Registration, Treatment Cum Referral Card form

F.41

Card No : [PHC/HC],District code

1. Patient Details:

Health camp / PHC ....Date :...

Name ....Age...........Sex..........Relationship with family head..

Address..Tel Phone No

White Ration Card No.

2. Complaints:

Code	Complaints	*Number	**Duration A	S	I	C
1	Abdominal Destention					
2	Backache					
3	Blood in motion					
4	Breathlessness					
5	Breathlessness on exertion					
6	Burning urination					
7	Burns					
8	Chest pain					
9	Cold					
10	Constipation					
11	Cough					
12	Deformity					
13	Defective Vision					
14	Difficulty in urination					
15	Ear Discharge					
16	Ear pain					
17	Excessive crying					
18	Excessive urination					
19	Fever					
20	Fits					
21	Giddiness					
22	Headache					
23	Injury					

Code	Complaints	*Number	**Duration A	S	I	C
24	Itching					
25	Jaundice					
26	Joint Paints					
27	Loose motions					
28	Loss of appetite/Trfusal of feeding					
29	Loss of weight					
30	Menstrual irregularities					
31	Oedema					
32	Pains					
33	Redness and watering of eyes					
34	Scanty urine					
35	Skin rashes					
36	Sleeplessness					
37	Stomachache					
38	Sweating					
39	Swelling					
40	Tingling and Numbness					
41	Ulcer					
42	Vomitings					
43	Weakness of limbs					
44	White discharge					
45	Others					

*Number the complaints in sequence as told by the patient Duration:-(the duration done in the below complaints column).......?
A-Acute <2Days. S-Sub acute < 7days. I-Insidious < 30 Days. C-Chronic > 30Days.

3. Clinical Findings:

stigations:

CBP CUE ECG Ultrasound 2D Echo Others..

5. Categories:

Code	Category		Code	Category	
S1	General Surgery	❑	S17	Prostheses	❑
S2	Ent Surgery	❑	M2	General Medicine	❑
S3	Ophthalmology Surgery	❑	M3	Infectious Diseases	❑
S4	Gynaecology And Obstetrics Surgery	❑	M4	Pediatrics	❑
S5	Orthopedic Surgery And Procedures	❑	M4.1	Neonatal Intensive Care	❑
S6	Surgical Gastro Enterology	❑	M4.2	Pediatric Intensive Care	❑
S7	Cardiac And Cardiothoracic Surgery	❑	M5	Cardiology	❑
S8	Pediatric Surgeries	❑	M6	Nephrology	❑
S9	Genito Urinary Surgeries	❑	M7	Neurology	❑
S10	Neurosurgery	❑	M8	Pulmonology	❑
S11	Surgical Oncology	❑	M9	Dermatology	❑
S12	Medical Oncology	❑	M10	Rheumatology	❑
S13	Radiation Oncology	❑	M11	Endocrinology	❑
S14	Plastic Surgery	❑	M12	Gastroenterology	❑
S15	Poly Trauma	❑	OM1	Psychiatry/others	❑
S16	Cochlear Implant Surgery	❑			

6. Provisional Diagnosis:

7. Treatment:

Check	Code	Drugs	Qty	Advice
	1	Antibiotics		
	2	Anit Pyre tics		
	3	Anit colic drugs		
	4	Anit diarrheal		
	5	Anit emetics		
	6	Anit epileptics		
	7	Anit helminthes		
	8	Anit hypertensive		
	9	Anit diabetic drugs		

Check	Code	Drugs	Qty	Advice
	10	Antacids		
	11	Anti histamines		
	12	Analgesics		
	13	Broncho dilators		
	14	Cough syrups		
	15	Eye/Ear drops		
	16	Ointments/Lotions		
	17	Others		

REFERRED NON-REFERRED

8. Referral Card

Card No. PHC HC YSR/11/

Date of Reporting to Network Hospital: ....

Name of the Network Hospital: ....

Address fo the Hospital: ....

Name of Aarogyamithra at Network Hospital and Contact No.: ....

Name of PHC Aarogyamithra / Signature / Phone No: ....

Name of PHC MO and Signature..

Help Line No : 104