

ChildCount+ Form C: CONSULTATIONS OF INDIVIDUALS with HEALTH ID

CHW Name: _____

Focus on: Newborns, Children and Under 5

CHW Number: _____

Date	HEALTH ID	Follow-Up		Routine Care					Routine / Conditional			Conditional				Referral					
		Follow-up Visit Section	U1	U2	N1	T1	T2	T3	M1	M2	[M3]	F1	S1	G1	R1						
		Follow-up Visit Section	Has patient's condition improved since last visit (Y-N-U-L)	Did person visit a clinic or hospital since last CHW visit (Y-N-U-P)	Neonatal Check-up (0-28 days)	Number of postnatal visit to clinic or hospital since birth?	Under-1 Check-up (0-11 months)	Breast-feeding Only (Y-N-U)	Is child up-to-date on immunizations? (Y-N-U)	Which Vaccine has the child received since last visit (BCG, OPVb, PENTA1, PENTA2, PENTA3, OPV1, OPV2, OPV3, ME)	Nutrition Section	MUAC Measurement [0 = No measurement]	Oedema (Y-N-U)	Weight in KG [Optional]	Fever Section	RDT Result Positive (Y-N-U)	Current Danger Signs	Medicine Given Section	Medicine Given (AM, R, Z)	Referral to Clinic Section	Referral to Clinic (A-E-B-C)
		+U			+N		+T				+M				+F		+S		+G		+R
		+U			+N		+T				+M				+F		+S		+G		+R
		+U			+N		+T				+M				+F		+S		+G		+R
		+U			+N		+T				+M				+F		+S		+G		+R
		+U			+N		+T				+M				+F		+S		+G		+R
		+U			+N		+T				+M				+F		+S		+G		+R
		+U			+N		+T				+M				+F		+S		+G		+R
		+U			+N		+T				+M				+F		+S		+G		+R
		+U			+N		+T				+M				+F		+S		+G		+R
		+U			+N		+T				+M				+F		+S		+G		+R
		+U			+N		+T				+M				+F		+S		+G		+R
		+U			+N		+T				+M				+F		+S		+G		+R

CODES:	AM = Anti-malarial drugs	C = Convenient Referral	N = No / Negative	U = Unsure / Don't Know
	A = Ambulance Referral	E = Emergency Referral	P = Currently inpatient at facility	Y = Yes
	B = Basic Referral (24 hours)	L = Patient unavailable	R = ORS	Z = Zinc
	OPV = Oral polio vaccine	ME = Measles	BCG = Bacille Calmette-Guérin	PENT = PENTAVALENT