Appendix F
SAMPLES OF DEPARTMENT OF HEALTH FAMILY PLANNING FORMS

Baseline Physical Inventory and Drug Expiration Record								
Program :								
Personnel in charge :								
Date accomplished :								
Item No.	Product and Preparation	Manufacturer	Lot Number	Expiration Date	Mark (x) if stocks expire within the next 6 months	Physical count of usable* stocks	Losses	Remarks

Appendix F2 Daily Stock Record Book

Daily Stock Record Book							
Program :							
Stock Name and Preparation							
Units of Stock							
Year							
Month							
Day	Stocks Received Form :	Quantity Received	Quantities dispensed at the RHU patients	Expiration Date	Quantity Issued to Midwives	Losses	Balance
Previous Month's Balance							
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							
End of the Month Balance							

Daily Dispensing Record Book Program : _____

Date	Name of Client	Address	Age	Drug Names / Preparation — Quantity Dispensed	Signature of Client	Remarks

Daily Stock Issue Record

Name of Program : _____

Date	Drug Names / Preparation																Issued to: (facility and name)	Signature
	Quantity Dispensed																	

Monthly Physical Inventory and Drug Expiration Record									
Program :									
Personnel in charge :									
Date accomplished :									
Item No.	Product and Preparation	Manufacturer	Lot Number	Expiration Date	Mark (x) if stocks expire within the next 6 months	Physical count of usable* stocks	Balance of Stocks based on the Daily Stock Record ***	Losses	Remarks
						(A)	(B)	(B-A)	

COMMODITY ORDER FORM

Faculty Name : _____ Faculty Address : _____

COMMODITY	UNIT	SOURCE	A ENDING BALANCE OF LAST DELIVERY	B ADJUSTMENTS (PLUS OR MINUS)	C TOTAL AVAILABLE	D ACTUAL STOCK ON HAND NOW	E USED SINCE LAST DELIVERY	F NO. OF MONTHS SINCE LAST DELIVERY	G AVERAGE MONTHLY USAGE	H AUTHORIZED STOCK LEVEL	I QUANTITY REQUIRED	J EXCESS STOCK REQUIRED	K STOCK DELIVERED	L ENDING BALANCE	M REMARKS
					(A + B)		(C - D)	(E / F)	(G x 6)	(H - D)				(D - J + K)	

Appendix F7a FP Service Record (FP Form 1)

FAMILY PLANNING SERVICE RECORD

MEDICAL HISTORY

HEENT

- ❒ Epilepsy/Convulsion/ Seizure
- ❒ Severe Headaches/dizziness
- ❒ Visual disturbance/blurring of vision
- ❒ Yellowish conjuctivae
- ❒ Enlarged thyroid

CHEST / HEART

- ❒ Severe chest pain
- ❒ Shortness of breath and easy fatigability
- ❒ Breast / axillary mass
- ❒ Nipple discharge (specify if blood or pus)
- ❒ Systolic of 140 and above
- ❒ Diastolic of 90 and above
- ❒ Family history of CVA (strokes), heart attack, asthma, rheumatic heart diseases

ABDOMEN

- ❒ Mass in the abdomen
- ❒ History of gall bladder disease
- ❒ History of liver disease

GENITAL

- ❒ Mass in the uterus
- ❒ Vaginal discharge
- ❒ Intermenstrual bleeding
- ❒ Postcoital bleeding

EXTREMITIES

- ❒ Severe variscosities
- ❒ Swelling or severe pain in the legs not related to injuries

SKIN

- ❒ Yellowish skin

HISTORY OF ANY OF THE FOLLOWING

- ❒ Smoking
- ❒ Allergies
- ❒ Drug intake (anti - tuberculosis, anti - diabetic, anticonvulsant)
- ❒ STI / HIV / AIDS / PIDS
- ❒ Bleeding tendencies (nose, gums, etc.)
- ❒ Anemia
- ❒ Diabetes

OBSTETICAL HISTORY

- ❒ Number of pregnancies
  - ____ Full Term ____Premature
  - ____ Abortion ____Living Children
- ❒ Date of last delivery ___/___/
- ❒ Type of last delivery _____
- ❒ Past menstrual period _____
- ❒ Last menstrual period _____
- ❒ Number of days menses
  - ___Scanty ___Moderate ___Heavy
  - ___Painful ___Regular
- ❒ Hydatidiform mole (within the last 12 months)
- ❒ Ectopic pregnancy

