

Republic of Kenya – Ministry of Health



Outpatient Register: Over 5 years MOH 204B

County:			
Sub-County:			
Health Facility:			
KMHFL No			
Type:		Man. Agency:	
Start date:		End date:	

Edition: March 2014

The register will be used for both Male and Female clients above 5 years (60+ months) who are sick and visit the Health Facility for treatment

COLUMN		TITLE	DATA DEFINITIONS / EXPLANATIONS
A		Date	Record the actual date the sick Person attends the Health Facility to seek treatment in this format ;DD:MM:YYYY
B		OPD No.	This is a unique identification number, which is given to a new outpatient annually and on first visit that keeps the patient individually identified.
C		Re-visit	The OPD Number of the patient who returns to the Health Facility for the services during the calendar year.
D		Referred From	If patient was referred to this facility, record as per 1=CU, 2=From other facility, 3= Within ,4=N/A
E		Full Names	Record at least THREE names of the patient
F		Age in Years	Record the actual stated age of the patient expressed in figures/ numbers. Age here must be indicated in years and <u>NOT</u> 'A'- Adult or 'C'-Child
G		Sex	This should be recorded as M for male and F for female
H		County/subcounty	Indicate the name of the county if the patient resides outside the county where the Health facility is located and indicate the name of the subcounty if patient resides within this County
I		Village/Estate/Landmark	This refers to client's residential Subcounty,village / estate/Landmark
J		Telephone Number	The telephone numbers should be written in this column to enable tracing or follow-ups
K		Weight	Record the actual weight in Kilogrammes
L		Height	Record the Height in Meters
M		BMI (Kg/m ²)	Record the BMI calculated by dividing Height in Kgs by Weight in Meters squared
N		Temp(°C)	Record the Actual temperature of the patient in degrees Celsius (°C).
O		BP	Record the Actual blood pressure of the patient in mmHg
P		Visual Acuity **RE / LE**	Record the result from the Test of the patient' vision to identify early blindness RE-Right eye and LE -Left eye
Q		TB Screening	Indicate if TB screening is done. 1. presumed TB 2. No signs 3. On TB treatment 4.Not done
R		Malaria	Record using the appropriate key 1.Presenting with symptoms but NOT tested 2.RDT Tested (-ve) 3.Microscopy Tested (-ve) 4.RDT Tested (+ve) 5. Microscopy Tested (+ve) for patients presented with symptoms of malaria
S		Diagnosis	The diagnosis from the clinician <u>must</u> be indicated in this column
T		Treatment/ prescription	Record the name of Drugs from the prescription or drug codes if provided
U		Nutrition interventions	Record using the appropriate key provided i.e: 1=Nutrition assessment, 2=Nutrition education, 3= Nutrition supplements
V		Referrals: 3=TO other HF, 4= TO CU	If you refer the patient to another facility or to a CU, record as per provided codes: 3=To other Health Facility, 4=To Community Unit
W		Remarks/Outcome	Any comments for the individual child whether alive or died in outpatient

[illegible]

	Female:	Male:
No. of New patients:		
No. of Re-attendants:		

Referrals	From Other Health Facility:	
	From Community Unit:	
	From Within the facility	
	To Community Unit:	
	To Other Health Facility:	
	To Within the fa	