FORM A: KMC UNIT ADMISSION FORM

Objective: To be filled at the time of admission to the KMC unit, before starting long-duration KMC. The form contains information on eligibility of the baby of KMC and detail required for follow-up.

Information to be collect by nurse on duty in KMC unit from the case sheet, health officials, mother and caregivers.

Hospital Reg. No.: 98998   **MCTS No.:** --

Baby of: Vnj

Date of Admission to KMC Unit (dd/mm/yyyy): 08/08/2020 **Time of Admission** (AM/PM): 05:01 PM

1- BACKGROUND INFORMATION

   1.1 Date of Birth (dd/mm/yyyy): 29/08/2020

   1.2 Sex: Female

   1.3 Time of Birth (AM/PM): 01:00 AM

   1.4 Type of Admission: Inborn

   1.5 Weight at Birth (in grams): 2500 grams

   1.6 Place of Birth:

      1.6.1 Name and Address of Birth Facility: Other

   1.7 Type of Birth: Normal

   1.8 Term of Birth: Full Term

   1.9 LMP (first day of last menstrual period - dd/mm/yyyy): 29/11/2019

   1.10 Gestational Age (in weeks): 39 Weeks

   1.11 Weigth of baby at admission to KMC unit (in grams): 2500 grams

   1.12

G	P	A	L

   1.13 Is the Baby Stable?   Yes / No
   Is the baby on medication at time of admission? (Specify name and dosage)
   1. _____
   2. _____
   3. _____

2- FAMILY DETAIL (For Follow Up)

2.1 Name of the Mother: Vnj

2.2 Name of the Father: _____

2.3 Name & relation of accompanying family member(s)

Vnj   _____

2.4 Contact Detail (At least 2 close contact numbers)
Phone / Mobile Number   **Relations**

9098668585   Vnj

_____   _____

    2.4.1 Name and Number of ASHA: _____   _____

2.5 Religion:

2.6 Caste:

2.7 Address:

Rural/Urban: _____
State/Country: ,
District:
Gram Sabha-Hamlet/ House NO.: _____
Address: _____
Pin Code: _____
Near: _____

Signature of Nurse at the time of admission.   **Signature of Doctor**

_____   _____