

# Community Health Worker (CHW) Patient Register

## Community Health Worker (CHW) Program



Name of CHW:
Sex of CHW:
CHW #:
District:

Village:
Chiefdom/City Section:
PHU:
Month /Year:

No.	Date	Patient's name	<div>Village</div>	Sex		Age				Bednet	MUAC			Fever				Diarrhea		Cough		Breaths per minute	Pneumonia	Outcome			Reasons for referral
				<div></div>	<div></div>	2-11 months	1-5 years	5-15 years	16 and older		<div></div>	<div></div>	<div></div>	<div>&lt; 24 hours</div>	<div>&gt; 24 hours</div>	<div>RDT +</div>	<div>RDT -</div>	<div>&lt; 24 hours</div>	<div>&gt; 24 hours</div>	<div>&lt; 24 hours</div>	<div>&gt; 24 hours</div>			Referred	Recovered	Died	
1.																											
2.																											
3.																											
4.																											
5.																											
6.																											
7.																											
8.																											
9.																											
10.																											
11.																											
12.																											

# Community Health Worker (CHW) Medicine Register

## Community Health Worker (CHW) Program



Name of CHW: \_\_\_\_\_

Sex of CHW: \_\_\_\_\_

CHW #: \_\_\_\_\_








District: \_\_\_\_\_

Village: \_\_\_\_\_

Chiefdom/City Section: \_\_\_\_\_

PHU: \_\_\_\_\_

Month /Year: \_\_\_\_\_

No.	Date	Patient's name	Medicines							Medicine outcome	
			Malaria				Diarrhea		Pneumonia	Yes	No
			RDT	ACT 25	ACT 50	ACT 100	Zinc	ORS	Cotrimoxazole		
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											

MEDICINE SUMMARY BOX

Drug Report	Community treatments							MNH medicines	
	RDT	ACT 25	ACT 50	ACT 100	Zinc	ORS	Cotrimoxazole	Sp	Fefol
Balance brought forward from the previous month									
Amount added during the month									
Amount used during the month									
Balance at the end of the month									
Stockouts (0s)									

Date of Supervisor Review of Register: \_\_\_\_\_

Comments on CHW performance \_\_\_\_\_

# Community Health Worker (CHW) Maternal and Newborn Health Register


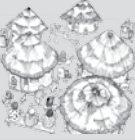



## Community Health Worker (CHW) Program




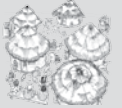







Name of CHW: \_\_\_\_\_ Sex of CHW: \_\_\_\_\_ CHW #: \_\_\_\_\_ District: \_\_\_\_\_

Village: \_\_\_\_\_ Chiefdom/City Section: \_\_\_\_\_ PHU: \_\_\_\_\_ Month /Year: \_\_\_\_\_


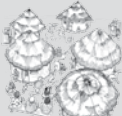


### Pregnancy Register

No.	Mother's name 	Mother's age	Village 	Delivery month 	Antenatal Home Visits		SP	Fefol	Pregnancy outcome of mother	
					Home visit 1 	Home visit 2 			Alive	Dead
1.										
2.										
3.										
4.										
5.										
6.										

### Birth Register

No.	Baby's name 	Village 	Sex		Date of birth	Place of birth		Postnatal Home Visits			Referred	Reason for referral
						 PHU	 Home	Home visit 	Home visit 	Home visit 		
1.												
2.												
3.												
4.												

### Under-Five Death Register

No.	Child's name 	Village 	Sex		Age		
					Days	Years	Months
1.							
2.							