STI RISKS

- ❒ With history or multiple partners
- ❒ For women:
- ❒ Unusual discharge from vagina
- ❒ Itching or sores in or around vagina
- ❒ Pain or burning sensation
- ❒ Treated for STI in the past
- ❒ For Men:
- ❒ Pain or burning sensation
- ❒ Open sores anywhere in genital area
- ❒ Pus coming from penis
- ❒ Treated for STIs in the past

PHYSICAL EXAMINATION

Blood pressure_____mm/Hg
Weight_____kg/lbs
Pulse rate_____/min

CONJUCTIVA

- ❒ Pale
- ❒ Yellowish

NECK

- ❒ Enlarged thyroid
- ❒ Enlarged lymph nodes

BREAST

- ❒ Mass
- ❒ Nipple discharge
- ❒ Skin - orange peel or dimpling
- ❒ Enlarged axillary lymph nodes

THORAX

- ❒ Abnormal heart sounds/cardiac rate
- ❒ Abnormal breath sounds/respiratory rat

ABDOMEN

- ❒ Enlarged liver
- ❒ Mass
- ❒ Variscosities

EXTREMITIES

- ❒ Edema
- ❒ Variscosities

PELVIC EXAMINATION

PERINEUM

- ❒ Scars
- ❒ Warts
- ❒ Reddish
- ❒ Laceration

VAGINA

- ❒ Congested
- ❒ Bartholin's cyst
- ❒ Warts
- ❒ Skene'sgland discharge
- ❒ Rectocele
- ❒ Cystocele

CERVIX

- ❒ Congested
- ❒ Erosion
- ❒ Discharge
- ❒ Polyps/cysts
- ❒ Laceration

CONSISTENCY

- ❒ Firm
- ❒ Soft

UTERUS

Position

- ❒ Mid
- ❒ Anteflexed
- ❒ Retroflexed

Size

- ❒ Normal
- ❒ Large
- ❒ Mass

Uterine Depth ___cms,
(for intended IUD users)

ADNEXA

- ❒ Mass
- ❒ Tenderness

RISKS FOR VIOLENCE AGAINST WOMEN (VAW)

- ❒ History of Domestic Violence or VAW
- ❒ Unpleasant relationships with partner
- ❒ Partner does not approve of the visit to FP clinic
- ❒ Partner disagrees to use FP

Referred to :

- ❒ DSWD
- ❒ WCPU
- ❒ NGOs
- ❒ Others (specify:_____)

ACKNOWLEDGEMENT:

This is to certify that the Physician/Nurse/Midwife of the clinic has fully explained to me the different methods available in family planning and I freely choose the _____method.

_____ _____
Client Signature Date

SIDE A

CLIENT NO : _____ TYPE OF ACCEPTOR : New to the program Continuing User PREVIOUSLY USED METHOD: _____ DATE/TIME _____

NAME OF CLIENT: Last Name | Given Name | MI | Date of Birth | HIGHEST EDUC | OCCUPATION | NO. STREET | BARANGAY | MUNICIPALITY | PROVINCE

NAME OF SPOUSE: Last Name | Given Name | MI | Date of Birth | HIGHEST EDUC | OCCUPATION

NO. OF LIVING CHILDREN : AVERAGE MONTHLY INCOME :

METHOD ACCEPTED : COC Injectable Condom IUD BTL NSV LAM SDM BBT BOM/CMM/STM Implant

PLAN MORE CHILDREN : Yes No REASON FOR PRACTICING FP :

TIMING : Postpartum Interval

Reminder : Kindly refer to PHYSICIAN for any checked (/) mark prior to provision of any method for further evaluation

SIDE B	FAMILY PLANNING SERVICE RECORD				
CLIENT NUMBER : _____ NAME OF CLIENT : _____ (Last Name, Given Name, MI) _____ __/__/__ Date of Birth Education _____ Occupation _____ Address _____ (No. Street Barangay Municipality Province)	DATE SERVICE GIVEN	METHOD TO BE USED/ SUPPLIES GIVEN (cycles, pieces, etc.)	REMARKS • **MEDICAL OBSERVATION** • **COMPLAINTS/ COMPLICATION** • **SERVICE RENDERED/ PROCEDURES/ INTERVENTIONS** • **DONE (i.e laboratory examination, treatment, referrals, etc.)**	NAME AND SIGNATURE OF PROVIDER	NEXT SERVICE DATE

