

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.: 97794949494 **MCTS No.:** --

Baby of: Dhsy

Date of Admission to KMC Unit (dd/mm/yyyy): 03/07/2020 **Time of Admission** (AM/PM): 11:55 AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 07/08/2020

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): 2000 grams

1.6 Place of Birth:

1.6.1 Name and Address of Birth Facility: Other

1.7 Type of Birth: Assisted - Vacuum

1.8 Term of Birth: Full Term

1.9 LMP (first day of last menstrual period - dd/mm/yyyy): 07/10/2019

1.10 Gestational Age (in weeks): 44 Weeks

1.11 Weigth of baby at admission to KMC unit (in grams): 2000 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: Dhsy

2.2 Name of the Father: _____

2.3 Name & relation of accompanying family member(s)

Dhsy _____

2.4 Contact Detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

9499494949

Dhsy

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
