Date: _____

DHIS2 Daily OPD Reporting Form

Tehsil _____ District _____

Section I: Identification										
1	Facility ID							3	Signature of Facility In-charge	
2	Facility Name							4	Designation	

Section II: Outpatients Attendance *(From OPD Register)*

	Specialty	New cases																Transgender	Follow-up Cases	Evening OPD
		MALE								FEMALE										
		<1 month	1-2 month	3-5 month	6-12 month	1-4 year	5-14 year	15-49 year	50+ year	<1 month	1-2 month	3-5 month	6-12 month	1-4 year	5-14 year	15-49 year	50+ year			
1.	General OPD																			
2.	Medicine																			
3.	Surgery																			
4.	Pediatrics																			
5.	Eye																			
6.	ENT																			
7.	Orthopedics																			
8.	Psychiatry																			
9.	Dental																			
10.	Skin																			
11.	OBS/GYN																			
12.	Homeo Cases																			
13.	Tibb/Unani Shifa Khana																			
14.	Cardiology																			
15	TB & Chest																			
16.	Urology & Nephrology																			
17.	Burn & Plastic Surgery																			
18.	Pediatrics Surgery																			
19.	Neurosurgery																			
20.	Oncology																			
21.	Neurology																			
22.	Others																			
23.	Emergency/Trauma Centre																			

Section II A: Referrals (*from OPD Register*)										
1	Number of Cases Referred From					3	Number of cases Referred out			
a	Other Health Facility									
b	LHWs					4	No. of cases referred by School Health & Nutrition Supervisor			
b-1	Referred children under 1 year for severe infections (by LHWS)	<1 month	1-2 month	3-5 month	6-12 month	5	Number of School visited by School Health & Nutrition Supervisor	Male	Female	
						6	Number of students screened			
2	Total no of Malnutrition Cases <5 year					7	Total students referred to health facility			

Section III: Cases Attending OPD *(From Abstract Form)*

	Specialty	New cases															
		MALE								FEMALE							
		<1 month	1-2 month	3-5 month	6-12 month	1-4 year	5-14 year	15-49 year	50+ year	<1 month	1-2 month	3-5 month	6-12 month	1-4 year	5-14 year	15-49 year	50+ year
Respiratory Diseases																	
1.	Acute (upper) Respiratory Infections																
2.	Suspected Pneumonia																
3.	Cough more than two weeks (TB Suspect)																
4.	Chronic Obstructive Pulmonary Disease (COPD)																
5.	Asthma																
Communicable Diseases																	
6.	Suspected Malaria																
7.	Suspected Meningitis																
8.	Suspected Dengue Fever																
9.	Seasonal Influenza ILI																
10.	Suspected Chicken Pox																
11.	Suspected Crimean Congo Haemorrhagic Fever (CCHF)																
12.	Suspected Chikungunya																
13.	Fever due to other causes																
14.	Suspected Anthrax																
15.	Suspected Brucellosis																
16.	Suspected Leprosy																

Section III: Cases Attending OPD *(From Abstract Form)*																		
Specialty		New cases																
		MALE								FEMALE								
		<1 month	1-2 month	3-5 month	6-12 month	1-4 year	5-14 year	15-49 year	50+ year	<1 month	1-2 month	3-5 month	6-12 month	1-4 year	5-14 year	15-49 year	50+ year
17.	Suspected Rubella (CRS)																
18.	Suspected SARI																
19.	Suspected Cervical Cancer (HPV)																
20.	Suspected Monkey Pox																
21.	Suspected Naegleria																
22.	Suspected HIV/ AIDS																
Skin Diseases																	
23.	Scabies																
24.	Dermatitis																
25.	Suspected Cutaneous Leishmaniasis																
Sexually Transmitted Infections																	
26.	Urinary Tract Infections (UTI)																
27.	Suspected Syphilis																
28.	Suspected Gonorrhea																
Vaccine Preventable Diseases/ Hepatitis																	
29.	Suspected Hepatitis																
30.	Suspected Measles																
31.	Suspected Neonatal Tetanus																
32.	Suspected Acute Flaccid Paralysis																
33.	Suspected Pertussis																
34.	Suspected Diphtheria																
35.	Suspected Corona Virus																
36.	Mumps																
Gastro Intestinal Diseases																	
37.	Diarrhea/Gastroenteritis																
38.	Acute Watery Diarrhea/Suspected Cholera																
39.	Dysentery																
40.	Suspected Enteric / Typhoid Fever																
41.	Worm Infestations																
42.	Peptic Ulcer Diseases																
43.	Chronic Liver Disease (CLD)																
Oral Disease																	
44.	Dental Caries																
Eye & ENT Diseases																	
45.	Cataract																
46.	Trachoma																
47.	Glaucoma																
48.	Otitis Media																
49.	Acute Conjunctivitis																
Cancer Diseases																	
50.	Suspected Lung Cancer																
51.	Suspected Breast Cancer																
52.	Suspected Prostate Cancer																
Endocrine Disorder																	
53.	Diabetes Mellitus																
54.	Goiter																
Cardiovascular Diseases																	
55.	Ischemic Heart Disease (IHD)																
56.	Hypertension																
Psychiatric Diseases																	
57.	Anxiety & Depression (MDD)																
58.	Epilepsy																
59.	Drug Dependence																
Occupational Lung Diseases																	
60.	Silicosis																
Injuries / Poisoning																	
61.	Road Traffic Accidents																
62.	Injuries																
63.	Fractures																
64.	Burns																
65.	Dog Bite																
66.	Snake Bite																
Neurological / Neurosurgical																	
67.	CVA Stroke																
68.	Heat Stroke																
Any Other Unusual Disease (Specify)																	
69.																	