## DAILY OPD FORM

 $\rightarrow$ 

Section	on I:Identification				
1	Facility ID	173066	3	Signature of Facility In-charge	
2	Facility Name	173066-RHC Dina	4	Designation	

| Section I | | Section II | | Section IIA | | Section III |

Sed	ction II : Outpatients	Atte	ndan	ce -	Spec	ialit	y Wis	e (Fr	om C	)PD F	Regis	ter)								
									New	Cases										
Spec	iality				М	ale							Fer	nale				Total	Transgender	Follow-up
Spec	iality	<1				1-4	5-14	15-49	50+	<1			6-12	1-4	5-14		50+	IOIAI	managender	Cases
	1	Month	Month	Month	Month	Year	Year	Year	Year	Month	Month	Month	Month	Year	Year	Year	Year			
1	General OPD																	0		
2	Medicine																	0		
3	Surgery																	0		
4	Pediatrics																	0		
5	Eye																	0		
6	ENT																	0		
7	Orthopedics																	0		
8	Psychiatry																	0		
9	Dental							İ										0		
10	Skin																	0		
11	OBS/GYN																	0		
12	Homeo Cases																	0		
13	Tibbi/Unani Shifa Khana																	0		
14	Cardiology																	0		
15	Emergency/Trauma Centre																	0		
16	TB & Chest																	0		
17	Urology																	0		
18	Burn & Plastic Surgery																	0		
19	Pediatrics Surgery																	0		
20	Neurosurgery																	0		
21	Others																	0		

| Section I | | Section II | | Section IIA | | Section III |

s	ect	tion II A: Referrals (from C	OPD Re	egister)							
1.1	lum	nber of Cases Referred From					3	Number of cases Referred out			
	а	From Other Health Facility					-	No of cases Referred by School Health and Nutrition Supervisor			
	b	From Lady Health Workers Data						School Health Programme (SHNS)	Male	Female	Total
1	b-	Referred children under 1 year for	<1 m	1-2 m	3-5 m	6-12 m	5	No of schools visited			0
	1	severe infections (by LHWs)					e	No of students screened			0
2	То	otal no of Malnutrition Cases <5 yr					7	Total students referred to health facility			0

| Section I | | Section II | | Section IIA | | Section III |

Section III : Cases Atte	nding	j OPD	(Fron	ı Abstı	ract Fo	orm)											
Disease								New Ca	ases								
Disease				M	ale							Fem	ale				Total
Disease	<1	1-2	3-5	6-12	1-4 Year	5-14	15-49	50+ Year	<1 Month	1-2	3-5	6-12	1-4 Year	5-14	15-49	50+	Iotai
Disease	Month	Month	Month	Month	1-4 Teal	Year	Year	50+ feat	~ i ivioriui	Month	Month	Month	1-4 feat	Year	Year	Year	
1 Acute (upper) respiratory infections																	0

