NATIONAL HEALTH MANAGEMENT INFORMATION SYSTEM
DAILY GENERAL ATTENDANCE REGISTER (Version 2013)

1.State:_____ 2.LGA: _____ 3.Ward:_____ 4. Facility: _____ 5. Month/Year_____

6.Serial no.	7. Date (dd/mm/yyyy)	8. Name of patient/client	9. Patient/client card number	10. Date of birth	11. Male						12. Female						13. Contact address	14. State of origin	15. Telephone no.	16. First contact with facility		17. Referred in	18. Information on next of kin			
					0 - 28 days	29 days - 11 mths.	12 mths - 59 mths	5 - 9 years	10-19 years	>20 years	0 - 28 days	29 days - 11 mths.	12 mths - 59 mths	5 - 9 years	10-19 years	>20 years				Yes	No		Name	Relationship with client	Contact address	Telephone no.