

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.:55550 **MCTS No.:** --

Baby of: Error Test

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): 01/05/2020

1.2 Sex: Female

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

1.4 type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 2500 grams

1.6 Place of birth: At Home

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): 01/05/2019

1.10 Gestational age (in weeks): 52 Weeks

1.11 Weigth of baby at admission to KMC unit (in grams): 2501 grams

1.12

G	P	A	L
2	2	0	0

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: Error Test

2.2 Name of the father: Wrhtwnwt

2.3 Name & relation of accompanying family member(s)

_____ Sister

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

_____ Error Test
_____ Wrhtwnwt

2.4.1 Name and Number of ASHA: _____

2.5 Religion: Hindu

2.6 Caste: General

2.7 Address:

Rural/Urban: Rural

State/Country: , Other

District:

Block/ Area/ Muhalla:

Gram Sabha-Hamlet/ House NO.: _____

Address: dymeemy

Pin Code: 255

Near: wtjwtn4

Signature of Nurse at the time of admission.

Signature of Doctor