Property of the property of	20/22, 9:37 AIVI							שוחטב	(Punja	DPakis	lan)							
Section	2 Pneumonia																	0
Section	3 Cough more than two weeks (TB																	0
Seminate	4 Chronic Obstructive Pulmonary																	0
Busyment Minister   Busy																		
Balance Make Manage   1				<u> </u>														0
6. Decreecing dergoe frover  9. Second Influence Influen																		0
6. Decreecing dergoe frover  9. Second Influence Influen	7. Suspected Meningitis																	0
Description in the case   1																		
Diction   Part   Diction   Diction   Part   Diction   Dictio																		
																		-
12   Sever due to other causes   1																		0
Mathematical Properties   Mathematical Pro	12. Chikungunya																	0
Fig.   Sealure   Fig.	13. Fever due to other causes																	0
15   Demandis						1												
10	14. Scabies																	0
Property	15. Dermatitis																	0
1	16 Cutaneous Leishmaniasis																	0
Second   S					N.	lala			New Ca	ases	,		Forme	alo.	,			
Vintery Tract Infections	Dinago	<1	1-2	3-5			5-14	15-49	EO+ Voor	<1 Month	1-2	3-5			5-14	15-49	50+	
17   Security Transmitted Indections		Month	Month	Month	Month	1-4 feat	Year	Year	50+ rear	< 1 IVIOITUI	Month	Month	Month	1-4 Teal	Year	Year	Year	
18   Sexually Transmitted Infections						1	<u> </u>											0
Value   Valu						<u> </u>												
19 Suspected Hepatitis A		natitis																U
20 Suspected Hepatitis B																		0
21 Suspected Hepatitis C																		0
22 Suspected Hepatitis E 23 Suspected Measles 24 Suspected Measles 25 Suspected Measles 26 Suspected Measles 27 Suspected Measles 28 Suspected Measles 29 Suspected Measles 30 Su																		-
22 Suspected Hepatitis E						<u> </u>												
28   Suspected Measles																		
25   Suspected Neonatal Tetanus	23 Suspected Hepatitis E																	0
Suspected Acute Flacoid	24 Suspected Measles																	0
2 Suspected pertussis	25 Suspected Neonatal Tetanus																	0
27   Suspected pertussis	Suspected Acute Flaccid																	0
28 Suspected diphtheria			1															0
29 Suspected Corona Virus																		0
Castro Intestinal Diseases																		
30 Diarrhea/Gastroenteritis 31 Actie Watery Diarrhea/Suspected Cholera 32 Dysentery 33 Suspected Enteric / Typhoid Fever 34 Worm Infestations 35 Peptic Ulcer Diseases 36 Chronic Liver Disease 41 1-2 3-5 6-12 Month Mo			<u> </u>	<u> </u>														U
32   Dysentery						1												0
32   Dysentery	31 Acute Watery Diarrhea/Suspected																	0
33 Suspected Enteric / Typhoid Fever																		
A   Worm Infestations   A																		
Section   Sect	Fever																	U
New Cases   New	34 Worm Infestations																	0
New Cases   New	35 Peptic Ulcer Diseases																	0
Male   Female   Fem	36 Chronic Liver Disease																	0
Disease						lala.			New Ca	ases				ala.			,	
Oral Disease         0           37 Dental Caries         0           Eye & ENT Diseases         0           38 Cataract         0           39 Trachoma         0           40 Glaucoma         0           41 Otitis Media         0           42 Acute Conjunctivitis         0           Cancer Diseases         0	Disease	<1	1-2	3-5			5-14	15-49	50. V	-1 P4: 11	1-2	3-5			5-14	15-49	50+	
37   Dental Caries     0						1-4 Year		Year	50+ Year	~ i wonth	Month							
Eye & ENT Diseases         0           38 Cataract         0           39 Trachoma         0           40 Glaucoma         0           41 Otitis Media         0           42 Acute Conjunctivitis         0           Cancer Diseases         0																		0
38 Cataract       0         39 Trachoma       0         40 Glaucoma       0         41 Otitis Media       0         42 Acute Conjunctivitis       0         Cancer Diseases       0																		J
40 Glaucoma 0 41 Otitis Media 0 42 Acute Conjunctivitis 0 Cancer Diseases																		0
40 Glaucoma 0 41 Otitis Media 0 42 Acute Conjunctivitis 0 Cancer Diseases	39 Trachoma																	0
41 Ottis Media 0 42 Acute Conjunctivitis 0 Cancer Diseases																		
42 Acute Conjunctivitis 0  Cancer Diseases																		-
Cancer Diseases																		
																		0
To Lang Ganesi																		0
	To Lung Candel				1	<u> </u>							 					J

)/22, 9:37 AM								DHIS	? (Punja	b Pakis	tan)							
44 Breast cancer																		0
45 Prostate cancer																		0
Endocrine Disorder				1	,				"									
46 Diabetes Mellitus																		0
47 Goiter																		0
Cardiovascular Diseas	ses			,		4.												
48 Ischemic Heart Dise	ease																	0
49 Hypertension																		0
					"	A.	А	,,	New C	ases	А	1	"	А	I.	1		
	<	.1	1-2	3-5	6-12	ale	5-14	15-49			1.2	3-5	Fema 6-12		5-14	15-49	50+	
Disease	N			Month	Month	1-4 Year	Year	Year	50+ Year	<1 Month	Month	Month	Month	11-4 Year	Year	Year	Year	
Psychiatrict Diseases					1	1			1				1			1		
50 Depression																		0
51 Epilepsy																		0
52 Drug Dependence																		0
Occupational Lung Di	seases					4						1.	,		т.			
53 Silicosis																		0
Injuries /Poisoning																		
54 Road Traffic Accide	nts																	0
55 Injuries																		0
56 Fractures																		0
57 Burns																		0
58 Dog bite																		0
59 Snake bite with Pois	soning																	0
Diseases (Surveillanc	e Importance)				JI				П				JI			JI.		
60 Suspected HIV/ AID	s																	0
Neurological / Neuros	urgical								"			'	"		1.			
61 CVA Stroke																		0
Other Unusual Diseas	e(specify)																	
																		0
Emergency Patient At	tended															1		
	T																	0
																		Ľ

| Section I | | Section II | | Section IIA | | Section III |

Complete	Incomplete	Run validation

Username:

E-mail:

Mobile phone number:

Organisation units:

User roles

▲Are you sure you want to delete this file? If you want to upload the file again, please make sure it has a different name.