

Republic of Kenya – Ministry of Health



MOH 209 Radiology & Imaging Register

County:			
Sub-County:			
Health Facility:			
KMHFL CODE			
Type:		Man. Agency:	
Start date:		End date:	

Revision: April 2019

The register is to be used in all X-RAY Units

COLUMN		TITLE	DATA DEFINITIONS / EXPLANATIONS
A		Date	Record the actual date the patient is done the examination (recorded as DD:MM:YYYY).
B		OPD/IP Number	Record the unique identification number, that has been given to a new outpatient or in-patients.
C		X-Ray/ imaging Number	Record the unique identification X-ray unit number, that keeps the patient individually identified.
D		Full Names	Record at least THREE names of the patient
E		Age	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
F		Sex	This should be recorded as M for male and F for female
G		Village/Estate/Landmark	This refers to client's residential village / estate/Landmark
H		Telephone number	The telephone numbers should be written in this column to enable tracing or follow-ups
I		Client referred from	Record service delivery point referring the patient
J		Previous Report	Record any previous X-ray/ imaging report
K		Type of Examination	Record the kind of examination (s) carried out
L		Provisional Diagnosis	Record clinical impression (suspicion) of the referring clinician.
M		Receiving radiotherapy (Y/N)	Record ' Y ' if a patient received radiotherapy and ' N ' if not
N		Receiving interventional radiology therapy (Y/N)	Record ' Y ' if a patient received interventional radiotherapy and ' N ' if not
O		Current Report	Record the current examination report
P		Referrals: 1=FROM other HF, 2=TO other HF	Record as per provided codes: 1=From Other Health Facility, 2=To other Health Facility (for examination report)
Q		Reasons for referral	Record reason(s) for patient referral from or to another HF
R		Size of Film	Record the size of the film/recording plate used
S		Amount charged	Record the total amount or fee charged for the services received or amount waived or exempted.
T		Receipt number	Record the number on the receipt given to the patient from the cash office or invoice number
U		Name of Requesting Clinician	Record the name of the Requesting Clinician
V		Name of Radiographer	Record the name of the Radiographer performing the examination
W		Name of Radiologist	Record the name of the radiologist who provided the radiology report (indicate if there is no radiologist)
X		Remarks	Any comments for the individual patient.

[illegible]

Total Special examinations:	
Enhancement with contrast media	
Special with Magnetic process (Ultra Sound)	
Special with Magnetic process (MRI, CT Scan)	
Total radiological examinations	

Total Simple examinations:	
Plain without enhancement	

Referrals	From Other Health Facility	
	To Other Health Facility	