USAID/BASICS/POPPHI --GENERAL CLINIC AND SICK CHILD REGISTER

Facility Name:_____ **Facility Code:** _____ **District**: _____

Serial No.	**Name**	**Age of patient:** 1.) For baby under 1 mth note age in days(**D**);2.) For babies < 2yr write in mths (**M**); 3.) For rest write in yrs.(**Y**)	**Address**	**Aire de Sante**	**Whether coming from another health zone**	**Chief Complaints**	**Chief Findings-(for babies under 1 month note danger signs if any** 1 = Not sucking/poor sucking, 2 = inactive, 3 =fever; 4= hypothermia, 5 = difficult breathing, 6 = convulsions, 7 = vomiting, 8= abdominal distension, 9 =	**For babies under 1 yr.: Place of delivery:** 1. = facility(name)_____; 2= domiciliary	**For babies under 1 yr: Date of delivery**	**For babies under 1 yr: Birth weight o**	**For babies under 1 yr. of age Problems at birth:**	**For babies under 1 yr: Feeding:**1.= exclusive breastfeeding; 2 =. BF + water 3 =.BF + other milks; 4 = Formula/other	**Chief Findings/Diagnosis**	**Laboratory Tests**	**Actions:** 1.) patient sent home; 2.) patient referred to higher facility for _____(note problem)	**Treatment given :** 1 = 1st dose of antibiotics+referral 2 =sent home on oral antibiotics___which?; 3 = eye drops/ointment; 4 = antimalarials; 5 = ORS; 6 = others (specify)___	REMARKS	