



नेपाल सरकार

स्वास्थ्य तथा जनसंख्या मन्त्रालय

स्वास्थ्य सेवा विभाग

स्वास्थ्य व्यवस्थापन सूचना प्रणाली

बिरामी भर्ना रजिष्टर

PATIENT ADMISSION REGISTER

अस्पतालको नाम:

प्रदेश:

जिल्ला:

नगर/गाउँपालिका:

वडा नं.:

प्रयोग मिति:

आर्थिक वर्ष:

देखि

सम्म

ADMISSION

Fiscal Year _____

Month _____

SN	Date and Time of Admission			Inpatient No.		First, Middle and Family Name	Caste/ Ethnicity Code*	National ID No.	Age / Sex								
				First Visit	Repeat Visit				0-7 days		8- 28 days		29days-11months		≥1 Year		
									Days		Days		Months		Years		
									Female	Male	Female	Male	Female	Male	Female	Male	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
	Date					First and middle name											
	DD	MM	YY														
	Time					Family name											
	AM	PM															
	Date					First and middle name											
	DD	MM	YY														
	Time					Family name											
	AM	PM															
	Date					First and middle name											
	DD	MM	YY														
	Time					Family name											
	AM	PM															
	Date					First and middle name											
	DD	MM	YY														
	Time					Family name											
	AM	PM															
	Date					First and middle name											
	DD	MM	YY														
	Time					Family name											
	AM	PM															

REGISTER

Address District Rural/Municipality, Ward Village/Tole	Name and Contact No of Guardian	Source of Admission*	Ward	Investigation	Provisional Diagnosis	Name of Surgery	Police Case		Remarks
							Yes	No	
17	19	20	21	22	23	24	25	26	27
District	Name						1	2	
Palika - ward									
Village/Tole	Contact number								
District	Name						1	2	
Palika - ward									
Village/Tole	Contact number								
District	Name						1	2	
Palika - ward									
Village/Tole	Contact number								
District	Name						1	2	
Palika - ward									
Village/Tole	Contact number								
District	Name						1	2	
Palika - ward									
Village/Tole	Contact number								
District	Name						1	2	
Palika - ward									
Village/Tole	Contact number								
District	Name						1	2	
VDC/Municipality, Ward									
Palika - ward	Contact number								