Instructions for completing the FP Service Record or FP Form 1

Side A

1. Fill out or check the required information at the far right of the form:
   - Client number
   - Husband's name, giving the family name first, date of birth, education, and occupation
   - Wife's name using her maiden family name, date of birth, education, and occupation
   - Monthly family income in peso
   - Choose "yes" or "no" for the couple's plan for more children
   - "New" or "current" for type of acceptor
   - Number of children: desired and actual
   - Birth interval desired in years
   - Previous method used; duration of use and reason for discontinuation
   - New / current method
   - Completed desired family size, economic, others for reasons for accepting permanent methods
   - Complete address of the client: number of the house, street, barangay, municipality, and province
   - Wife's age
2. Fill in the required information on medical, obstetrical/ gynecological history, physical examination, pelvic examination, client signature and date, name, and address of health facility.
3. Refer to a physician for any abnormal history/findings prior to provision of any method for further evaluation.

Side B

1. Fill in the required information at the far left of the form on client number and name.
2. On the first column, record the date when the service was delivered to the client.
3. On the second column, record the method accepted/number of supplies given.
4. On the third column, record the following:
   - Medical observations
   - Complaints
   - Services rendered, procedures/interventions done (Lab, treatment)
   - Reasons for stopping or changing the methods
   - Laboratory results
5. On the fourth column, record the name of the provider with the corresponding signature.
6. On the fifth column, record the next service date or appointment date.

FHSISV.2012
TCL - FP

TARGET CLIENT LIST FOR FAMILY PLANNING _____
(PUT NAME OF FP METHOD)

DATE REGISTRATION	FAMILY SERIAL NO.	NAME	ADDRESS	AGE Birthdate	TYPE OF CLIENT	PREVIOUS METHODS
mm/dd/yy					(use codes)	(use codes)
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Type of Client CU = Current Users
NA = New Acceptors

Other Acceptors
*CU - CM = Changing Method
*CU - CC = Changing Clinic
*CU - RS = Restarter

**Previous Method:
CON = Condom INJ = DMPA or CIC
IUD = Intrauterine Device or (PP - IUD and I - IUD)
PILLS = pills
IMP = Single rod sub-dermal implant
NONE or New Acceptor

NFP - BBT = Basal Body Temperature NFP - CM = Cervical Mucus Method NFP - STM = Symptothermal Method
NFP - LAM = Lactational Amenorrhea Method

SCM = Standard Days Method MSTR/Vasec = Male Ster./ Vasectomy
FSTR/BTL = Female Ster./ Bilateral tubal ligation

Instructions for completing the Target Client List (TCL) for Family Planning Nonsurgical Methods

The TCL is filled out by health workers when providing services and is updated every time a client comes back for a
follow-up visit. It has the following purposes:

1. It helps the health worker plan and carry outpatient care and service delivery.
2. It facilitates the monitoring and supervision of service delivery activities.
3. It facilitates the preparation of reports,
4. It provides clinic-level data that can be accessed for further studies.

Column 1: DATE (OF REGISTRATION)—Indicate in this column the month, day, and year a client made the first clinic
visit for FP service.

Column 2: FAMILY SERIAL NUMBER—Indicate in this column the number that corresponds to the family number written on the family folder or envelop on the individual treatment record.

Column 3: CLIENT'S NAME—Write the client's complete name.

Column 4: ADDRESS—Record the client's present permanent place of residence.

Column 5: METHOD ACCEPTED—Write on this column the code of the method being accepted by the client.

CODES:

i. LAM: Lactational Amenorrhea Method
ii. NFP: Natural Family Planning Method
   - BBT: Basal Body Temperature
   - CM: Cervical Mucus
   - ST: Symptothermal
   - SDM: Standard Days Methods
iii. PILLS
iv. Injectable/DMPA: Depo-Medroxyprogesterone Acetate
v. IUD: Intrauterine Device
vi. CON: Condom
vii. VSC: Voluntary Surgical Contraception
   - BTL: Bilateral Tubal Ligation
   - VS: Vasectomy or Male Sterilization

Column 6: CATEGORIES AND CODES OF CLIENTS—Write on this column the code of the following client categories.

i. New Acceptor (NA)—A client using a contraceptive method for the first time or who is new to the program.
ii. Current Users—FP clients who have been carried over from the previous month after deducting the drop- outs of the present month and adding the new acceptors in the current month. Current users constitute specific FP methods used during the month which include condom, injectables, IUD, LAM, NFP, pills, male sterilization, and female sterilization.
iii. Re-Starter (RS)—These are new acceptors who have stopped FP practice for at least one month and have resumed using the same method in the same clinic.

