Plain without enhancement Special with Magnetic process (MRI, CT scan)	Enhancement with contrast media	Ultrasound Total radiological examinations
C.3	Physiotherapy - Number of Treatments	Private	Non- private	Total
C.4	Orthopaedic Technology - No of ITEMS e.g a pair of crutches, Prosthesis etc count as one item	Private	Non- private	Total
C.5				

Name	Signature	Date	Designation
Prepared by:			
Checked by:			
Entered by:			



KEFRI CLINIC

F/No.....

Name.....

CONNECTED FILES:

C/NO	NAME	AGE	SEX

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