

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.: 1 **MCTS No.:** --

Baby of: Test 4-1

Date of Admission to KMC unit (dd/mm/yyyy): 04/01/2020 **Time of Admission** (am/pm): 07:07 PM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 04/01/2020

1.2 Sex: Male

1.3 Time of Birth (am/pm): 01:00 AM

1.4 Type of Admission: Inborn/ Outborn

1.5 Weight at Birth (in grams): 965 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/ Preterm

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

1.10 Gestational age (in weeks): _____

1.11 Weight of baby at admission to KMC unit (in grams): 1269 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: Test 4-1

2.2 Name of the father: _____

2.3 Name & relation of accompanying family member(s)

Test 4-1

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

9854123784

Test 4-1

2.4.1 Name and Number of ASHA: _____

2.5 Religion:

2.6 Caste:

2.7 Address:

Rural/Urban: _____

State/Country: ,

District:

Block/ Area/ Muhalla:

Gram Sabha-Hamlet/ House NO.: _____

Address: _____

Pin Code: _____

Near: _____

Signature of Nurse at the time of admission.

Signature of Doctor

Seema

04/01/2020 01:39 PM
