

OVER 5 YEARS - DAILY OUTPATIENT MORBIDITY SUMMARY SHEET

REPUBLIC OF KENYA - MINISTRY OF HEALTH

YEARS - DAILY OUTPATIENT MORBIDITY SUMMARY SHEET

Completed By (Name): _____

Designation: _____

Sign: _____

Date: _____

REPUBLIC OF KENYA

Ministry of Health

Monthly Workload Report for Health Facilities

MOH 717

		EXPECTED REPORT		TOTAL REPORTS RECEIVED AT DISTRICT LEVEL			
District:	Month:	GENERAL	ADULTS	GENERAL	PAEDIATRICS	MATERNITY	AMENITY
		INPATIENTS		GENERAL	PAEDIATRICS	MOTHERS ONLY	TOTAL
NOTE: Complete every line- leave no blanks. If the health institution does not provide a specific service, write "NS" ("No Service"). If the institution provides the service, but workload data are unavailable, write "NR" ("Not Recorded"). At the end of each month, this form should be completed in 2 copies and delivered by the 5th day of the following month. (January statistics should be posted by 5th February, February statistics by 5th March, and so forth) The copies should be distributed as follows Original Form should be sent to the District Medical Records Office; The Copy should be retained by the Facility's Records Office.							
A. OUTPATIENT SERVICES							
A.1 GENERAL OUTPATIENTS(FILTER CLINICS)		NEW	RE-ATT	TOTAL			
A.1.1	Over 5 - Male						
A.1.2	Over 5 - Female						
A.1.3	Children Under 5 - Male						
A.1.4	Children Under 5 - Female						
A.1.5	TOTAL GENERAL OUTPATIENTS						
A.2. CASUALTY							
A.3 SPECIAL CLINICS (if recorded separately from General Filter Clinics)							
A.3.1	E.N.T. Clinic						
A.3.2	Eye Clinic						
A.3.3	TB and Leprosy						
A.3.4	Sexually Transmitted Infections						
A.3.5	Psychiatry						
A.3.6	Orthopaedic Clinic						
A.3.7	All other Special Clinics (Medicine, Paediatrics, Surgery)						
A.3.8	TOTAL SPECIAL CLINICS						
A.4 MCH/FP CLIENTS							
A.4.1	CW/C Attendances						
A.4.2	ANC Attendances						
A.4.3	PNC Attendances						
A.4.4	FP Attendances						
A.4.5	TOTAL MCH/FP						
A.5 DENTAL CLINIC							
A.5.1	Attendances (Excluding fillings and extractions)						
A.5.2	Fillings						
A.5.3	Extractions						
A.5.4	TOTAL DENTAL SERVICES						
A.6 TOTAL OUTPATIENT SERVICES (= A.1 + A.2 + A.3 + A.4 + A.5 + A.6)							
A.7 MEDICAL EXAMINATIONS (except p3)							
A.8 MEDICAL REPORTS (incl. P3, compensation, insurance, etc)							
A.9 DRESSINGS							
A.10 INJECTIONS							
A.11 STITCHING							
A.12 P.O.P							
Name		Signature	Date	Designation			
Prepared by:							
Checked by:							
Entered by:							

B. INPATIENT SERVICES							
B.1 INPATIENTS		GENERAL ADULTS		GENERAL PAEDIATRICS		MATERNITY Mothers Only	
B.1.1	Discharges						
B.1.2	Deaths						
B.1.3	Abscondees						
B.1.4 TOTAL DISCHARGES, DEATHS, etc.							
B.1.9	Admissions						
B.1.10	Paroles						
B.1.11	Occupied Bed Days- NHIF Members						
B.1.11a	Occupied Bed Days- Non-NHIF Members						
B.1.12	Well Persons Days						
B.1.5	Beds- Authorized						
B.1.6	Beds- Actual Physical						
B.1.7	Cots- Authorized						
B.1.8	Cots- Actual Physical						
B.2 MATERNITY SERVICES							
B.3 OPERATIONS		Number					
B.2.1	Vaginal delivery (Includes Normal and Assisted delivery)	B.3.1 Minor Surgeries (excluding circumcision)					
B.2.2	Cesarean Sections	B.3.2 Circumcision					
B.2.3	Fresh still birth	B.3.3 Major Surgeries					
B.2.4	Macerate still birth						
B.4 MORTUARY							
E. MORTUARY		Number					
E.1	Body days						
E.2	Embalment						
E.3	Post-mortem						
E.4	Unclaimed body days						
D. PHARMACY - No. of prescriptions							
D.1 Common Drugs							
D.2 Antibiotics							
D.3 Special Drugs							
D.4 For Children							
E. MEDICAL RECORDS ISSUED							
F.1 New Files							
F.2 Outpatient records							
C. SPECIAL SERVICES (Includes both inpatients and outpatients)							
C.1	Laboratory - Number of Tests	Routine		Special		Total	
C.2	X-Ray- Number of Examinations	Plain without enhancement		Enhancement with contrast media		Ultrasound	
C.3	Physiotherapy - Number of Treatments	Special with Magnetic process (MRI, CT scan)				Total radiological examinations	
C.4	Orthopaedic Technology - Orthopaedic Technology - No of ITEMS e.g a pair of crutches, Prostheses etc count as one item	Private		Non- private		Total	
C.5							
A.7 TOTAL OUTPATIENT SERVICES (= A.1 + A.2 + A.3 + A.4 + A.5 + A.6)							
A.8 MEDICAL REPORTS (incl. P3, compensation, insurance, etc)							
A.9 DRESSINGS							
A.10 INJECTIONS							
A.11 STITCHING							
A.12 P.O.P							



KEFRI CLINIC

F/No.....

Name.....

CONNECTED FILES:

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