Sample monthly reporting form

**Monthly reporting form**

**Mental health facility/hospital**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Information**

|  |  |
| --- | --- |
| Name of the facility |  |
| Estimated catchment population |  |
| Managing agency |  |
| Name of In-charge |  |
| Reporting month and year |  |
| District |  |
| Region |  |
| Form filled by |  |
| Signatures |  |

**Outpatient curative care**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **New cases (*All diseases by age group)*** | **5 to 14** | **15 to 44** | **45 and over** | **Total** |
| Male |  |  |  |  |
| Female |  |  |  |  |
| Total new cases |  |  |  |  |

|  |  |
| --- | --- |
| Old cases |  |
| Total visits during the month (total new cases + old cases) |  |
| Number of cases referred to other facilities |  |

**Health problems (outpatient only)** *specify the diagnostic categories in line with mhGAP for non-specialist facilities*

|  |  |  |  |
| --- | --- | --- | --- |
| **Diagnosis** | **Number of cases** | | **Total** |
| **Male** | **Female** |
|  |  |  |  |
|  |  |  |  |
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**INPATIENT CARE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Information on inpatients** | **Male** | **Female** | **Total** |
| Total number of beds for mental health patients in the hospital |  |  |  |
| Number of admissions during the month |  |  |  |
| Number discharged |  |  |  |
| LAMA (Left Against Medical Advice) |  |  |  |
| Referred |  |  |  |
| Deaths |  |  |  |
| Number of patients chained |  |  |  |

**Health problems (Inpatient only)** *specify the diagnostic categories in line with mhGAP*

|  |  |  |  |
| --- | --- | --- | --- |
| **Diagnosis** | **Number of cases** | | **Total** |
| **Male** | **Female** |
|  |  |  |  |
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Bed occupancy rate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average length of stay\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Essential mental health drugs and supplies** *(populated by essential drug list by level of care)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Medicines/supplies** | **Unit** | **Previous balance** | **Received this month** | **Used** | **Closing balance** | **Days out of stock** |
| Tabs. Resperidone 2 mg | Tab |  |  |  |  |  |
| Tabs. Haloperidol 5 mg | Tab |  |  |  |  |  |
| Tabs. Chlorpromazine 100 mg | Tab |  |  |  |  |  |
| Tabs. Imipramine 75 mg | Tab |  |  |  |  |  |
| Tabs. Amiptryptiline | Tab |  |  |  |  |  |
| Tabs. Phenytoin 100 mg | Tab |  |  |  |  |  |
| Tabs. Carbamezipine 200mg | Tab |  |  |  |  |  |
| Tabs. Lithium Carbonate 300mg | Tab |  |  |  |  |  |
| Tabs. Phenobarbitone 30 mg | Tab |  |  |  |  |  |
| Tabs. Phenobarbitone 60mg | Tab |  |  |  |  |  |
| Tab. Diazepam 5mg | Tab |  |  |  |  |  |
| Caps. Fluoxetine 20 mg | Cap |  |  |  |  |  |
| Inj. Fluphenazine 25mg (ampoule) | Inj |  |  |  |  |  |
| Inj. Haloperidol 50mg. (ampoule) | Inj |  |  |  |  |  |
| Inj. Haloperidol 5mg | Inj |  |  |  |  |  |
| Inj. Promethazine | Inj |  |  |  |  |  |
| Inj. Diazepam ampoules | Inj |  |  |  |  |  |