



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
स्वास्थ्य व्यवस्थापन सूचना प्रणाली

Client Personal Profile: Medical Abortion Service

HMIS 3.7 Reg. Number:..... Date of Visit:.....
Facility Name:..... Province/ District:.....

1. Personal History

Name and caste Age: Education..... Contact No:
Palika:..... Rural Municipality Municipality Metropolitan City Ward no:

2. Medical/Surgical History

Medical history/serious health problems: Asthma Porphyria TB Diabetes Other.....
Are you taking any medicine? No Yes If yes, mention the name of medicine.....
Do you have allergy to any medicine? No Yes If yes, mention the name of medicine.....
Previous history of Ectopic Pregnancy: No Yes
Previous history of Surgery: No Yes If yes, types of surgery and year of surgery.....
Any contraceptive used within this one to six months: No Yes If yes, mention the method of FP used.....

3. Gynecological/Obstetrical Information

LMP date: Gestation weeks by LMP: Obstetric History: G..... P..... A..... L.....
Last 6 months menstrual cycle: Regular Irregular Signs and symptoms of pregnancy: Yes No

4. General /Physical Examination and Investigation

Blood pressure: Pulse: Temperature: Respiration Rate:
Jaundice: Yes No Pallor: Yes No
Lungs sound: Clear Abnormal sound Heart sound: Normal Abnormal
Abdominal tenderness: Yes No Abdominal mass palpable: Yes No
Uterus palpable: Yes No if palpable size of the uterus.....
Investigations (If required): Urine Pregnancy test..... Hb and Blood group (If anemic on inspection)

5. Pelvic Examination (Speculum and Bimanual examination)

Vulva: Normal Abnormal Vaginal discharge: Normal Abnormal If abnormal, Foul smelling: Yes No

P/S examination: Cervix: Normal Abnormal Unhealthy cervix: Yes No

P/V examination: Uterine size (weeks)..... Position: A/V R/V Fornix clear: Yes No

6. Medical Abortion Drugs and Contraceptive Service

Drugs Provided: **Mifepristone** (200mg): Date /..... /..... Time

Misoprostol (200mcg × 4 tablets): Home Clinic Date: /..... /..... Time

Pain management drugs (400mg ibuprofen × 4 tabs) to take home: Yes No

Contraceptive provided (on the day of Mifepristone): Implant Depo Provera Pills

Condom None Others.....

Name of Service Provider:..... Signature:..... Provider Listed No.

7. Follow Up (to be filled if follow up is done)

Follow up: in-person telephone Date of follow up: /..... /..... MA success Checklist used: Yes No

Blood pressure: Pulse: Temperature: Respiration Rate:

PA tenderness: Yes No

P/S Examination: Vaginal discharge: Normal Foul smelling Bleeding: Yes No Hanging POC: Yes No

P/V Examination: Uterine size (weeks)..... Fornix clear: Yes No

OS Closed: Yes No Other relevant finding (if any):

Status on Follow up: Complete Incomplete Ongoing pregnancy Ectopic pregnancy

Any complication (SAE): No Yes (if yes, mention the type) Heavy bleeding requiring Blood transfusion

Infection requiring hospitalization/IV Antibiotics

Uterine/ abdominal injury requiring laparotomy

Mention the management or referral conducted (with name of the referral facility)

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Contraceptive provided on follow up:

Minilap NSV Implant IUCD

Depo Provera Pills Condom None Others.....

8. Client Consent Form

अनुसूची १२

(नियम १८ को उपनियम (१) सँग सम्बन्धित)

सेवाग्राहीले दिने मञ्जुरीनामाको ढाँचा

सुरक्षित गर्भपतन सेवाको आवश्यकता, गर्भपतनका विविध प्रविधि, गर्भपतन सेवामा अन्तर्निहित जोखिम, त्यसका विकल्पहरू र यसबाट हुने फाइदा, बेफाइदा लगायतका प्राविधिक एवं व्यवहारिक पक्षमा पूर्ण परामर्श प्राप्त भएकोले सेवा प्राप्त गर्न सुरक्षित मातृत्व तथा प्रजनन स्वास्थ्य अधिकार नियमावली, २०७७ को नियम १८ को उपनियम (१) बमोजिम सम्बन्धित गर्भवती महिला वा निजको संरक्षक वा माथवरको हैसियतले यो मञ्जुरीनामा लेखी तपाईं स्वास्थ्य संस्था वा स्वास्थ्यकर्मीलाई दिएको छ । ३

मञ्जुरीनामा दिने

सेवाग्राहीको-	संरक्षक वा माथवरको -
नाम, थर:	नाम, थर:
ठेगाना:	ठेगाना:
उमेर:	उमेर:
मिति:	मिति:
दस्तखत:	दस्तखत:
औँठा छाप:	औँठा छाप:
<div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid black; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center;">बायाँ</div> <div style="border: 1px solid black; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center;">दायाँ</div> </div>	<div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid black; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center;">बायाँ</div> <div style="border: 1px solid black; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center;">दायाँ</div> </div>

दस्तखत:

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