

**PHC OP REGISTER FORM**

S. No	Name	Sex	Age	Contact no.	Complaint Code	Referred	If Yes NWH code
						YES <input type="checkbox"/> NO <input type="checkbox"/>	
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Note : Please Tick (✓) at Yes (or) No Box

**Complain Codes:**

01	Abdominal Distention	24	Itching
02	Backache	25	Jaundice
03	Blood in motion	26	Joint Pains
04	Breathlessness	27	Loose motions
05	Breathlessness on exertion	28	Loss of appetite/Trfusal of feeding
06	Burning urination	29	Loss of weight
07	Burns	30	Menstrual irregularities
08	Chest pain	31	Edema
09	Cold	32	Pains
10	Constipation	33	Redness and watering of eyes
11	Cough	34	Scanty urine
12	Deformity	35	Skin rashes
13	Defective Vision	36	Sleeplessness
14	Difficulty in urination	37	Stomachache
15	Ear Discharge	38	Sweating
16	Ear pain	39	Swelling
17	Excessive crying	40	Tingling and Numbness
18	Excessive urination	41	Ulcer
19	Fever	42	Vomiting
20	Fits	43	Weakness of limbs
21	Giddiness	44	White discharge
22	Headache	45	Others
23	Injury		

Helpline number 104