

IDENTIFIERS				HISTORY				PHYSICAL EXAMINATION						INVESTIGATIONS												
S. No	MP RCH No	Samgra ID	Bank Name, IFSC Code & Account Number	Name and Age (in years) of Pregnant Women	Husband/Father Name	Contact Number of PW/Husband/Family member	Name of Village	Name of SHC	Complication based on Medical history	Complication based on obstetric	GPAL	LMP (DD/MM/YY)	EDD (DD/MM/YY)	Date of ANC Visit	Gestational age (in Weeks & days)	BP	Weight (in Kgs)	Height (in cms)	MUAC	Blood Grup	HB (gms %)	Urine Albumin	Urine Sugar	OGTT/RBS /Fasting/PP	Syphilis Screening	HIV
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
		PW -	Bank Name- Acc. No. IFSC Code-								G P A L			1st visit												
		Husband -	Bank Name- Acc. No. IFSC Code-											2nd visit												
														3rd visit												
														4th visit												
														5th visit												
														6th visit												
		PW -	Bank Name- Acc. No. IFSC Code-								G P A L			1st visit												
		Husband -	Bank Name- Acc. No. IFSC Code-											2nd visit												
														3rd visit												
														4th visit												
														5th visit												
														6th visit												
		PW -	Bank Name- Acc. No. IFSC Code-								G P A L			1st visit												
		Husband -	Bank Name- Acc. No. IFSC Code-											2nd visit												
														3rd visit												
														4th visit												
														5th visit												
														6th visit												

Examination after 20 weeks of Pregnancy										Services										Additional test associated with High Risk Factors Identified							Batching and Matching		
Hep B	Fundal height in weeks	FHS (per minute)	Foetal position/Presentation	Foetal Movement (Normal/absent/decreased)	Inj Td (TT 1)	Inj Td (TT 2) / Booster	No of Folic Acid tab given <12 weeks of pregnancy given	No of IFA Red/Ferrous Ascorbate given	No of Calcium tab given	Albedazole given (Y/N)	USG done (Y/N)	Other investigations done as per identified High Risk Pregnancy (HRPW)			Iron Sucrose Doses (mention date)	Blood Transfusion (mention date)	Medicine Prescribed for PIH (Write medicine name)	Medicine Prescribed for GDM (Write medicine name)	If referred; Name of referral facility	Type of referred facility (MC/DH/CH/CHC)	Tagging with Facility for Delivery	HRP Identified (Y/N); if yes mention type of HRP	ANC done by (mention name and Designation)						
												Date of Investigation	Name of Investigation	Result															
28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51						
															Dose 1 -	1st BT -													
															Dose 2 -	2nd BT -													
															Dose 3 -	3rd BT -													
															Dose 4 -	4th BT -													
															Dose 5 -	5th BT -													
															Dose 6-	6th BT -													
															Dose 1 -	1st BT -													
															Dose 2 -	2nd BT -													
															Dose 3 -	3rd BT -													
															Dose 4 -	4th BT -													
															Dose 5 -	5th BT -													
															Dose 6-	6th BT -													



राष्ट्रीय स्वास्थ्य मिशन ए एन सी रजिस्टर



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संस्था का नाम.....

संस्था का प्रकार : जिला अस्पताल / सिविल अस्पताल / सामुदायिक स्वास्थ्य केन्द्र
सामुदायिक स्वास्थ्य केन्द्र / प्राथमिक स्वास्थ्य केन्द्र / उप स्वास्थ्य केन्द्र

संस्था प्रभारी का नाम.....

प्रभारी स्टाफ नर्स का नाम.....