

Child Case Sheet  
Malnutrition Treatment Center.....

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

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

## Admission Details:

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

### Discharge Details:

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

Minimum Weight		Total Stay	
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Follow Up Dates:

Follow Up 1 Date	<input type="text"/>	Follow Up 1 Weight	<input type="text"/>	Follow Up 1 Height	<input type="text"/>
		Follow Up 1 MUAC	<input type="text"/>	Follow Up 1 Z Score	<input type="text"/>
Follow Up 2 Date	<input type="text"/>	Follow Up 2 Weight	<input type="text"/>	Follow Up 2 Height	<input type="text"/>
		Follow Up 2 MUAC	<input type="text"/>	Follow Up 2 Z Score	<input type="text"/>
Follow Up 3 Date	<input type="text"/>	Follow Up 3 Weight	<input type="text"/>	Follow Up 3 Height	<input type="text"/>
		Follow Up 3 MUAC	<input type="text"/>	Follow Up 3 Z Score	<input type="text"/>
Follow Up 4 Date	<input type="text"/>	Follow Up 4 Weight	<input type="text"/>	Follow Up 4 Height	<input type="text"/>
		Follow Up 4 MUAC	<input type="text"/>	Follow Up 4 Z Score	<input type="text"/>

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