Outpatient Department (OPD) Register

DHIS – 03 (R)

**Name of Institution District**

**The Vision of District Health Information System (DHIS)** is to improve the health care services through evidence-based management of health service delivery.

Evidence-based management of health service delivery will contribute to the achievement of the overall goal of the District Health System which is to improve the health status of the population.

The primary objective of DHIS is to provide key routine health information from the health facilities for evidence-based management and performance improvement of the district health system.

**Purpose of this Register**

* To serve as a facility-based archive of clinical diagnosis and treatment by the OPD or emergency department
* To provide facility-based morbidity data
* To provide data on load of new cases on the OPD/emergency department, disaggregated by sex and age
* To provide data on follow-up visits and referred cases attended at

the OPD/emergency department



**OUT-PATIENT DEPARTMENT (OPD) REGISTER**

Month:

Year:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Monthly OPD Serial No. (New cases)** | **Follow-up Cases (Put Tick only)** | **Name with Father / Husband Name** | **Address, CNIC &**  **Contact No.** | **Age** | **SEX & AGE CATEGORY (Tick in appropriate column)** | | | | | | | | | | | | | | | | | **Transgender (Tick Only)** | **Malnutrition ( Tick if child <5 years is**  **low weight for age)** | **Referred From (LHW, SHNS, Other health facility)** | **Referred To**  **(Other Health facility)** | **Diagnosis** | **Action Taken/**  **Special Remarks** |
| **MALE** | | | | | | | | | **FEMALE** | | | | | | | |
| **<1 Month** | **1-2 Month** | | **3-5 Month** | **6-11 Month** | **1-4 years** | **5-14 years** | **15-49 yeas** | **50+ years** | **<1 Month** | **1-2 Month** | **3-5 Month** | **6-11 Month** | **1-4 years** | **5-14 years** | **15-49 years** | **50+ years** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** |
|  |  | ***<<Total Brought from Previous Page>>*** | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**OPD Register**

**Monthly Summary**

***Year:***

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|  | | January | February | March | April | May | June | July | August | September | October | November | December | **Year Total** |
| **Total New Cases**  The total count of all the entries for the given month from Col. 1 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Follow Up Cases**  The total count of all the ticks for the given month in Column No. 2 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Referred from (Other Health Facilities)**  (Cases referred from Other health facilities to this health facility). The total count of all the entries for the given month in Column No. 24 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Referred from LHWs** (Total count from Col. 24) | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Referred from children under 1 year for severe infections (by LHWS)** (The total count of all the ticks for the given month in Column No 6,7,8,9 & 14,15,16,17) | **< 1 Month** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1-2 Months** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3-5 Months** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6-12 Months** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Referred from School Health & Nutrition Supervisor** (The total count of all the ticks for the month in Column No 24) | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Malnutrition < 5 Years (**The total count of all the ticks for the given month in Column No 23) | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number of Cases Referred Out**  (The total count of all the entries for the given month from Col. 25) | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Transgender**  (The total count of all the ticks for the given month in Column No. 22) | |  |  |  |  |  |  |  |  |  |  |  |  |  |