

Registration No
Anganwadi /SI No
Child ID No
Date of Admission
Date of Discharge

1. SAM with Odema
2. SAM without Odema
3. HIV +ve
4. TB

Consent Form
Photographs
Biochemical Samples
Growth charts

CASE RECORD AND FOLLOW UP FORM (MNT/SNT)

PATIENT PROFILE

Name of the child: _____ Sex: F / M Age: _____

Is the child Full term / Pre term Birth Weight: _____ kg Birth date: ____/____/____

Referred by with contact no: _____

Address: _____

Distance from house: _____

Contact No: _____

Guardian's / Mother's Name: _____ Education level: _____

Father's Name: _____ Education level _____

Occupation: _____ Number of family members: _____

Number of live sibling of the child: _____ Out of which girl child _____ boy child _____

Total Income of the family per month: _____ 

Source of Drinking water: _____

MEDICAL HISTORY

Chief complaints: _____

Past History _____

Family history: _____

