

## **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.:**123456      **MCTS No.:** 6

**Baby of:** Dhab

**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): 14/01/2020

**1.2 Sex:** Male

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

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

**1.5 Weight at birth** (in grams): 1658 grams

**1.6 Place of birth:** DWH VAB Lko

**1.6.1 Name and address of birth facility:** Other

**1.7 type of birth:** Normal With Episiotomy

**1.8 Term of birth:** Full Term/ Preterm

**1.9 LMP** (first day of last menstrual period - dd/mm/yyyy): 01/01/1970

**1.10 Gestational age** (in weeks): 2611 Weeks

**1.11 Weigth of baby at admission to KMC unit** (in grams): 1365 grams

**1.12**

| <b>G</b> | <b>P</b> | <b>A</b> | <b>L</b> |
|----------|----------|----------|----------|
| 6        | 6        | 3        | 3        |

**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:** Dhab

**2.2 Name of the father:** Jofdyb

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

Dhab

\_\_\_\_\_

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

**Phone / Mobile Number**

**Relations**

\_\_\_\_\_  
\_\_\_\_\_

Dhab  
Jofdyb

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

**2.5 Religion:** Hindu

**2.6 Caste:** OBC

**2.7 Address:**

**Rural/Urban:** Urban

**State/Country:** , India

**District:** Lucknow

**Block/ Area/ Muhalla:**

**Gram Sabha-Hamlet/ House NO.:** Lucknow (M Corp.)

**Address:** Go Kvzfjm

**Pin Code:** \_\_\_\_\_

**Near:** \_\_\_\_\_

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

**Signature of Doctor**

Nehaa

15/01/2020 03:29 PM

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