Column 7: PREVIOUS METHOD—Refers to last method used prior to accepting a new method. Enter in this column the same codes as for the Method Accepted (Column 5). Add code for None to cover "New to Program."

Instructions for completing the Target Client List (TCL)…continued

Column 8: FOLLOW-UP VISITS—Write the next scheduled date of visit in the appropriate column for the month followed by a slash, e.g., 3-31/. When the client returns for the scheduled visit, write the date at the right of the slash, e.g., 3-31/3-29. A client who is scheduled for a particular month but fails to make the clinic visit will have only one date entered for that particular month.

Column 9: DROPOUT—If a client fails to return for the next service date, he or she is considered a dropout. Enter the date the client became a dropout under column "Date" and indicate the reason under column "Reason."

Column 10: AGE OF WIFE—Enter in this column the age of the female client. In the case of a male client, enter the age of the client's wife.

Column 11: NUMBER OF LIVING CHILDREN—Record the number of living children.

Column 12: REMARKS—Indicate in this column the date and reason for every referral made (to other clinics) and referral received (from other clinics), which can be due to medical complications or unavailable family planning services.

Dropouts Form (When a dropout is a "dropout")**:**

1. LACTATIONAL AMENORRHEA METHOD (LAM)

   If the client
   a. reaches 6 months postpartum period;
   b. has her menses any time within 6 months postpartum (Bleeding or spotting within 56 days postpartum is not considered as menses);
   c. practices mixed regular feeding and/or regularly introduces solid food, liquid, vitamins within the first 6 months.

2. NATURAL FAMILY PLANNING (NFP)

   a. Basal body temperature (BBT)–If the user fails to chart her own fertile and infertile periods, she is considered a dropout.
   b. Cervical/Mucus or Billings Ovulation Method–If the user fails to chart her own fertile and infertile periods, she is considered a dropout.
   c. Symptothermal Method–If the user fails to chart her own fertile and infertile periods, she is considered a dropout.

   Note: Validate chart monthly if client needs to be dropped.

3. PILLS

   If the client
   a. fails to return for a resupply on the scheduled date unless client was validated getting supply from other sources other than the clinic;
   b. gets supply and/or transfers to another clinic; the client is considered as a current user in the clinic where she transferred, but is a dropout in her former clinic;
   c. desires to stop the pills for any reason.

Instructions for completing the Target Client List (TCL)…continued

4. INJECTABLE (DMPA)

If the client
a. fails to return for more than 2 weeks from the scheduled date of injection unless client was validated getting supply from other sources other than the clinic;
b. gets herself injected with DMPA in another clinic; the client is considered a current user in the clinic where she transferred, but is a dropout in her former clinic;
c. stops to receive the injection for any reason.

5. INTRAUTERINE DEVICE (IUD)

If the client
a. does not return to the clinic for check-up or has not been followed-up for 2 years;
b. requests for IUD removal;
c. has had her IUD expelled.

6. CONDOM

If the client
a. fails to return for a resupply on scheduled visit unless client was validated getting supply from other sources other than the clinic;
b. gets supply from another clinic and/or transfers to another clinic; the client is considered a current user in the clinic where she transferred, but is a dropout in her former clinic;
c. stops using the method for any other reason.

7. VOLUNTARY SURGICAL CONTRACEPTION

a. Tubal ligation – If the client is already menopausal (average: 50 years old);
b. Vasectomy – indefinite.

Form FHSS/M 1 : page

❑❑ RH ❑❑ PH/CHO ❑❑ DH/CH ❑❑ RHU/MHC ❑❑ BHS/BC

Section 3 - Family Planning

1. Number of clients by category and method

Method	Cont. User (Begin Month)	Acceptors		Dropout
		New	Other	
Pill				
IUD				
Condom				
LAM				when any of the criteria is not met
BTL				at age 50
Vasectomy				
NFP				

2. Number of referrals received and made by this facility this month by reason

	Medical Complications	Services		
Made		RCM	Surgical	Other
Received				

3. Number of Family Planning visits made to this facility this month

Instructions for completing the FHSIS Report Form/M1

This report form collects information on family planning methods seen at the facility during the current month.

