

# Rural Health Management System using SMS API



## Rural Healthcare Unit Management System

Create an account:

Sign Up

Login

## Sign Up Form

Create your account here. It only takes a minute

First Name

Select Barangay

Middle Name

Username

Last Name

Password

Mobile Number

Verify Password

☐ I accept the Terms of Use & Privacy Policy

Sign Up



## Welcome to Rural Health Care Management System

Username



Enter your username

Password



Enter your Password

Login

[Forgot Password?](#)



## Rural Healthcare Unit Management System



John Doe

[Account Setting](#)

[Logout](#)

### Check - up Request

Select Purpose of Check up

Date

Time

[Submit Request](#)

[Cancel Request](#)



## Rural Healthcare Unit Management System



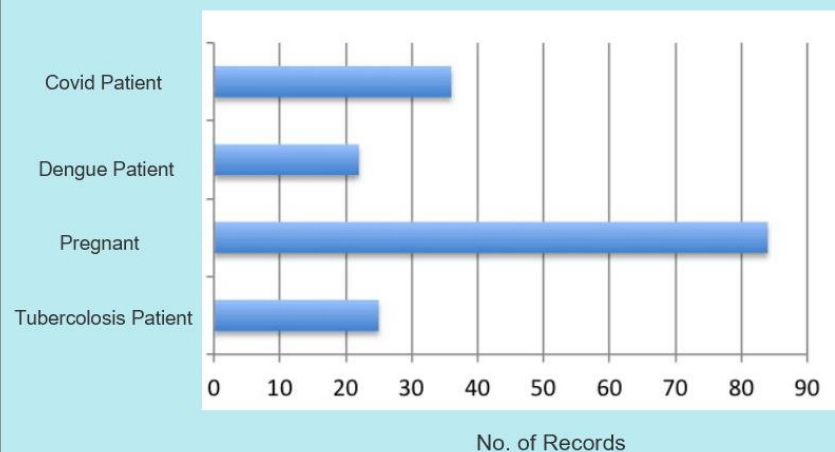
Record ID	Barangay	Record Type	Date

Add RecordsEdit RecordsDelete RecordsSave Records

## Rural Healthcare Unit Management System



RHU Staff

AnnouncementsCheck up RequestManage RecordsAccount SettingsCreate BHW AccountReportsLogout

## Create BHW Account

Create BHW Account. It only takes a minute

☐ I accept the Terms of Use & Privacy Policy

Sign Up



## Welcome to Rural Health Care Management System

Username



Password



Login

[Forgot Password?](#)



## Rural Healthcare Unit Management System



BHW

Announcements

Check up Request

Manage Records

Account Settings

Account Request

Vaccine Manager

Logout

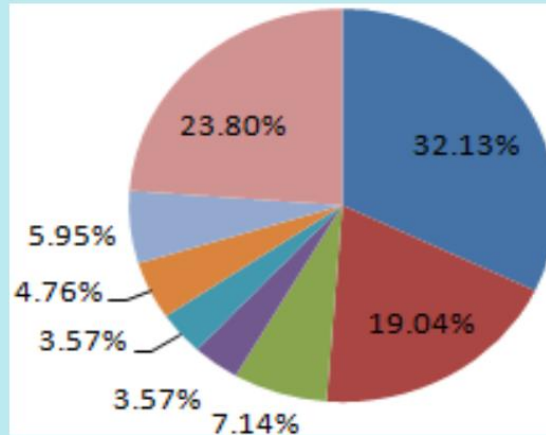
Barangay Talon

Age Variation of Pregnants

Vaccination

Covid Case

Tuberculosis



Lithuania	501.9
Czech Republic	301.9
Ireland	201.9
Germany	165.8
Australia	139.9
Austria	128.3
UK	99
Belgium	60
The Netherlands	50



### Child Information Forms

Please input a true and valid information. All information will be kept confidential

### Child Information

FIRST NAME

MIDDLE NAME

LAST NAME

Gender

Birthday

Age in months

Weight(KG)

Vaccines Checklist

0-5 Months

☒ BCG ☐ Hepa B ☐ Penta 1 ☐ Penta 2 ☐ Penta 3 ☒ IPV ☐ PCV 1 ☒ PCV 2 ☐ PCV 3 ☐ Started with Breast feeding

6-11 Months

☒ No longer breast feeding ☐ MCV/Measle 1 ☐ Vitamin A(100,000)

12-59 Months

Measle 2 ☐ Before 15 months ☒ After 15 months ☐ Vitamin A(200,000) ☐ Deworming Tablet

Save and Create New

Save





## Covid Cases Forms

Please input a true and valid information. All information will be kept confidential

## Covid Cases

FIRST NAME	MIDDLE NAME	LAST NAME	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Symptoms Type	How Many Days?	Status
<input type="text" value="SELECT Gender"/>	<input type="text" value="Select Here"/>	In Quarantined? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text" value="Select Here"/>
Last Visited Areas :			
<input type="text"/>			

Save and Create New

Save



## Dengue Cases Forms

Please input a true and valid information. All information will be kept confidential

## Dengue Cases

FIRST NAME	MIDDLE NAME	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Age	Weight(KG)
<input type="text" value="SELECT Gender"/>	<input type="text"/>	<input type="text"/>
Male		
Female		
		At Hospital?
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Save and Create New

Save



## Tuberculosis Cases Forms

Please input a true and valid information. All information will be kept confidential

## Tuberculosis Cases

FIRST NAME	MIDDLE NAME	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Age	Status
<input type="text" value="SELECT Gender"/>	<input type="text"/>	<input type="text" value="Select Here"/>
Enrolled in TB DOTS?		Cured Date
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>

Save and Create New

Save



## Adult Information Form

Please input a true and valid information. All information will be kept confidential

## Adult Information

FIRST NAME	MIDDLE NAME	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Birthday	Age
<input type="text" value="SELECT Gender"/>	<input type="text"/>	<input type="text"/>
Weight(KG)		
<input type="text"/>		

### Not Communicable Disease

☒ Alcohol Drinker ☐ Cigarette Smoker ☐ Overweight ☒ VIA ☐ New Hypertension ☐ New Diabetes

### If Senior Citizen

Has Pnuemonia Vaccine? Has Influenza Vaccine?

Save and Create New

Save



## Household Information Form

Please input a true and valid information. All information will be kept confidential

## Household Information

Household Number	Family Member Count	<input type="radio"/> Without Toilet	<input type="radio"/> With toilet	Select Toilet Type	Water Source
<input type="radio"/> Uses Iodized Salt? <input type="radio"/> Yes <input type="radio"/> No					
<input type="radio"/> With Pregnant Member? <input type="radio"/> Yes <input type="radio"/> No					

## Maternal Information

First Name	Middle Name	Last Name	Age	Has Pre-Natal Checkup? <input checked="" type="radio"/> Yes <input type="radio"/> No
Family Planning Acceptors				<input checked="" type="checkbox"/> With TD2 <input type="checkbox"/> With TD3 or more <input type="checkbox"/> With CBC Result <input type="checkbox"/> With Diabetes
<input checked="" type="checkbox"/> Taking Calcuim Tablet				

Save and Create New

Save