

HF2: Patient Tracking Form

State name: _____ Code: |__|__| LGA name: _____ Code |__|__| Ward name: _____ |__|__|

Health Facility Name: _____ Facility Code |__|__|

Name of the patient: _____ Patient Code |__|__| Age: Year |__|__| Month |__|__| Gender (male=1/female=2): |__|

Date (dd/mm/yy): |__|__|__|__|__|__| Reason for coming: ANC=1/U5 consultation=2/Others-specify: _____ |__|

A. Time of Patient Arrival at the registration/records area (Enumerator record time of arrival):

Instruction: Table below is filled up by the provider as the patient goes from one place to another. The provider record time in and out in each of the service points that patient directed to go from one area/room or other area/room. The provider writes his/her name and position/designation and record time in an out of the service provided. If it's the same person providing different service still write name and position each time a service is given. Record exact chronology of events as the patient moves for various services.

(Service type: reception area, health education in waiting area, waiting area no health education, consultation, vaccination, weight and height area, laboratory, ANC examination room, pharmacy etc.)

Serial Number	Service Type	Time In	Time Out	Provider Name	Provider position/designation	Provider Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

B. Time Patient Exit from HF (Enumerator record time of exit):

C. Total time spent by patient in the facility (B-A) in minutes: |__|__|__|

Name of Enumerator: _____

Signature of Enumerator: _____