

## **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.**

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**Hospital Reg. No.:**111      **MCTS No.:** 4567

**Baby of:** Mother1

**Date of admission to KMC unit** (dd/mm/yyyy): 01/01/1970 **Time of admission** (am/pm): 06:03 AM

### **1- BACKGROUND INFORMATION**

**1.1 Date of Birth** (dd/mm/yyyy): 09/09/2020

**1.2 Sex:** Male

**1.3 Time of Birth** (am/pm): 13:00:00

**1.4 type of admission:** Inborn/ Outborn

**1.5 Weight at birth** (in grams): 450 grams

**1.6 Place of birth:** Lucknownew

**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): 09/01/2020

**1.10 Gestational age** (in weeks): 35 Weeks

**1.11 Weigth of baby at admission to KMC unit** (in grams): 450 grams

**1.12**

<b>G</b>	<b>P</b>	<b>A</b>	<b>L</b>
2	2	0	2

**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:** Mother1

**2.2 Name of the father:** Father1

**2.3 Name & relation of accompanying family member(s)**

\_\_\_\_\_ Brother

**2.4 Contact detail (At least 2 close contact numbers)**

**Phone / Mobile Number**

**Relations**

\_\_\_\_\_ Mother1  
\_\_\_\_\_ Father1

**2.4.1 Name and Number of ASHA:** \_\_\_\_\_

**2.5 Religion:** Isai

**2.6 Caste:** General

**2.7 Address:**

**Rural/Urban:** Rural

**State/Country:** , India

**District:** Lucknow

**Block/ Area/ Muhalla:** Other

**Gram Sabha-Hamlet/ House NO.:** \_\_\_\_\_

**Address:** 543 khareted

**Pin Code:** 255

**Near:** chowk

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

**Signature of Doctor**

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