1. Number of Acceptors and Dropouts
   - For each new acceptor of a family planning method seen at the facility this month, place a tick in the bigger box under the (1) "Acceptor New," alongside the method accepted.
   - "New Acceptor" includes clients who are new to the program.
   - Others including CM, CC, and RS should be tallied under "Acceptors – Others"
   - For clinics performing surgical Family Planning procedures, the number of vasectomy and tubal ligation procedures done should be indicated with a tick in the bigger box under the "Acceptor" column.
   - For each dropout from a "Program Method" (i.e., Pill, IUD, and Condom) during the month, place a tick in the box for the method dropped in item I.
   - In this item, a CM client should be counted as a dropout alongside the method discontinued.
   - At the end of each month, count the number of ticks in the bigger box and write the total in the smaller box.
   - To get the total CU at the end of the month, apply this formula from Clinical Standard: Current users at the beginning of the month + Acceptors (new) + Acceptors (others) – Dropouts = Current users at the end of the month

2. Number of Clients Referred
   - This item collects information on the number of client referrals MADE by the reporting clinic to other clinics, and referrals RECEIVED by the reporting clinic from other clinics, and also the reasons for the referrals.
   - Referrals are classified as either for treatment of medical complications or for provision of FP services. Classify as service reasons only those referrals which have no medical complications involved, and the type of resource for which the client was referred (RCM, Surgical, or Others).

3. Number of Family Planning Visits
   - Each time a client is seen in the facility/clinic for family planning services during the month, place a tick in the bigger box in Item 3. Family Planning visits include:
   - Visits by clients to accept a method or to receive a resupply of pills or condoms;
   - Visits by clients who are subsequently referred to another clinic, and;
   - Visits made for other reasons but during which time information, education, and communication (IEC) for FP was substantially discussed.

Hospital Service Statistics Report Form for Family Planning

Name of Hospital (1)	Month and Year (2)	Minilaparotomy			Laparoscopy (6)	Other female VSC + CS (7)	Total female VSC (8)	Vasectomy (9)	PP IUD (10)	IUD Interval (11)	DMPA (12)	Pills (13)	Implant (14)	Condom (15)	Other methods (16) please specify
		0 - 48 hrs postpartum (3)	3 - 27 days (4)	Interval (5)											
TOTAL															

Instructions for completing the Hospital Service Statistics Report Form

The Hospital Service Statistics Report Form is accomplished by the different hospitals (OPD and OB-Gyne Department of Medical Centers or Regional, Provincial, District, City, and Municipal hospitals). This report is due quarterly and should be submitted by each hospital to its respective provincial health office copy
furnished the Center for Health and Development (CHD), National Center for Disease Prevention and Control- Family Planning (NCDPC-FP), and National Center for Health Facility Development (NCHFD).

Please print or type
Name of hospital _____
Address _____ Reporting period:
From: Day: _ Month: __ Year: __
_____ To: Day: __ Month: __ Year: __

City _____ Name of person filling out form:
Region _____ Province _
Date accomplished: _____

Title: _____ Signature: __

Instructions for completing the form:

1. State the name of hospital in column 1 and month and year procedures performed in column 2.
2. Enter the number of all procedures performed at each hospital for the current reporting period.
   - Under Columns 3 to 6, report the numbers of mini laparotomy procedures performed according to timing after the last delivery and the number of laparoscopy procedures.
   - Under Column 7 “Other female”, report all other types of female voluntary surgical contraception during Caesarean sections.
   - Add the number of female voluntary surgical contraception procedures performed during the period (Columns 3 to 7, and report the total in Column 8).
   - Report vasectomies performed under Column 9.
   - If IUD services were provided, report these under Columns 10 and 11. “Postpartum (PP) IUD” means the IUD was inserted after delivery, but before the woman left the hospital.
   - If DMPA, pills, Norplant, and condoms were provided, report these under Columns 12, 13, 14, and 15, respectively.
   - If other family planning methods were provided, specify which methods and report these in Column 16.