

ChildCount+ Form C: CONSULTATIONS OF INDIVIDUALS with HEALTH ID

CHW Name: _____

Focus on: Newborns, Children Under 5 years, and Pregnant Women

CHW Number: _____

Notes	Date [DD/MM]	HEALTH ID	Follow-up			Current Danger Signs		Routine Care							Routine / Conditional				Conditional: If Necessary			Referral		
			Follow-up Visit Section	U1	U2	S1	Pregnancy Check-up	P1	P2	[P3]	N1	T1	T2	M1	M2	[M3]	F1	G1	R1					
			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)	Current Danger Signs	Current Danger Signs	Month of pregnancy (1-9)	Number of ANC visits	Weeks since last ANC visit [0 = less than 7 days]	Neonatal Check-up (0-28 days)	Number of postnatal visit to clinic or hospital since birth? ▼▼▼▼	Under-5 Check-up (0-59 months)	Breast-feeding Only (Y-N-U)	Is child up-to-date on immunizations? (Y-N-U)	Nutrition Section	MUAC Measurement [0 = No measurement]	Oedema (Y-N-U)	Weight in KG [Optional]	Fever Section	RDT Result Positive (Y-N-U)	Medicine Given Section	Medicine Given (AM, R, Z)	Referral to Clinic Section	Referral to Clinic (A-E-B-C)
			+U		+S		+P			+N		+T			+M				+F		+G		+R	
			+U		+S		+P			+N		+T			+M				+F		+G		+R	
			+U		+S		+P			+N		+T			+M				+F		+G		+R	
			+U		+S		+P			+N		+T			+M				+F		+G		+R	
			+U		+S		+P			+N		+T			+M				+F		+G		+R	
			+U		+S		+P			+N		+T			+M				+F		+G		+R	
			+U		+S		+P			+N		+T			+M				+F		+G		+R	
			+U		+S		+P			+N		+T			+M				+F		+G		+R	
			+U		+S		+P			+N		+T			+M				+F		+G		+R	
			+U		+S		+P			+N		+T			+M				+F		+G		+R	
			+U		+S		+P			+N		+T			+M				+F		+G		+R	
			+U		+S		+P			+N		+T			+M				+F		+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

ChildCount+ Hotline: 0755 947787