

Table 28: Sample of Outpatient Register

Month serial number	Day serial number	Date of visit	Patient file number	Name in Full			Address		Catchment area (Z, HZ, HD)	New Cases (NC) / Old Cas (AC)	Registration status 1. referred 2. regular patient 3. counter referral	AGE							Sex (M/F)	Weight	Presentation/clinical signs and symptoms	Investigations / laboratory examinations	Examination results	Pregnancy status 1. Pregnant 2. Not Preg 3. Not applicable	Diagnosis		Treatment / Action taken	STI Screening P=positif (preciser IST) N=negatif PF=not done PA=not applicable	Outcome [A,H,R,C,D] **	Type of health insurance (Specify)																						
				Upper space: Surname Lower space: given name	Head of Family	Upper row: District Lower row: Sector	Upper row: Cell Lower row: village	0-11 month				1-4 years	5-14 years	15-19 years	20-34 years	35-49 years	50+ years	Main							Secondary	Disease Code																										
									10,71			9.14	9.14	9.14	9.14	9.14	9.14	9.14	9.14	9.43	12.3																															

** Outcome:
A=Outpatient,
H=Hospitalized,
R= Referred,
D= Deceased,
C= Counter referral