

## Child Case Sheet

### Malnutrition Treatment Center.....

SAM Number		Parents Name	
Registrar Number		Address	
Child Name		Block	
Date of Birth	DD/MM/YYYY	District	
Sex	Female	Division	
Caste	OBC	BPL	Yes
Age (in Months)		BPL No. (If BPL= Yes)	
		Contact Number	

Major Problem		Referred By	Poshan Sakhi
Complications	Yes	Breast Feeding	Yes
If yes:		Complementary Food	Yes
Appetite Test	Not Done		

### **Admission Details:**

### **Discharge Details:**

Date of Admission	DD/MM/YYYY	Date of Discharge	DD/MM/YYYY
Time of Admission		Outcome Indicator	Cured
Type of Admission	New	Discharge Weight	
Admission Weight		Discharge Height	
Admission Height		Discharge Z Score	
Admission Z Score		Discharge MUAC	
Admission MUAC		Discharge Haemoglobin	
Admission Haemoglobin			

**Minimum Weight**

Total Stay

### Follow Up Dates:

Follow Up 1 Date

Follow Up 1 Weight

Follow Up 1 Height

Follow Up 1 MUAC

Follow Up 1 Z Score

Follow Up 2 Date

Follow Up 2 Weight

Follow Up 2 Height

Follow Up 2 MUAC

Follow Up 2 Z Score

Follow Up 3 Date

Follow Up 3 Weight

Follow Up 3 Height

Follow Up 3 MUAC

Follow Up 3 Z Score

Follow Up 4 Date

Follow Up 4 Weight

## Follow Up 4 Height