

Maternal and Child Health Record ***Private and Confidential***

CHW household identifier no.		Date of first visit/assessment	<i>dd/mm/yyyy</i>	CHW name		Ward no.		Clinic name						
Name of mother/caregiver	Household Street Address/Location					Name of child								
Contact no.											Date of birth of child <i>(dd/mm/yyyy)</i>	Gender		
Age of mother/caregiver		EDD	<i>(dd/mm/yy)</i>	Grant(s)				Exposed?	Yes	No	Birth weight (grams)			

Individual record of care

Visit no.	Date <i>(dd/mm)</i> and time <i>(00:00)</i> of visit	ANC (#) PNC (#) Under 5 LBW	Maternal health				Child health				Care and/or interventions provided <i>(Include any relevant findings or notes)</i>	Referral ¹ Y/N	CHW signature	Consultation date with Team Leader
	Date scheduled for follow-up visit <i>(dd/mm/yyyy)</i>		Health promotion/nutrition	Delivery plan/danger signs	Feeding counselling	Family planning	Checked RTHB	Health/growth screen done	Home-based treatment	Counselling/support			Mother/caregiver signature	Team Leader signature
1														<i>(dd/mm/yyyy)</i>
2														
3														
4														
5														

¹If yes, fill out information in **Record of Referral** on page 2

Individual record of care															
Visit no.	Date (dd/mm) and time (00:00) of visit	ANC (#) PNC (#) Under 5 LBW	Maternal health				Child health				Care and/or interventions provided (Include any relevant findings or notes)	Referral ¹ Y/N	CHW signature	Consultation date with Team Leader	
	Date scheduled for follow-up visit (dd/mm/yyyy)		Health promotion/nutrition	Delivery plan/danger signs	Feeding counselling	Family planning	Checked RTHB	Health/growth screen done	Home-based treatment	Counselling/support			Mother/caregiver signature	Team Leader signature	
6															
															(dd/mm/yyyy)
7															
8															
9															
10															

Record of Referrals				
Visit no.	Referred to	Reason for referral	Back referral received (dd/mm/yyyy)	Outcome of referral

¹If yes, fill out information in **Record of Referral**